

Understanding the Pre-Internship Clinical Experiences of Undergraduate Music Therapy
Students

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ABSTRACT

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. Using a basic qualitative research approach and marrying arts-based methods with reflexive thematic analysis methods, the following research questions guided my research— How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences? How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity? How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting? How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?

I collected and analyzed data from pre-internship undergraduate music therapy students through two sequential phases—a virtual songwriting phase and a subsequent virtual interview phase. I analyzed five original songs with accompanying verbal reflections and in-depth interviews using reflexive thematic analysis (TA) (Braun & Clarke, 2022). Further, I used two types of music analysis—the Synchronous Lyric and Music Analysis (SLMA) method I developed for this study and a modified version of Grocke’s (2007) Structural Model of Music Analysis. I present key research findings and implications relevant to music therapy program directors, educators, and clinical supervisors. Finally, I provide guidance and considerations for implementing the SLMA method and discuss recommendations for future research.

TABLE OF CONTENTS

Chapter I: INTRODUCTION TO THE STUDY	1
Statement of the Problem	3
Purpose and Research Questions	7
Significance of the Research	8
Assumptions	10
Delimitations.....	11
Definition of Terms.....	13
Summary.....	18
Chapter II: LITERATURE REVIEW.....	20
Experiential Learning Theory.....	21
Experiential Learning in Music Therapy.....	23
Music Therapy Clinical Training.....	25
History, Structure, and Relevance of Clinical Training	26
Discrepancies Between Students and Educators.....	32
Concerns, Fears, and Anxieties Related to Clinical Experiences	35
Evidence of Growth Through Clinical Experiences	42
Recent Research	50
Recent Undergraduate Perspectives	54
The Role of Reflection	56
Songwriting as a Reflective Process	60
Songwriting as Research	65
The Affective Meaning of Music.....	70

Conclusion	75
Chapter III: METHOD	77
Research Questions	77
Research Design.....	78
Basic Qualitative Approach	81
Reflexive Thematic Analysis.....	81
Arts-Based Research Methods	82
Participant Recruitment	84
Data Collection Procedures	89
Data Collection Phase One: Virtual Songwriting Workshops.....	90
Pilot Songwriting Workshop.....	90
Songwriting Workshop Structure.....	92
Songwriting Workshop Data.....	95
Data Collection Phase Two: Virtual Interviews	96
Semi-Structured Interview Guides	97
Building Rapport.....	99
Virtual Interviewing	99
Interview Data.....	101
Data Analysis Procedures.....	101
Analysis Phase One: Virtual Songwriting Data.....	103
Synchronous Lyric and Music Analysis	104
Phase One: Musical Immersion.....	106
Phase Two: Analysis Preparation.....	107

Phase Three: SLMA Phrase-by-Phrase Coding Matrix	110
Phase Four: Peer Verification	112
Grocke’s (2007) Structural Model of Music Analysis	114
Familiarization of Verbal Reflections	117
Generating Codes	118
Generating Initial Themes	119
Developing, Refining, and Reporting Themes.....	121
Analysis Phase Two: Virtual Interview Data	123
Familiarization and Generating Codes	123
Generating Initial Themes	124
Developing, Refining, and Reporting Themes.....	126
Trustworthiness.....	128
Reflexive Journaling	131
Subjectivity Statement.....	134
Ethical Considerations.....	135
Summary.....	138
Chapter IV: PHASE ONE: SONGWRITING WORKSHOP RESULTS	140
Analysis Phase One: Songwriting Results	141
“Experiences,” Fourth-Year Participants’ Song and Reflections	145
Theme One: Conflicting Thoughts and Feelings	145
Theme Two: Process Oriented.....	149
“Foundation,” First- and Second-Years’ Song and Reflections	150
Theme One: Music is the Foundation	151

Theme Two: Cognitive Appraisal.....	152
Theme Three: Feeling Lots of Feelings.....	153
“Growth, Not Goodbye,” First- & Third-Years’ Song and Reflections.....	153
Theme One: Internal Foci.....	154
Theme Two: External Foci	155
Theme Three: Valuing Clinical Work.....	156
Theme Four: Roles	157
“On My Way,” Fourth-Year Participants’ Song and Reflections.....	157
Theme One: Juxtaposition of Feelings	158
Theme Two: Starting Out	159
Theme Three: Finding One’s Place.....	159
Theme Four: We’re On Our Way	160
Theme Five: Connecting with Peers	160
“On Track,” First- and Second-Years’ Song and Reflections	161
Theme One: Conflicting Thoughts and Feelings	161
Songwriting Results Summary	164
Chapter V: PHASE TWO: INTERVIEW RESULTS	168
Participant Profiles	169
“Claudia,” a 2nd-year undergraduate music therapy student	170
“Harper,” a 3 rd -year undergraduate music therapy student	171
“Gail,” 4th+ year undergraduate music therapy student	172
Analysis Phase Two: Interview Results	174
Theme One: Finding My Place	174

Committing to Music Therapy	175
Feeling Out of Place	177
Knowing My Place	178
Difficulties Finding My Place.....	179
Shifting Roles.....	179
Security as a Student	180
Theme Two: The Vibes of the Day	182
Figuring Out the “Vibes of the Day”	183
Learning to Pay Attention.....	184
Meeting Clients Where They Are	184
Adapting in the Moment.....	185
Challenges Responding to the “Vibes”	186
Theme Three: Faking It	188
Discounting Evidence.....	189
Faking Music Skills.....	190
Faking Clinical Skills	191
Not Being “Good Enough”	192
Roots of Impostor Feelings.....	193
Awareness of Impostor Phenomenon.....	194
Theme Four: Resonating Clinical Experiences.....	194
Validating Clinical Experiences.....	195
Fulfilling Clinical Experiences	196
Rewarding Clinical Experiences	197

Surreal Clinical Experiences	198
Enjoying Clinical Experiences	199
Challenging Clinical Experiences	201
Theme Five: Juxtaposition of Feelings.....	203
Starting New Clinical Work is Exciting but Nerve-Wracking	204
Closure is Bittersweet	206
The Future is Scary but Exciting.....	206
Permission to Fail but Make No Mistakes.....	209
Acknowledging Growth but Still So Much to Learn	210
Theme Six: Learning is Multifaceted.....	213
Connecting Theory with Practice	214
Learning From and About Clients.....	215
Learning From Students' Support Network.....	217
Learning From Mistakes and Challenges	219
Learning About Themselves	220
Learning About Music Therapy	221
Theme Seven: Intra- and Interpersonal Foundations	224
Building Trust	224
Establishing Rapport	226
Figuring Out the Balance.....	227
Differing Expectations.....	230
Respect and Value	233
Interview Results Summary.....	234

Chapter VI: DISCUSSION.....	237
Purpose and Research Questions	238
Qualitative Research Approach	239
Discussion of Findings	241
Research Question One: Meaning-Making	242
Resonating Clinical Experiences.....	243
Learning Through Supportive Relationships	251
Accepting Ambivalence.....	262
Research Question Two: Self and Pre-Professional Identity.....	270
Becoming a Music Therapist: An Affective Process	270
Feeling Like an Impostor.....	275
Research Question Three: Clients.....	283
Developing a Client-Centered Philosophy	284
Mutual Learning and Benefits.....	289
Challenging Assumptions, Changing Perceptions	293
Research Question Four: Practice and Profession	298
Connecting Theory with Practice.....	299
The “Vibes” of the Day: Emerging Therapeutic Presence	302
Key Findings.....	310
Implications for Clinical Training.....	315
Implications for Clinical Training Structure.....	315
Implications for Supervision.....	317
Implications Related to Impostor Feelings	319

Implications Related to Ambivalence	322
Implications for Collaborative Peer Songwriting	326
Reflections on the Synchronous Lyric and Music Analysis (SLMA)	329
Limitations	334
Recommendations for Future Research	334
Conclusion	340
REFERENCES:.....	342
APPENDIX A: Analytic Decisions Based on Bonde’s (2007) Step by Step Guide.....	372
APPENDIX B: Institutional Review Board (IRB) Approval	375
APPENDIX C: Academic Program Director Recruitment letter	377
APPENDIX D: Songwriting Workshop Recruitment Flyer	380
APPENDIX E: Academic Program Director Recruitment Email.....	382
APPENDIX F: Virtual Songwriting Workshop Registration and Informed Consent.....	385
APPENDIX G: Songwriting Workshiop Confirmation and Instructional Email	388
APPENDIX H: Interview Recruitment Email	391
APPENDIX I: Virtual Songwriting Workshop Outline	393
APPENDIX J: Songwriting Protocol	396
APPENDIX K: Virtual Interview Guide	398
APPENDIX L: Virtual Interview Informed Consent	406
APPENDIX M: “Experiences” SMMA Table.....	408
APPENDIX N: “Experiences” SLMA Phrase-by-Phrase Coding Matrix.....	415
APPENDIX O: “Foundation” SLMA Phrase-by-Phrase Coding Matrix	418
APPENDIX P: “Growth, Not Goodbye” SLMA Phrase-by-Phrase Coding Matrix.....	428

APPENDIX Q: “On My Way” SLMA Phrase-by-Phrase Coding Matrix	436
APPENDIX R: “On Track” SMMA Table.....	444
APPENDIX S: Braun and Clarke’s (2022) 15-Point Checklist.....	450

LIST OF FIGURES

Figure 1: <i>Participant Recruitment Flowchart</i>	88
Figure 2: <i>Overview of Songwriting Themes and Subthemes</i>	167
Figure 3: <i>Overview of Interview Themes and Subthemes</i>	236

LIST OF TABLES

Table 1: <i>Overview of Research Design</i>	79
Table 2: <i>Phases of the Synchronous Lyric and Music Analysis (SLMA) Method</i> ...	105
Table 3: <i>SLMA Phrase-by-Phrase Coding Matrix</i>	109
Table 4: <i>Modifications to Grocke's (2007) Structural Model of Music Analysis</i> ...	116
Table 5: <i>Songwriting Workshop Participant Descriptions</i>	141
Table 6: <i>Original Songs with Analysis Methods</i>	144
Table 7: <i>Interview Participant Descriptions and Interview Data</i>	169
Table 8: <i>Interview Participant Clinical Experiences</i>	173
Table 9: <i>Research Questions, Key Findings, and Themes and Subthemes</i>	311

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DEDICATION

I dedicate this dissertation to my amazingly kind and musical children.

Fielding Griffin Whipple and Charles Alexander Whipple,

I love you always and forever,

times infinity,

times the multiverse.

Knowledge is happiness, because to have knowledge—broad deep knowledge is to know true ends from false, and lofty things from low. To know the thoughts and deeds that have marked man's progress is to feel the great heart-throbs of humanity through the centuries; and if one does not feel these pulsations a heavenward striving, one must indeed be deaf to the harmonies of life.

– Helen Keller, 1903

Chapter I

INTRODUCTION TO THE STUDY

I strongly believe in the power of experience as a source of learning. With this foundational belief, I embarked on my dissertation research, bringing my experiences as a music therapist, music therapy educator, clinical supervisor, and former internship director. I teach first-year to fourth-year-plus music therapy undergraduate students and consistently notice a shift in their thinking. This progression is evident in their informal and formal class assignments and increasingly insightful responses during supervision as they develop throughout their clinical training. I frequently hear students discuss their clinical experiences with vigor as they begin to make connections between theory and practice. Suddenly, concepts and ideas, once abstract, confusing, or perceived as irrelevant, finally click into place for students through these foundational pre-internship clinical training experiences.

This connective learning process is typical of hands-on experiences. Philosopher and psychologist John Dewey (1938) stressed the fundamental role of experience in the learning process when he wrote, “every experience is a moving force. Its value can be judged only on the ground of what it moves towards and into... It is then the business of the educator to see in what direction an experience is heading” (p. 38). I witness this progression among my students. Within each level of their clinical training, I notice many students heading towards a deeper level of understanding about themselves, their clients, and music therapy.

As Dewey (1938) suggested, educators must guide these hands-on experiences to facilitate student learning and help them meet learning outcomes (Krout, 2015; Murphy, 2014). However, this facilitation requires understanding their clinical experiences from their perspectives. Educators must also consider learners' needs, which frequently depend on their level of maturity, previous life experiences, and their level of self-directedness (Luce, 2008). This idea is congruent with Baxter Magolda's (1999) theory of self-authorship and Perry's scheme of intellectual and ethical development, where college students' epistemological development begins with simplistic, absolute ways of knowing to more contextual and sophisticated ways of knowing (de l'Etoile, 2008; Goodman, 2011). As such, it is crucial to understand the unique experiences and perspectives of undergraduate music therapy students. Unfortunately, educators' understanding of undergraduate music therapy students is limited because most researchers have included both undergraduate and equivalency graduate music therapy students in the same research study, making it difficult to distinguish the experiences and perspectives among the different levels of students.

Further, through my experiences as a clinical supervisor and educator, I believe that working with clients is a powerful, if not transformative, experience for students in their journey to becoming music therapists. Researchers have minimally addressed the client's role in student learning in the music therapy literature. Yet, Clark and Kranz (1996) reported that the top two reasons students become music therapists are their interest in music and their desire to help others (clients). Therefore, it seems logical that clients are a central component of the training of music therapists. However, little is known about how students perceive their experiences of working directly with clients.

Several researchers and educators have also indicated that students hold preconceived notions about clients (Ballantyne & Baker, 2013; McClain, 1993; Nix, 2015; Pitts & Cevalasco, 2013; Silverman et al., 2018; Summer, 2001). While these researchers have indicated a change in perceptions among students after clinical experiences, a deeper understanding has not been documented in the field of music therapy.

Two major problems exist, which I address in the following section. First, there is a gap in understanding related to specifically undergraduate student perspectives of their clinical work. Second, there is the potential for adverse outcomes related to their clinical work if educators and supervisors do not guide these experiences adequately (Gilmore & Anderson, 2012; Pitts & Cevalasco, 2013) or for dissatisfaction with their pre-internship clinical training (Roth et al., 2021).

Statement of the Problem

The national governing body, the American Music Therapy Association (AMTA), requires music therapy students to obtain 1,200 clinical hours throughout their training before they are eligible to sit for the national board certification exam (AMTA, 2017). Of these 1,200 hours, a minimum of 900 is experienced during a six-month intensive internship after the student has completed their coursework. In addition, music therapy students must also complete a minimum of 180 hours before their internship, often termed practicum (Wheeler, 2000). However, there is a lack of understanding of how these early, foundational pre-internship clinical experiences contribute to a student's evolving development as a music therapist from their perspective.

Many researchers have focused on educator perspectives towards music therapy education and training (Broder & Fugita, 2024; DiMaio & Winter, 2023; Gardstrom et

al., 2022; Goodman, 2011; Lloyd et al., 2018), with an emphasis on competency and performance-based development (Darrow et al., 2001; Gooding, 2009; Schwartzberg & Silverman, 2011). Yet, several researchers have shown a dichotomy between educator and student perspectives (Greenfield, 1978; Knight, 2008; Wheeler, 2002). Highlighting this discrepancy, Wheeler (2002) noted there is a “chasm that can exist between student and faculty perceptions” (p. 301). While many researchers have focused their inquiry on students’ perceptions of their culminating internship experience (Alley, 1978; Clements-Cortes, 2015, 2019; Grant & McCarty, 1990; Madsen & Kaiser, 1999a), only a handful of researchers have distinctly explored undergraduate student perspectives as it relates to their pre-internship clinical experiences (Abbott, 2017, 2018; Gao et al., 2013; Warren, 2020; Wheeler, 2002).

Other researchers have investigated the perspectives of graduate students rather than undergraduates (Amir & Bodner, 2013; Bae, 2012; Barry & O’Callaghan, 2008; Miller, 2012; Murphy, 2007; Nix, 2015; Smyth & Edwards, 2009) or have consistently investigated the perspectives of both undergraduate and equivalency graduate students in singular studies without clear distinctions between the two different groups of students within their results (Baker & Krout, 2011; Dvorak et al., 2017; Gooding & Standley, 2010; Pitts & Cevasco, 2013). This ambiguity is problematic because undergraduate and graduate students vary in maturity level (Summer, 2001), typically operate within different intellectual positions, and may have varying levels of insight regarding their clinical work (de l’Etoile, 2008; Goodman, 2011; Luce, 2008). Further, researchers have suggested a need for inquiry into the developmental differences between undergraduate and graduate students (Dvorak et al., 2017).

In addition, researchers should give more attention to understanding students' early pre-internship clinical experiences, including those in their first year of clinical work. Some researchers have excluded first- and second-year students altogether (Dvorak et al., 2017), some have sampled a majority of upper-level students (Abbott, 2017, 2018; McClain, 1993), and others have focused solely on upper-level practicum work (Baker & Krout, 2011; Wheeler & Williams, 2012). Other researchers did not specify students' academic level, which makes drawing conclusions based on development more difficult (Keith, 2017; Knight, 2008; Luce, 2008; Pitts & Cevasco, 2013).

While Wheeler (2002), Abbott (2017, 2018), and Gao et al. (2013) provided some insight into earlier practicum experiences, first-year music therapy students' perspectives remain grossly under-represented in the literature. The lack of empirical research on these earlier experiences may be partly because clinical training programs differ in structure. For example, Wheeler (2000) found that the onset of clinical training in some academic programs ($n = 10$) began during a student's freshman year. Still, the onset of clinical training in the majority of academic programs started during a student's sophomore ($n = 20$) or junior ($n = 8$) year.

Another concern is the potential for clinical training to hinder rather than facilitate student learning. Researchers found students can become anxious about experiential learning methods, especially when they do not connect its relevance with long-term learning and when faced with consequential looming assessments (Gilmore & Anderson, 2012). Music therapy researchers have discovered negative perceptions of clinical experiences, where many students have expressed fear and insecurity related to clinical

training (Baker & Krout, 2011; Clements-Cortes, 2015, 2019; Grant & McCarty, 1990; Madsen & Kaiser, 1999a). Additionally, researchers suggested if students are not prepared or have no experience with a specific clinical population, the experience may not be positive (Pitts & Cevasco, 2013). Therefore, clinical training experiences are not a guaranteed method for promoting learning and development.

In a more recent survey study, Roth et al. (2021) reported only 88.46% of professional music therapists were “satisfied” with their “clinical practicum coursework,” and 11.54% were dissatisfied (p. 14). This data is concerning, given professional music therapists were more satisfied with the quality of teaching (92.73%) than their clinical training. The results did not indicate a large difference between these two areas, but they did indicate room for improvement regarding the pre-internship clinical training of undergraduate music therapy students. Researchers should give attention to not only students’ perceived benefits of clinical work but also what students believe is helpful and supportive in their clinical work to help identify strategies for improving pre-internship clinical training experiences. While McClain (1993) and Wheeler (2002) provided suggestions for educators and supervisors, their findings are based on student perspectives from 31 to 22 years ago, respectively.

A need clearly exists for more research, considering the lack of understanding about current undergraduate music therapy students’ clinical experiences and the possibility of negative outcomes related to clinical experiences. Further, the requirement of 180 clinical hours prior to internship is a substantial commitment for students, educators, and clinical supervisors. In the following section, I describe the purpose of my research and how I addressed the issues previously discussed in this current study.

Purpose and Research Questions

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. The inductive nature of a qualitative research design allowed me to gain a deeper understanding of how undergraduate students learn and develop from their clinical experiences by giving them a collective voice, then listening to their individual stories and weaving them together into a greater understanding of their perspectives through participant-generated songs, verbal reflections of those songs, and intensive interviews.

Through this deeper understanding, the primary practical goal was to provide insights for program directors, educators, and clinical supervisors regarding how to better support and facilitate students throughout their clinical training, specifically during those early, foundational pre-practicum and practicum experiences. Secondly, with the pilot of a new analysis method, Synchronous Lyric and Music Analysis (SLMA), I sought to understand the practicality and credibility of the method in interpreting the meaning of the participants' original songs. By implementing an arts-based approach with reflexive thematic analysis methods, the following research questions guided this qualitative study:

1. How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?
2. How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?
3. How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?

4. How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?

Significance of the Research

This study is significant because it provides pre-internship undergraduate music therapy students the opportunity to contribute to the current conversation about the clinical training of music therapists by adding a largely underrepresented perspective to the literature. While students may indirectly benefit from this study's findings, music therapy educators, academic program directors, and clinical supervisors will find the most direct relevance through possible advancements made to the theory, knowledge, practice, and structure of pre-internship clinical training. Educators, supervisors, music therapists, and researchers may also benefit from using the Synchronous Lyric and Music Analysis method I developed for this study through their work with students, clients, and research participants.

Providing undergraduate students in their first to fourth years (and above) with an opportunity to describe and reflect on their clinical experiences allows educators, program directors, and clinical supervisors to gain an authentic understanding of how students perceive and experience their pre-internship clinical training. While students have reported challenges to clinical training (Baker & Krout, 2011; Wheeler, 2002), researchers have also noted perceived positive benefits, including improved confidence, skill development, positive client interactions and perceptions, increased personal insight, deeper understanding of music therapy, validation of career choice, and overall growth (Baker & Krout, 2011; Dvorak et al., 2017; Nix, 2015). Understanding students'

perceived benefits is crucial because positive clinical experiences may contribute to feelings of validation that motivate students to continue their music therapy training. Consequently, this motivation may promote student retention despite the rigorous demands of academic coursework, practica, applied lessons, and ensembles (Baker & Krout, 2013; Moore & Wilhelm, 2019).

The Synchronous Lyric and Music Analysis (SLMA) method I developed for this study may also inform reflective clinical supervision practices among educators and clinical supervisors through songwriting. While music therapists use the process of songwriting as a specific music therapy method, it also has substantial pedagogical implications as students connect its therapeutic use through its inherent experiential design (Baker & Krout, 2012). Songwriting can promote reflection, allowing participants to express aspects of affective learning through expressive or “presentational ways of knowing” (Taylor, 2009, p. 11).

Baker and Krout (2012) found that students expressed a deeper understanding of therapeutic songwriting through their own collaborative songwriting experience. This knowledge included the realization of the skills required to use songwriting as an intervention, the effectiveness of the intervention, the role of communication in the process, and as a method to organize thoughts and feelings related to larger concepts. Advancing the knowledge and practice of songwriting as a method of reflection will help educators and supervisors develop strategies that can be used in individual and group clinical supervision. Further, by reflecting on the practicality of the SLMA method, recommendations for future use will be beneficial for researchers who incorporate

songwriting as part of their methodology or music therapists using songwriting in their clinical work.

Program directors may also consider how the findings will inform a reworking of their current clinical training structure. As mentioned previously, the American Music Therapy Association (AMTA) stipulates students must earn 180 clinical hours before their internship, yet AMTA allows for flexibility in how clinical training programs are structured (AMTA, 2017; Wheeler, 2000). In a recent qualitative study investigating faculty perceptions of challenges related specifically to undergraduate music therapy programs, researchers found program directors identified one of the most important responsibilities they experienced as educators was to help students become competent by “creating an environment of development and learning” (Lloyd et al., 2018, p. 112).

However, researchers noted the lack of knowledge related to educational challenges and suggested that “music therapists are generally unaware of the barriers and limitations of music therapy education” (Lloyd et al., 2018, p. 115). Lloyd et al. (2018) stressed the importance of understanding these issues because “weaknesses in undergraduate music therapy education ultimately translate to weaknesses in the profession” (p.115). Deeply inquiring into the clinical experiences of undergraduate music therapy students may help inform program directors’ best practices for structuring and sequencing these experiences within the curriculum. As Lloyd et al. implied, a stronger music therapy education should result in a stronger profession.

Assumptions

I am certain there are taken-for-granted assumptions that I am not yet aware of, but I am conscious of several biases and assumptions coming into the study. An

underlying assumption for this study was that pre-internship clinical experiences provide the impetus for the “here-and-now experiencing that initiates learning” through concrete experiences (Kolb & Kolb, 2018, p. 9). I was convinced before and after this study that clinical experiences provide students with meaningful learning experiences that cannot be replicated in class through self-experience or mock sessions. This assumption guided this research and allowed me to dig deeper to learn how students make sense of these experiences from their perspective.

True to a constructivist position, I believe we cannot separate ourselves from our past experiences and the resulting assumptions about what we know to be true. This ontological belief about reality and epistemological belief about knowledge construction underlies my approach to this study and the assumption that a qualitative approach can best answer my research questions. Another assumption is the power of music to capture, process, and express feelings and ideas that are otherwise too difficult to articulate in words. As a music therapist, I believe this to be true, so why not extend this truth to music therapy students as well? I hoped that by asking participants to engage in songwriting, I could catch a glimpse into the internal worlds of music therapy students to understand their pre-internship clinical experiences authentically. I also assumed that participants were honest in their original songs and their interviews when they shared their pre-internship clinical experiences with me, allowing for an authentic exploration of their perceptions.

Delimitations

There were several delimitations and limitations to the design and implementation of this study, including the songwriting and interview phases. The first delimitation was

the use of a novel analysis method, Synchronous Lyric and Music Analysis, and a new coding technique, phrase-by-phrase coding. While a reflection on the use of these tools was previously explored, it created a delimitation to this study because it has yet to be used by other researchers and music therapists. The extent to which the SLMA method and phrase-by-phrase coding matrix are useful as an analytic tool beyond this study is unknown. Using an established lyric and music analysis method would have provided more credibility to this study's findings.

Another delimitation was the use of only in vivo and gerund coding during the first cycle process to code the SLMA phrase-by-phrase coding matrix. Using in vivo coding only captured the lyrics of the participants, and gerund coding only captured process-orientated actions. Upon reflection, these coding strategies were delimiting because much of the lyrical and musical content of participants' original songs was emotion-laden. I recommend using emotion coding to create codes that label the overall interpretation of both the lyrics and music and thus function as a type of "latent" code, which generates codes according to the implicit meaning of participants (Braun & Clarke, 2022, p. 57). Emotion coding could be used to identify "intrapersonal and interpersonal participant experiences and actions" and to provide "deep insight into the participants' perspectives, worldviews, and life conditions" (Saldaña, 2016, p. 125).

A third delimitation was the recruitment of students from my current teaching institution for the pilot songwriting workshop. There was the potential for participants to not be fully honest due to the power imbalance, as I served as their undergraduate program coordinator (AMTA, 2019; Seidman, 2013). However, participants wrote their songs collaboratively in separate breakout rooms, giving them privacy to discuss their

clinical experiences and to create their songs amongst their peers without my constant presence and knowledge of who contributed specific lyrical or musical content.

Secondly, I did not include my own students in the in-depth interviews to eliminate the possibility of bias. I provide detailed information regarding how I addressed this power imbalance in Chapter Three, Methods.

Definition of Terms

Several terms will be helpful to define to promote clarity and understanding of the unique field of music therapy, clinical training requirements, and musical terms used to describe the music analysis methods.

Cadence: Refers to the ending of a musical phrase or “harmonic goal” (Kostka et al., 2013, p. 145) and varies in terms of how complete a musical ending sounds. A perfect authentic cadence is the strongest and results from a V to I or V7 to a I chord progression (both in root position). The type of cadence provided can impact the perceived emotion through the tension or resolution that is created. For example, tonal closure followed by a rest is associated with less tension than rests that do not follow a tonal closure (Gabrielsson & Lindström, 2010). A plagal cadence (a IV chord to a I chord) is associated with more negative emotions than an authentic cadence (V or vii^o chord to a I or I⁶ chord) (Smit et al., 2020).

Consonance: A musical interval that “is pleasing to the ear” (Kostka et al., 2013, p. 646) and is impacted by sensory and cultural factors (Thompson, 2015). Consonance is associated with happiness and calm (Gabrielsson & Lindström, 2010) and may include intervals such as an octave, a perfect fifth, and major and minor thirds (Kostka et al., 2013).

Client: For this study, a client is an individual with whom a music therapy student interacts with as part of their clinical work, who is not a fellow student, faculty member, or clinical supervisor. A client is typically seen in a community setting or in an on-campus music therapy clinic. Clients may also be referred to as patients when discussing clinical experiences in the medical setting.

Clinical experience: This term broadly identifies any supervised clinical training experience, including pre-internship and internship experiences. Defined by the American Music Therapy Association, clinical training includes the “entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients” (AMTA, 2017, Glossary section).

Dissonance: An interval that is “not pleasing to the ear” (Kostka et al., 2013, p. 647), resulting from sensory and cultural factors (Thompson, 2015). Dissonance can create tension or heightened emotion in music and is associated with excitement but also negative emotions (Gabrielsson & Lindström, 2010).

Glissando: A slide from one pitch to another, either ascending or descending (Randel, 1986).

Harmonic Progression: A series of chords that is “goal directed” (Kostka et al., 2013, p. 648).

Harmony: Two or more notes played simultaneously. Complexity and degree of consonance can impact the perception of emotion. High harmonic complexity or dissonance is associated with tension and sadness, whereas simple harmony is associated with happiness and calm (Gabrielsson & Lindström, 2010).

Intern/Internship: Bruscia (1987) defined internship as a “clinical placement over an extended period of time wherein the student, working under professional supervision, learns to assume the full range of responsibilities of a music therapist” (p. 100). An intern is a music therapy student who is completing their internship requirement at an approved music therapy internship site. Internship programs are approximately anywhere from 900 – 1,200 hours, with 1,020 hours being the most common.

Interval: The distance between two pitches, as indicated by the quality (perfect, major, minor, diminished, or augmented) and size (unison, second, third, fourth, etc.).

Melody: Two or more notes played sequentially. Melodic range (wide or narrow) and direction (ascending or descending) have been associated with specific emotions. For example, ascending melodies have been associated with dignity, tension, and happiness (Gabrielsson & Lindström, 2010).

Modulation: The process by which the established musical key or tonal center shifts to another musical key (Randel, 1986).

Music therapy: According to the American Music Therapy Association (AMTA), music therapy is defined as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2005, para. 1). Music therapists work with various clients to improve quality of life and targeted therapeutic goals, including but not limited to individuals with intellectual disabilities, mental illness, medical conditions, brain injuries, and dementia.

Phrase: “A relatively independent musical idea terminated by a cadence” (Kostka et al., 2013, p. 170).

Practicum: According to Bruscia (1987), practicum is “a planned sequence of brief, introductory field experiences at different clinical settings” (p. 98). On-site supervisors and music therapy faculty supervise practicum students. Typically, field experiences are located in a community setting or an on-campus music therapy clinic and accompany an in-class component to facilitate the connections between practice and theory. Student roles include observation, assisting, co-treating, and full leadership (McClain, 1993).

Pre-Internship: The sequence in the clinical training curriculum prior to internship, with a focus on coursework and foundational clinical experiences. Students must complete a minimum of 180 hours of clinical training and all undergraduate coursework before beginning the culminating music therapy internship. Student roles may be observational, participatory, assisting, co-leading, or independently-led. Pre-internship clinical work is often referred to as practicum, fieldwork, or clinical work.

Pre-Practicum: Although this term is not used in the literature, I define pre-practicum as field experiences where a student participates primarily through an observational or limited assisting role (such as leading less than half of a session) as described by Bruscia (1987).

Resolution: A chord (harmonic) progression “from a dissonant tone or harmony to one that is consonant” (Randel, 1986, p. 696).

Rhythm: The dimension of music associated with temporal qualities, such as meter and group (Thompson, 2015). Rhythm can convey emotions, such as firm rhythms, which have been associated with sadness and dignity; regular rhythms, which

have been associated with happiness; and complex rhythms, which have been associated with anger (Gabrielsson & Lindström, 2010).

Staccato: Notes that are played with a shortened, “detached” dynamic (Randel, 1986, p. 805).

Supervisor: A professional music therapist who supervises music therapy students in their clinical work. Supervisors must meet the criteria established by AMTA (2017) and provide supervision through evaluation and feedback. Typically, but not always, they are employed in a non-university setting but have established a partnership with an approved music therapy program.

Syncopation: A rhythm that stresses a weaker beat within an established meter; a “momentary contradiction of the prevailing meter or pulse” (Randel, 1986, p. 827).

Tempo: The speed at which the music is played. Tempo has a large influence on the perception of mood. Slower tempos are associated with sadness and calm, while faster tempos are often associated with positive emotions, such as joy or excitement (Gabrielsson & Lindström, 2010; Hevner, 1937).

Tonality: A set of pitches that organizes around a tonal center, or tonic; the key or scale in which a piece of music is written (Randel, 1986). Often, the tonal center is a major or minor key, but it can also include atonality, which means without a tonal center. A major key is often, but not always, associated with more positive emotions, while a minor key is often, but not always, associated with negative emotions, and atonality has been associated with anger (Gabrielsson & Lindström, 2010).

Summary

The state of knowledge about the pre-internship clinical experiences of undergraduate music therapy students is sparse. Researchers have spent considerable amounts of time studying educator, clinician, and intern perspectives (Braswell et al., 1980, 1985; Clements-Cortes, 2015, 2019; Grant & McCarty, 1990; Lloyd et al., 2018; Madsen & Kaiser, 1999a). Many researchers have combined both undergraduate and graduate students in studies (Baker & Krout, 2011; Dvorak et al., 2017; Gooding & Standley, 2010; Pitts & Cevasco, 2013; Wheeler & Williams, 2012), yet known considerable differences exist in how they view and construct knowledge (de l'Etoile, 2008; Goodman, 2011; Luce, 2008).

Only a handful of researchers have studied specifically undergraduate music therapy student perspectives (Abbott, 2017, 2018; Gao et al., 2013; Warren, 2020; Wheeler, 2002), and there remains a paucity in the literature regarding how these students experience and perceive their foundational pre-practicum and practicum experiences. Further, no known researchers have explored the pre-internship clinical experiences of specifically undergraduate music therapy students through collaborative songwriting and intensive interviews. Researchers, educators, and clinical supervisors need to know more about how undergraduate students experience their early clinical work and how they make meaning to form better supervision and reflection practices and promote positive pre-internship clinical experiences.

These clinical experiences are a requirement before completing an internship, graduating with a music therapy degree, and sitting for the subsequent board certification exam. Educators know these foundational clinical experiences must be part of the

training of music therapists (Goodman, 2011). Still, program directors, educators, and supervisors need to know more about how working with clients in a real-world setting is genuinely experienced and perceived by pre-internship undergraduate students. This knowledge will be key in promoting student retention and allow them to benefit maximally from clinical experiences. A basic qualitative research approach, marrying arts-based methods with reflexive thematic analysis methods, will provide the inductive process needed for developing a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students directly from their perspectives.

Chapter II

LITERATURE REVIEW

In this chapter, I focus on three substantial ideas that inform my study: experiential learning theory, music therapy clinical training, and songwriting as a form of reflection and research. In the first major section of this literature review, I provide a theoretical framework steeped in experiential learning theory, as described by Kolb (2015). In a subsection of experiential learning theory, I trace the connections within the music therapy education literature to experiential learning theory. In the second major section, I provide an overview of the research specifically related to “concrete” music therapy clinical training experiences (Kolb, 2015, p.32). In this section, I delve into the music therapy literature associated with the supervision of clinical experiences, discrepancies between educators and students, the fears and benefits of clinical experiences, and the uniqueness of undergraduate students as a source of study. Through this process, I have identified a gap in the literature related to undergraduate student pre-internship clinical experiences.

In the last major section, I explore songwriting as an extension and connection between concrete music therapy clinical training experiences and the role of reflection, a core component of Kolb’s (2015) experiential learning theory. Songwriting as a method for self-reflection and research is pertinent to address because songwriting is a primary source of data triangulation in my methodological approach. Last, I present a theoretical

framework and rationale for developing a new method for analyzing original songs, which I am labeling Synchronous Lyric and Music Analysis (SLMA).

Experiential Learning Theory

While not claiming to invent the idea of experiential learning, Kolb (2015) pioneered the development of experiential learning theory by integrating the educational philosophies of John Dewey, the action research methods of Kurt Lewin, and the cognitive development model of Jean Piaget. The constructivist perspective of the learning process in his theory of experiential learning is of particular importance. Kolb (2015) defined learning as a *process* whereby “knowledge is continuously derived from and tested out in the experiences of the learner... learning is relearning” (p. 38-39). Inherent to his definition is the vital role of experience in learning by acknowledging the natural connection between experiences and learning. Further, Kolb (2015) noted knowledge is constructed by the “transformation of experience” (p. 49).

In their experiential learning theory, Kolb and Kolb (2017) described a cycle of learning that encompasses two opposing dimensions of experiences. The first dimension is conceptualized as “grasping experience” (Kolb & Kolb, 2017, p. 12). The grasping experience includes the learner’s concrete experiences on one end of the spectrum and abstract conceptualization on the other, where experiences are integrated and theorized upon. The second dimension, “transforming experience” (Kolb & Kolb, 2017, p. 12), includes reflective observations of those concrete experiences on one end of the spectrum and active experimentation on the opposite end where learners “make decisions and solve problems” (Kolb, 2015, p. 42). Learners construct knowledge through a recursive cycle of these four modes—concrete experiences, reflective observation, abstract

conceptualization, and active experimentation. The cycle leads back to concrete experiences in a reiterative and integrated process.

A handful of scholars in music therapy have written about music therapy experiential learning through the perspective of Kolb's (2015) experiential learning theory (Abbott, 2017, 2018; Goodman, 2011; Lim & Quant, 2019; Silverman et al., 2018). Using ELT as their framework for student learning, Lim and Quant (2019) asserted students learn from their practicum experiences through the four modes of ELT, where "learning from observation or imitation is a principle of learning" (p. 142). The results of their survey study indicated that music therapy students may feel more confident in their ability to implement techniques during practicum work after observing and conceptualizing observations of their peers, supervisors, or professors.

Goodman (2011) discussed the learner styles developed by Kolb (2015) from experiential learning theory (ELT), and Silverman et al. (2018) briefly described the ELT learning cycle and compared experiential learning to aspects of service-learning in a thematic analysis of music therapy students working as camp counselors. Silverman et al. (2018) strongly advocated using experiential learning. The researchers asserted, "any structured experiential learning opportunity music therapy students have engaging with people with various neuro-diversities is valuable for a number of reasons, including personal growth, developing leadership skills, developing empathy, greater self-awareness, and a more sophisticated understanding of others" (Silverman et al., 2018, p. 443).

Abbott (2017, 2018) offered the most in-depth description and implementation of Kolb's (2015) ELT learning cycle in the clinical training of music therapists. In a

qualitative analysis of undergraduate music therapy students' objective and subjective observations of their pre-internship clinical work, Abbott (2017, 2018) compared Kolb's ELT learning cycle to the process of teaching music therapy practicum students through clinical work, observation logs, written summaries, and subsequent practicum sessions.

Abbott (2017, 2018) identified participation in a music therapy practicum session as the concrete experience, the first stage of the ELT cycle. Next, students engaged in reflective observation through practicum logs, where students reflected on their objective and subjective observations of their practicum sessions. In the next stage of Kolb's ELT learning cycle, abstract conceptualization, students answered summary questions that required a thoughtful and conscious synthesis of their learning. Last, students experienced active experimentation when they brought their knowledge and insights into the next music therapy practicum session.

Experiential Learning in Music Therapy

Emerging in the 1980s, the topic of experiential learning in the music therapy literature has become increasingly more frequent (Murphy, 2007), but primarily from an educator perspective as a pedagogical tool (Bruscia, 2014c; de l'Etoile, 2008; Goodman, 2011; Krout, 2015; Maranto & Bruscia, 1989), as a source of self-experience (Baker & Krout, 2013; Bruscia, 2014a; Keith, 2017), or as a foundation for collaborative learning (Baker & Krout, 2012; Goodman, 2011; Luce, 2008). In much of the literature, the term experiential learning is often conflated with a variety of experience-based learning experiences. The problem may partly be due to the term itself because it is inherently broad. Most learning activities require students to experience *something*, whether through reading, writing, discussion, active participation, field experiences, etc.

Goodman (2011) made the distinction of experiential learning as “the process of making meaning from direct experiences” in which educators employ a variety of methods, including role-playing, demonstrations, experiential exercises, music therapy training groups, and music-based experiential methods (p. 171). Bruscia (2014b) stressed experiential learning as an essential method in music therapy education because music therapy itself is grounded in experience as an “experiential modality” (p.67). Experiential learning also requires the student to look inward because it “focuses equally on understanding both the subject matter and oneself (or others) in relation to it” (Bruscia, 2014b, p. 67).

In addition to scholars, researchers have also found support among music therapy educators for the use of experiential learning methods. Keith (2017) highlighted the central role of experiential learning in helping music therapy students increase their understanding of music therapy. In a qualitative analysis of a study abroad self-experience, Keith (2017) wrote:

It is much easier to define or describe music therapy when someone has experience with it... on the surface, one might say that this is an obvious outcome, but for students, it can be profound... it means the students who engage in music therapy experiences themselves, in experiential learning, are better able to describe the profession to others, because they themselves are aware of the many relationships that are important in music therapy. They can speak from experience and authority. (p. 236)

Further, in a survey examining the requirements, teaching methods, and issues among 74 music therapy educators, Maranto and Bruscia (1989) found that 57% of respondents

indicated the use of experiential learning as one of their “most successful teaching” (p. 17) methods and was the highest rated method by respondents. Tims (1989), an educator and an early proponent of experiential learning, presented an argument for using experiential learning in the classroom. Tims (1989) criticized the music therapy curriculum at the time for its lack of quality pre-internship experiential learning opportunities and reasoned, “training and education must involve more than the accumulation of knowledge. We need to emphasize the practical application of various therapeutic approaches... this demands an active learner and an experiential component in the learning process” (p. 91).

A strong advocate of experiential learning in the music therapy curriculum and a pioneer for in-class experiential learning, Tims (1989) acknowledged the importance of clinical training experiences when he wrote, “I consider practica to be the core of the curriculum, the proving ground for everything done in the classroom” (p. 92). In the next section, I explore the use of out-of-class, experiential learning in music therapy education through the context of clinical training. Clearly, understanding the developmental and educational needs of the learner requires understanding how students experience and process these foundational pre-internship experiences, both at the pre-practicum and practicum levels. Educators know very little about these pre-internship experiences, even though clinical experiences have been fundamental to the training of music therapists since the development of the first music therapy course (de l’Etoile, 2000).

Music Therapy Clinical Training

The first music therapy training program was created in 1944 at Michigan State University (AMTA, n.d.-a). Subsequently, music therapy was established as an allied

health profession in 1950 with the founding of the first national music therapy organization, the National Association of Music Therapy. The music therapy profession continued to evolve with the development of professional competencies and a national board certification exam (AMTA, n.d.-a). The American Music Therapy Association (AMTA) governs the profession, approves academic programs, and establishes clear standards for music therapists' education and clinical training (AMTA, 2017). AMTA (2017) declared, "the Association shares the beliefs that education and clinical training are not separate processes but reflect a continuum of music therapy education" (para 6).

AMTA's stance on the education and training of music therapists mirrors experiential learning theory, where learning is viewed as an integrative process between theory and practice. In the next section, I explore the history, structure, and relevance of music therapy clinical training, followed by a critique of the literature related to the clinical training of undergraduate music therapy students, including discrepancies between student and educator perspectives, the negative and positive aspects of clinical experiences, and recent research on the topic.

History, Structure, and Relevance of Clinical Training

From creating the first standalone music therapy course in 1919 to developing the first undergraduate program in 1944, music therapy educators have included a clinical component in the training of music therapists (de l'Etoile, 2000). These clinical experiences were contingent upon university resources and community relationships. Music therapy faculty's preferences, training, and philosophical approaches often dictated the types of clinical training a student experienced. Therefore, clinical training experiences have always been diverse, as they are now. In 1952, the first core curriculum

developed by E. Thayer Gaston and John Anderson included perspectives from “hospital administrators, music therapists, directors of clinical training in music therapy, and music therapy educators” (de l’Etoile, 2000, p. 64). The curriculum included a six-month intensive internship and 128 hours of “on-campus training” (de l’Etoile, 2000, p. 71). This clinical training requirement established a precedence that has changed very little since its introduction to the field.

Clinical training differs from education in that “education is the acquisition of skills and knowledge, originating in the classroom; training is the application of such skills and knowledge, arrived at through preprofessional clinical practice” (Goodman, 2011, p. xii). AMTA (2017) stipulates that students must acquire 180 hours of pre-internship clinical training experience, including experiences with a minimum of three different client populations. Further, a credentialed music therapist must observe the students for at least 40% of the clinical sessions and provide direct supervision per AMTA standards. Under the Standards for Education and Clinical Training (AMTA, 2017), standard 3.2.9 defines clinical training as “the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients” (Clinical Training Component section).

The clinical training of music therapists involves a range of experiences that often begin with students in an observational role. While clinical observations may not include direct client contact, researchers have found these observations can be a beneficial experience for students. For example, Gooding and Standley (2010) found in a mixed methods study of 38 undergraduate and graduate music therapy students that self-

reported confidence ratings increased for students who observed both in-person and pre-recorded music therapy sessions. While many students benefited from observation, they also greatly benefited from leadership roles in their clinical work (Gooding & Standley, 2010). Similarly, Nix (2015) found graduate music therapy students grew in their self-confidence, primarily from “active participation” in practicum (p. 37). Participants attributed active participation to increased responsibility and leadership, such as leading an entire session, supporting verbal dialogue with clients, or the ability to use their musical skills to support the practicum experience (Nix, 2015).

While the structures for pre-internship clinical training vary according to different programs and the types of support and supervision provided by faculty, students typically experience greater levels of clinical responsibility as they gain more experience with clinical populations. As Goodman (2011) noted, professional competencies “should be expedited with progressively more demanding standards as the student progresses through the undergraduate practicum and into the internship” (p. 66). Music therapy professionals generally regard their clinical training as extremely important in preparing them for their work as music therapists. In a survey study of 401 professional music therapists, Braswell et al. (1979) found the majority of professionals reported clinical training (54.08%) as more important than their coursework (11.56%) or equally important (33.33%) in preparing them for their current professional work. Additionally, 75.93% of respondents rated their clinical training as adequate to very adequate, compared to lower ratings of coursework (62.28%).

As part of clinical training, music therapy educators provide support and supervision according to the education and clinical training standards established by the

American Music Therapy Association (AMTA, 2017). However, program directors are given flexibility in designing and implementing clinical training experiences. Thus, music therapy students across the country learn from and experience their clinical work in unique ways, depending on the structure of each clinical training program. In the most recent report by the Commission on the Education and Clinical Training of 21st Century Music Therapists (2024), variations in the structure of clinical training included the diversity and number of clinical placements students experienced, the number of client-contact hours students obtained, the level of engagement across universities, variations for the onset of clinical training, and the qualification for supervisors. Therefore, it was recommended in the Commission's final report for clinical training programs to increase consistency across universities, yet it did not provide specific recommendations regarding the varied structural components. The findings from this study may indicate structural recommendations for clearer guidelines on clinical training based on the insights gained from studying the perspectives and experiences of undergraduate music therapy students.

An in-depth qualitative research design presents the opportunity to fully understand the richness and depth of these pre-internship clinical experiences among individual students throughout such diverse programs. While each program director maintains a certain level of autonomy, one internal issue raised by program directors related to the pre-internship clinical experiences of students was the lack of professional music therapists available to supervise students in the clinical setting (Lloyd et al., 2018). One study participant stated, "there were simply not enough professionals in the area to support supervision and community placements for the music therapy program" (Lloyd et

al., 2018, p. 112). How a lack of quality supervision impacts students' perceptions and clinical work experiences is unknown.

The literature is sparse regarding how specifically undergraduate music therapy students make meaning from their clinical experiences, but there is an abundance regarding pre-professional and professional supervision of music therapists (Forinash, 2019). A variety of topics related to supervision include the ethics of music therapy supervision (Dileo, 2001), multicultural approaches to supervision (Estrella, 2001), and supervision during internship (Farnan, 2001; Feiner, 2001; Thomas, 2001). McClain (2001) defined supervision as “teaching, modeling, observing, shaping, coaching, and evaluating the skills and behaviors of students” (p. 9). Supervision inherently takes the educator's perspective—by definition, it describes the roles and methods of providing educational and clinical training support.

During a phenomenological inquiry into the student perceptions of their practicum supervision experiences, Wheeler and Williams (2012) noted most of the literature in the area of supervision had been viewed from the supervisor's perspective, highlighting the lack of student perspectives in the literature. Wheeler and Williams discovered that journal writing as a means of data collection facilitated reflective thinking among student participants. Although Wheeler and Williams sought to investigate students' perceptions of their practicum supervision, students also expressed certain aspects of their clinical experiences.

In general, students preferred to observe before independently conducting sessions with clients (Wheeler & Williams, 2012). One student wrote, “validation is so important,” but it was unclear if the student meant validation of their career choice or

personal strengths (Wheeler & Williams, 2012, p. 119). Regardless, the response highlighted that some music therapy students may need validation throughout their learning and development, which is a topic worthy of more systematic exploration. Another student experienced a sense of achievement when they independently led and planned a music therapy session. Students also remarked they felt more positive about being observed when they were secure in their music therapy identity. Therefore, it would be helpful to understand how clinical experiences contribute to a student's professional identity as a music therapist, if at all.

Wheeler and Williams (2012) also indicated an inner-to-outer focus among students, similarly reported by Abbott (2018) as “managing one’s consciousness” (p.122), where personal growth through clinical experiences allowed them to focus less on themselves and more on their clients. One student wrote:

I remember the times I used to focus on everything about me as a therapist; what I was doing, how I was doing it, is it what my supervisor wants, etc. Now, I’m finally to the point where I care more about my clients and their response to me and the session... I have learned to rely on my instinct and gut with my clients. I now feel more secure in my identity as a music therapist. I know my strengths and weaknesses. (Wheeler & Williams, 2012, p. 124)

This excerpt demonstrated the participant’s profound insights, highlighting the importance of identity development as a music therapy student. Clinical experiences may provide opportunities for students to develop their own music therapy identity, allowing them to focus on the client and trust their instincts. However, researchers have not explored this idea empirically. While Wheeler and Williams (2012) provided some

insight into the clinical experiences of students, the main purpose was to investigate the experiences of supervision, and therefore, researchers focused more on the supervisory aspects of clinical experiences. Furthermore, researchers included only five participants in the study, all in their last semester of practicum, three of whom were equivalency graduate students.

The ideas presented by the students in Wheeler and Williams's 2012 study are supported in the literature in an earlier quantitative research study (Allen, 1996). Allen sampled 45 junior, senior, and graduate-level music therapy students to examine the scope of educational satisfaction and academic achievement among music therapy majors within the context of Holland's vocational theory. The results of the study suggested that identity may be the best predictor of educational satisfaction and academic achievement in music therapy. Allen (1996) identified identity as "the possession of a clear and stable picture of one's goals, interests, and talents" (p. 152). Clearly, students need to develop their own music therapy identity, but to what extent do clinical experiences contribute to this formation, if at all? And at what point do students develop a sense of their individual music therapy identity? To answer these questions, a qualitative focus on studying pre-internship students earlier in the curriculum, such as first- and second-year students, is needed to understand how students learn and develop from their clinical experiences.

Discrepancies Between Students and Educators

Many music therapy researchers have focused on educator perspectives related to music therapy training (Broder & Fugita, 2024; Brookins, 1984; Tanguay, 2008) or emphasized competency and performance-based development (Alley, 1978; Greenfield, 1978; Jenkins, 2013; Schwartzberg & Silverman, 2011). While educator perspectives

offer firsthand knowledge of students, there are often discrepancies between student and educator perspectives. Among the handful of researchers studying the perspectives of music therapy students, Wheeler (2002) found differences in perspectives between educators and students. Students expressed concerns about grading and wanted more guidance in session planning, particularly before beginning their clinical work. However, as an educator herself, Wheeler did not perceive these issues as potential concerns from an educator's perspective.

In an earlier study, Greenfield (1978) also found differences between music therapy students and educators. Music therapy students rated themselves as being more competent than educators rated them, highlighting the differences in perspectives. Similarly, in a survey of 92 internship directors, participants indicated interns were underprepared in several musical competencies, including guitar and piano (Jenkins, 2013), while Clements-Cortes (2015) found pre-internship students rated their musical skills high.

Additionally, Braswell et al. (1985) surveyed the perceived weaknesses of 75 music therapy interns before their internship, and there were far fewer responses to perceived weaknesses in musical skills (11 instances) compared to self-confidence (34 instances). While some music therapy interns acknowledged they lacked functional musicianship prior to starting an internship, they completed the survey retrospectively, three months into the internship process. Therefore, it is possible their internship experience provided them with opportunities for increased self-awareness related to their music skills.

In a comparative analysis, Knight (2008) noted the lack of research from the student perspective and found a discrepancy in concerns between pre-internship students and internship supervisors. Students were more concerned about supervisor expectations, while internship supervisors were more concerned about students' abilities to determine client needs. This finding indicated an inner focus among music therapy students prior to starting their internship, where students focused on their own skills and expectations. Conversely, internship supervisors were more concerned about the students experiencing an outer focus toward their clients.

Providing insight into the incongruities between music therapy students and educators is a more recent study that replicated and extended aspects of Knight's 2008 analysis (Novak, 2016). In a quantitative analysis, Novak (2016) surveyed 19 pre-internship music therapy students and 14 internship supervisors and compared the mean differences in the perceived needs of pre-internship students. Novak (2016) found similar results from Knight's (2008) study, indicating the greatest concern among pre-internship students was knowing what would be expected of them during their internship ($M = 3.526$). This finding coincided with the same mean pre-internship student score as concerns about understanding how they would be evaluated ($M = 3.526$). Indicating discrepancies between the perceived needs of pre-internship students, Novak (2016) found a significant difference, $t = 4.217$, $p = .001$, between supervisors ($M = 2.0$) who perceived the need for understanding evaluation procedures much lower than pre-internship students ($M = 3.526$).

The results from Novak's study (2016) also indicated significant differences in music areas. Pre-internship students perceived needing less support on their piano skills

($M = 1.737$) than supervisors who perceived a higher need for support ($M = 2.786$), indicating significance, $t = -2.929$, $p = .006$. According to the results of the *Mann-Whitney U* test ($p = 0.29$), pre-internship students ($M = 2.053$) differed significantly from supervisors ($M = 2.714$). In contrast, students perceived needing less assistance on their leading and accompaniment abilities on the piano and guitar than internship supervisors. Lim and Quant (2019) further supported the existence of discrepancies between music therapy students and supervisors in a survey study exploring the perceptions of 39 undergraduate and graduate equivalency students and six clinical supervisors. The results indicated differences between student and supervisor perceptions in “most areas of clinical supervision” (p. 143), including practicum experience evaluation, expectations of training, and evaluation of students’ performance, self-efficacy, and professional competence.

In summary, researchers have confirmed the existence of discrepancies between music therapy students, educators, and supervisors in the areas of musical skills (Braswell et al., 1985; Clements-Cortes, 2015; Greenfield, 1978; Jenkins, 2013; Novak, 2016), concerns (Knight, 2008; Wheeler, 2002), and multiple areas of clinical supervision (Lim & Quant, 2019), but it is not clear why and how these disparities exist. Moreover, educators do not know how these extant differences manifest in ways that interact with undergraduate students’ learning and development, as experienced through their pre-internship clinical experiences.

Concerns, Fears, and Anxieties Related to Clinical Experiences

Another area researchers have addressed in the literature is music therapy students’ concerns, fears, and anxieties. This focus is not surprising considering the

stress many pre-internship students experience throughout their coursework and clinical training (Madsen & Kaiser, 1999a; Milgram-Luterman, 2000; Moore & Wilhelm, 2019). Moore and Wilhelm (2019) found that 60.6% of music therapy students surveyed ($n = 371$) reported experiencing high stress levels. While the purpose of their study was not to determine significant differences between the academic levels, the data indicated undergraduate students perceived themselves as experiencing higher levels of stress than their graduate counterparts. Specifically, undergraduate students had the highest mean stress level ($M = 19.56$) as compared to master's ($M = 17.73$), master's equivalency ($M = 17.35$), and doctoral students ($M = 18.50$).

Moore and Wilhelm (2019) did not address contributing stress factors, but researchers have found that pre-internship students experience anxiety related to different aspects of their clinical work, including their music skills and ability to work with clients (Abbott, 2018; Baker & Krout, 2011; Clements-Cortes, 2015; Madsen & Kaiser, 1999a; McClain, 1993; Wheeler, 2002; Wheeler & Williams, 2012). Baker and Krout (2013) anecdotally described students as full of excitement when they begin a music therapy program but noted they often wore “rose colored glasses” (p. 140). According to Baker and Krout (2013), students may experience anxiety due to the demands of academic training programs that require students to gain skills in a myriad of competencies. Further, they noted practicum experiences may “place the students at risk of quashing this enthusiasm. The positive aspect and form of stress, eustress, can turn instead to distress, with some students even feeling that becoming a music therapist may not be possible” (Baker & Krout, 2013, p. 140).

While Baker and Krout (2013) offered their personal experiences with students, other researchers have provided empirical evidence of students' fears and anxieties about clinical experiences. Knight (2008) found that pre-internship students were concerned with "getting assistance at finding out what will be expected" of them during their internship (p. 82). Wheeler and Williams (2012) found that students were concerned about their future as music therapists if they were unable to "do it [music therapy] well" (p. 127). Wheeler (2002) also found students were concerned about meeting the needs of clients through appropriate session planning and supporting them musically. Additionally, beginning practicum students reported anxiety over new clinical experiences (Wheeler, 2002). These concerns highlight the elevated emotional states some music therapy students may experience due to their clinical training, especially during earlier clinical experiences.

McClain (1993) offered a deeper understanding of these concerns through a mixed methods analysis. McClain recruited 138 music therapy students from 12 different colleges and universities ($n = 116$) and a national conference ($n = 22$). The criterion for participation was at least one semester of practicum experience, with the average among participants being 2.4 semesters. Students in the study expressed many concerns about practicum training, including a lack of music therapist supervision, lack of clinical diversity, lack of opportunities to experience individual and group sessions, and concerns about future job opportunities. Moreover, students reported many client-related concerns when they began a new practicum experience.

In McClain's (1993) study, the highest number of responses indicated concerns for "meeting/knowing/understanding the 'needs of clients'" (32%), "establishing a good

rapport with clients and interacting with them” (21%), and “being prepared for the first session” (20%) (p. 63). Other concerns included client participation and the ability to provide appropriate music therapy activities. Furthermore, McClain (1993) found students viewed themselves as “ineffective as therapists” when they struggled with their clinical skills (p. 103). This finding is important because, as McClain (1993) stated, “what a student perceives is intricately connected to what he or she learns” (p. 103).

Roughly half of the participants also experienced ethical issues, most often related to instances within the practicum sessions (McClain, 1993). Specifically, students expressed ethical concerns about clients, such as knowing their clients outside the therapy setting, other people asking them to divulge information about their clients, working with clients of the same age, knowing how much to self-disclose to clients, protecting themselves from aggressive clients, and responding appropriately to clients when they discussed “drugs, alcohol, and explicit sexual behavior” (McClain, 1993, p. 81). Alarming, the survey results also indicated students mostly felt unprepared for practicum (41%) than prepared (30%), and students felt anxious about their musical skills, such as their ability to play guitar and piano. Some students reported feeling they had “been ‘thrown’ into the practicum without any experience or preparation” (McClain, 1993, p. 97).

McClain (1993) also provided suggestions made by students for the improvement of practicum training. For example, one student suggested freshmen and sophomores should have the opportunity to observe upperclassmen. Students would also like to “gradually” gain clinical responsibilities and begin by working with clients they perceived as being “less difficult” (McClain, 1993, pp. 96-97). Students also preferred to

lead clients in an individual setting or small group before leading a large group. While educators generally prefer to have students work first with children and those with intellectual disabilities before working with adults and populations with mental illness, it is unclear who students perceive as being easier or more challenging to work with (McClain, 1993). This question has been unanswered in the literature, yet there are far-reaching implications about the sequencing of pre-internship experiences because many students enter with pre-conceived notions about various clinical populations (Nix, 2015; Pitts & Cevalco, 2013; Silverman et al., 2018; Summer, 2001).

Baker and Krout (2011) also identified pre-internship students' fears and impostor feelings in a qualitative study exploring the perceived positive and negative aspects of pre-internship clinical experiences among two undergraduate and two post-graduate music therapy students. Students expressed feelings of inadequacy, failure, anxiety around new clinical experiences, concerns for their safety, and reported having few opportunities to express their feelings. Through a thematic analysis of the student-generated collaborative songs and their individual summaries, the researchers also noted an internal conflict experienced by students between feeling like an impostor and being genuine with their clients. Baker and Krout (2011) wrote, "they expressed a questioning of self," which highlighted the developmental process a music therapy student undergoes in developing their professional music therapy identity (p. 83).

In a survey of 55 equivalency graduate and undergraduate music therapy students who completed a practicum in a hospice or palliative care setting, researchers found the biggest fear among students was not knowing "the appropriate course of action to take during a session (34%)" (Pitts & Cevalco, 2013, p. 148). Further, students indicated

other fears related to how they would cope working with dying patients (21%), becoming emotionally attached to patients (12%), the possibility of a patient dying (11%), having to talk about death (7%), issues of countertransference (5%), and skills and repertoire (5%). Highlighting the anxiety experienced in a new practicum setting, students also reported feeling unprepared for clinical experiences in a hospice or palliative care setting, even after several semesters of clinical work in other settings. Pitts and Cevasco (2013) stressed the importance of educator support in becoming aware of student concerns and suggested more on-site supervision to help alleviate students' fears. The researchers also suggested that students spend more time reflecting upon music therapy sessions to alleviate fears and concerns, which educators could facilitate.

While pre-internship students spend extensive time throughout their pre-internship clinical experiences honing their skills and accumulating knowledge to prepare for their upcoming internship, there are some known stressors related to this culminating intensive internship requirement. One notable study was conducted by Madsen and Kaiser (1999a), where researchers explored the pre-internship fears of music therapy students. Researchers found students were concerned with the logistical elements of the internship, but the highest fear reported was not feeling adequately prepared or having the knowledge needed to be successful. Madsen and Kaiser wrote, "this fear seems to constitute a reasonable fear in that the internship is the place where previous learning needs to be expressed in a practical manner" (p. 22).

However, Madsen and Kaiser (1999a) posited that students' fears might correlate with future success, drawing upon a previous study of music education students where the students who expressed concerns over knowledge were judged as having the most

potential (Madsen & Kaiser, 1999b). While it was speculative to compare the perceptions of music education and music therapy students from two different studies, there are implications for further research regarding music therapy students.

Additionally, Madsen and Kaiser (1999a) contemplated whether “fears go through a metamorphosis gradually changing across the curriculum” and suggested researchers should explore the perceived fears of freshmen music therapy students to determine how those fears may evolve throughout their undergraduate coursework (p. 24).

More recently, Clements-Cortes (2015) found “the challenge of putting theory into practice” as one of the most extensive fears expressed by pre-internship students (p. 244). Other fears and concerns included a lack of confidence in several areas, including general preparedness for their internship, verbal counseling skills, and concerns about how their supervisor would perceive them. Similar to the suggestions offered by McClain (1993), early observations by freshmen and sophomores prior to practicum were recommended to educators in light of the results (Clements-Cortes, 2015).

Students are typically aware of the anxiety they feel before their practicum experiences (Abbott, 2018). Through a qualitative analysis of undergraduate practicum student logs, Abbott (2018) suggested supporting students through learning tools that facilitate student thinking as it relates to more complex “process-oriented concepts,” including intention, awareness, presence, and empathy for and with clients (p. 124). Abbott provided an inventory of client functioning and a practicum log format that was used to promote students’ reflective thinking on their clinical experiences. Abbott (2018) stated this type of educator support:

... may address the foundations of students' fears when first starting in the practicum session room. While not fixing the need to learn over time and through experience, conscious awareness of these concepts may alleviate concerns and facilitate the learning process. (p. 124)

When taken together, these findings suggest the majority of pre-internship undergraduate music therapy students experience high levels of stress (Moore & Wilhelm, 2019), and much of this stress is related to clinical experiences. Specifically, many music therapy students feel unprepared for new clinical experiences (Clements-Cortes, 2015; Madsen & Kaiser, 1999a; McClain, 1993; Pitts & Cevasco, 2013) and are concerned they do not have the knowledge and skills necessary to be an effective music therapist (Baker & Krout, 2011; Wheeler & Williams, 2012). While these issues are concerning for music therapy educators, I suggest researchers focus on understanding the positive benefits of pre-internship clinical training. These insights can potentially enlighten educators on how to better support students, especially those who experience anxiety and fears related to their clinical work. However, this insight requires understanding the perspectives of pre-internship music therapy students more deeply by giving them a platform to share their own experiences.

Evidence of Growth Through Clinical Experiences

Researchers have frequently validated the importance of clinical experiences from the viewpoint of internship supervisors, educators, and interns (Braswell et al., 1980; Brookins, 1984; Tanguay, 2008). McClain (1993) offered the most extensive investigation into the perceptions of pre-internship students in her dissertation research and found that most students viewed practicum experiences positively. Many students

believed practicum was “the best way to learn about the profession” as it provided them with a “first-hand opportunity to see how clients react to music therapy” (McClain, 1993, p. 76). Students also saw the relevance in clinical training as 79% believed there was “a strong to very strong relationship between coursework and fieldwork” (McClain, 1993, p. 89), indicating a fundamental assumption of andragogy (Knowles et al., 2015). Similar to the results of Clark and Kranz (1996), students reported a preference for working with children, including pediatric patients (74%), preschool children (85%), and individuals with behavioral disorders (75%) (McClain, 1993). Regarding the diversity of experiences, 42% of students indicated they desired more experiences in diverse clinical populations “to get a real feel for their profession; to find out which populations they enjoy most; to validate their own decisions about entering the major; to see how music is used in different treatment settings; and... to ‘learn more’” (McClain, 1993, p. 94).

According to McClain (1993), practicum provided a platform for students to develop and increase personal skills, musical skills, and clinical skills. Some students even indicated they learned more in their practicum than in the traditional classroom. Similar to the findings by Smyth and Edwards (2009), students “felt good about themselves because they ‘survived’ and in most cases really ‘enjoyed’ their experiences” (McClain, 1993, p. 86). Other personal skills students believed they gained included increased confidence, independence, flexibility, creativity, organization, patience, and becoming more assertive.

These findings are undoubtedly important because students indicated that their confidence increased when they became more assertive, organized, flexible, independent, and creative. They felt more able to address problems and more confident leading music

therapy sessions. Further, McClain (1993) added, “students believed all these skills are enhanced and retained by increased exposure, more practice” (p. 80). While students did not indicate they wanted more practicum experiences, they expressed the desire to remain in their practicum placement for extended periods.

Regarding music skills, students indicated they learned songs and activity repertoire (86%) and gained vocal skills (60%), guitar skills (50%), and piano skills (33%) (McClain, 1993). While students made some gains in their musical abilities, they also indicated they did not learn as many musical skills in practicum as their personal and clinical skills and “felt music skills are least needed to feel competent in practicum” (McClain, 1993, p. 101). This finding is concerning, considering musical skills are a fundamental tool for music therapists. McClain’s (1993) findings contrast with results from other studies (Clements-Cortes, 2015; Greenfield, 1978; Jenkins, 2013) where students expressed more confidence in their musical skills; “students expressed recognition of their deficiencies and willingness to work on them [music skills]” (p. 102).

Results from McClain’s (1993) study also indicated the top skills students believed they gained in practicum were client-centered and related to clinical skills, such as the ability to lead sessions (90%), to relate to clients (88%) and to assess clients adequately (80%). In addition, students learned how to “tune in to clients verbal and non-verbal communication” (McClain, 1993, p. 86). Other improved clinical skills included active listening, rapport-building, observation, therapy implementation, and documentation skills. The most memorable or powerful moments for students were those of client or personal success. Personal successes were often client-related, such as enjoying a clinical population they were initially afraid of working with or did not prefer.

Client successes were those where clients made remarkable progress or responded in a positive way the student did not expect. For example, one student noted how moving it was to experience her client with Alzheimer's disease, singing the words to a hymn but otherwise non-verbal. Another student described a client with Down syndrome who played a beat with the student but initially began the session with self-abusive behaviors.

McClain (1993) also found that practicum reinforced some students' feelings about their ability to become music therapists. For some, this validation evolved through recognition of their personal growth. While students indicated they acquired clinical, musical, and personal skills from practicum, they believed their most valuable progress was gaining insights from others and themselves. For example, they realized they could make a difference in someone's life and felt validation in their career choice as they realized music therapy "actually works" (McClain, 1993, p. 103). These findings highlight the possible role of practicum in validating a student's career choice and professional identity. McClain (1993) summarized the students' preferred practicum structure:

... being supervised by an on-site music therapy supervisor, observing music therapists before leading sessions; starting with less difficult clients and progressing to more difficult ones; working with individuals or small groups before leading larger ones; starting practicum early; assisting or co-leading sessions; integrating classroom and clinical experiences; allowing input from students; and having diverse client populations and settings. (p. 98)

Investigating these student preferences using a qualitative framework is imperative in understanding how and why these structural supports might facilitate student learning and development.

While the results from McClain's (1993) dissertation provide one of the most in-depth investigations into the perceptions of pre-internship students, much has changed in the profession since its publication, including the merging of two national music therapy associations to form the American Music Therapy Association in 1998 (AMTA, n.d.-a). Among the survey respondents, most were seniors (45%), followed by graduate equivalency students (21%), juniors (17%), freshmen (10%), and sophomores (7%). As noted previously, this ambiguity does not allow the reader to distinguish the differences in responses among the varying levels of pre-internship students. Moreover, of the 20 students interviewed, none were freshmen or sophomores, and, therefore, the interview data offered a narrow view of student perspectives.

Since McClain (1993), several researchers have reported on the positive benefits of clinical work in older studies. One such study by Wheeler (2002) reported on the results of four sophomore-level and four upper-level music therapy practicum students. Wheeler found many benefits perceived by the students, including increased comfort in their clients and practicum setting, increased comfort in their musical abilities, increased personal insight, and satisfaction in helping clients with their progress. The specificity provided between the sophomore and upper-level students' responses was unique to Wheeler's study. Other studies have not provided these specifics, yet the clear reporting helps readers understand the meaning and context of students' responses to interpret Wheeler's results. Additionally, Wheeler (2002) shared the students' suggestions related

to the structure and supervision of clinical training experiences, such as more role-playing in the classroom and an “outline” of what to observe during early practicum sessions (p. 298).

In a later study, Smyth and Edwards (2009) interviewed three music therapy students in their final year of a two-year graduate program. All three graduate students remarked on the challenges of their clinical work yet also described their clinical experiences as a highlight in their training, which was both “rewarding and affirming” (Smyth & Edwards, 2009, para. 46). Further, students expressed a sense of accomplishment and enjoyment in successfully completing the perceived challenges of their clinical work. Interestingly, Smyth and Edwards identified that the students’ responses referenced their clinical experiences in all five themes. The researchers wrote, “these are clearly intense and memorable learning sites for students... it is the context where the capacity of the student for doing the work of music therapy is experienced but also tested” (Smyth & Edwards, 2009, para. 50). Smyth and Edwards (2009) suggested researchers need to study the growth process students may experience throughout their education and training to “provide a framework for anticipating and programming certain experiences or developmental passages” (para. 56). They also advocated for a better understanding of how students connect their clinical experiences to their classroom learning.

Another study by Baker and Krout (2011) included a qualitative inquiry of student perspectives through a collaborative songwriting process. The researchers found that students expressed fears previously reported in the literature, but they also discovered that students experienced positive benefits from their clinical work, such as a deeper

understanding of music therapy and recognizing their clients as a source of learning.

Under the largest theme coded by researchers, connecting with clients, students expressed positive feelings as a result of helping clients achieve their goals. Students also reported a heightened ability to take the viewpoint of their clients, which allowed for greater empathy.

Under the theme of personal growth, students perceived an increase in self-awareness from their clinical work (Baker & Krout, 2011). Most relevant, the results included a theme dedicated to the positive aspects of students' clinical experiences where they expressed music therapy as a rewarding career. Students recognized both the growth of their clients as well as themselves from their clinical work. Lyrics from one of the participant dyads exemplified this learning:

I never thought you'd be willing

To share so much with us

It taught me to be patient

To be open to a breakthrough

I'm glad it made a difference

I've watched you grow so much

I've learned so much from you

It's been a breakthrough for both of us. (Baker & Krout, 2011, p. 82)

While Baker and Krout discovered several positive outcomes related to students' clinical experiences, the study had several delimitations. The collaborative approach may not have accurately expressed one individual student's perception of their clinical experience. Future studies incorporating more participants and follow-up interviews would provide

richer data for analysis and a deeper understanding of their pre-internship clinical experiences. The most substantial delimitation to this study was the inclusion of both graduate and undergraduate students, thus making it difficult to distinguish the distinctive experiences inherent between graduate and undergraduate students. However, unique to this study was the use of collaborative peer songwriting methods where the students communicated an inability to express their fears through other methods. Therefore, Baker and Krout recommended using songwriting methods to better understand the developing identity of the student music therapist.

In sum, clinical experiences provide the opportunity for students to increase their confidence through personal, clinical, and musical skill development (Baker & Krout, 2011; McClain, 1993; Wheeler, 2002). Additionally, rewarding or powerful clinical experiences appear to contribute to students' developing music therapy identity through moments of validation and affirmation of career choice (Baker & Krout, 2011; McClain, 1993; Smyth & Edwards, 2009). While a handful of researchers have shown some students perceive and experience benefits from engaging in clinical work, many researchers have reported the negative aspects of clinical work (Clements-Cortes, 2015; Grant & McCarty, 1990; Madsen & Kaiser, 1999a; Pitts & Cevalco, 2013). More research is needed to identify students' perceived positive outcomes, especially related to their client's role in their development, because these experiences are not easily replicated in the classroom. This phenomenon of powerful or rewarding experiences warrants further exploration to understand better how these moments contribute to the learning and development of pre-internship undergraduate music therapy students.

Recent Research

Dvorak et al. (2017) presented one of the most recent comprehensive studies on music therapy students' perceptions and experiences. The researchers sought to develop a theoretical model of the developmental process of music therapy students using a grounded theory approach. They presented an in-depth look into the experiences of music therapy students as related to their pre-college, academic, clinical, and interpersonal experiences. Their study focused on students' relationship to music—how it begins, changes, and shapes their development as a student music therapist. One senior, five juniors, and nine graduate-level students participated in a 60-minute interview and a member check meeting. Through a data analysis process consisting of constant comparative methods, a reflective stance, and peer debriefing, Dvorak et al. (2017) constructed a “sequential six-step developmental progression” model of music therapy student development (p. 204).

While Dvorak et al. (2017) reported many instances of how clinical experiences shape a student's development, the researchers did not provide rich information on how this progress occurred. Findings related specifically to clinical experiences included student enjoyment in working with their clients and an increased desire to become a music therapist. Also, students reported their clinical experiences allowed them to develop clinical skills and the ability to transfer skills and knowledge from one clinical experience to another. Students also expressed powerful moments when describing experiences of client success and “finding meaning in their work and a strong sense of satisfaction from facilitating change in their clients and in themselves through music” (Dvorak et al., 2017, p. 216). This finding supports the idea of clinical experiences as a

point of validation for students' career choice as a music therapist (Baker & Krout, 2011; McClain, 1993; Wheeler & Williams, 2012) and in gaining a deeper understanding of the ability of music therapy to create meaningful change for clients (Nix, 2015).

Similar to previous findings (Knight, 2008), students also expressed a mindset shift from an inward to an outward focus on clients, presented as the difference between being a *performer* versus a *clinician* (Dvorak et al., 2017). While Dvorak et al. offered the most recent in-depth look into music therapy student experiences, the study did not include any first- or second-year music therapy students, nor was the focus on students' clinical experiences. Moreover, it included graduate-level students, and the researchers suggested future studies might identify "differences in developmental trajectory" between undergraduate and graduate students (Dvorak et al., 2017, p. 222). Another delimitation included the narrow recruitment of participants from one mid-western university, lacking the representation of music therapy students and programs nationwide.

However, findings from this study have contributed to a greater understanding of music therapy student development. Dvorak et al. (2017) concluded, "if key stakeholders better understand the developmental process of music therapy students, aspects of recruitment, aptitude, retention, advising, gatekeeping, burnout, and career longevity may be modified to better support students and clinicians" (p. 221). The researchers suggested investigating skills related to the affective domain of students, specifically "intrapersonal characteristics of resilience, self-efficacy, self-awareness, self-regulation, critical thinking, and emotional intelligence" (Dvorak et al., 2017, p. 223). These concepts could be explored more deeply using a qualitative design, specifically through

songwriting (Baker & Krout, 2011), which is discussed extensively in the following sections.

In a subsequent study, Silverman et al. (2018) implemented an exploratory interpretivist study to understand the perspectives and experiences of undergraduate and graduate music therapy students serving as camp counselors during a week-long camp for individuals with autism spectrum disorder (ASD). This study was unique because it investigated experiential learning opportunities not associated with pre-internship clinical training. Research participants included one graduate student and five undergraduate students who were in varying academic levels from freshman to senior year. Through a thematic analysis, Silverman et al. developed three major themes and nine subthemes related to student learning.

Silverman et al.'s (2018) findings suggested students developed a deeper understanding of individuals with ASD, and several students indicated transformational aspects from their experience. For example, one student noted "their perspectives changed," and another stated their camp experience was "life changing," indicating the transformational impact experiential learning had on these students (Silverman et al., 2018, p. 440). Furthermore, a student noted, "the campers taught them as much as they taught the campers" (Silverman et al., 2018, p. 440). This finding is important because participants realized "learning was bi-directional," indicating an awareness of the reciprocal learning relationship between the campers with ASD and themselves (Silverman et al., 2018, p. 444). In other words, the students were aware of the powerful role the campers with ASD contributed to their learning process.

Another important finding by Silverman et al. (2018) was related to affective learning. Students indicated “they were able to develop confidence and patience, learn about themselves, and experience personal growth... This recognition tended to reinforce, support, and even strengthen their decisions to become a music therapist” (Silverman et al., 2018, p. 441). Clinical experiences as part of the validation process and identity development of music therapist are particularly important because other researchers and scholars have hinted at similar aspects of student development (Baker & Krout, 2011; Dvorak et al., 2017; Summer, 2011; Wheeler & Williams, 2012). Other benefits included the unique bond students formed with their campers and peers due to the unique camp situation. This finding highlighted an interesting facet of experiential learning because students often go through these clinical experiences and processes together (and may rely on each other for support). The role of peers in clinical experiences is worthy of more investigation from a qualitative approach, as previous researchers have only acknowledged it briefly (Baker & Krout, 2011; Keith, 2017; Nix, 2005).

Silverman et al. (2018) included both graduate and undergraduate students, and there was no clarification in the data that allowed readers to distinguish the spectrum of responses from students in different academic levels of the program. In addition, the camp experience was not part of the students’ formal clinical music therapy training. However, the findings have tremendous value because of the close contact with clients (campers), which is especially pertinent to this current study. The camp experience validated students’ choice of music therapy as a profession, regardless of the clinical population they planned to work with in the future. Additionally, the students

experienced a positive change in their perceptions and attitudes related to individuals with ASD. While Dvorak et al. (2017) and Silverman et al. (2018) presented some of the most recent research in the field of music therapy education, both studies included both undergraduate and graduate music therapy students. This ambiguity makes it difficult to distinguish and understand the unique experiences of pre-internship undergraduate music therapy students.

Recent Undergraduate Perspectives

Gao et al. (2013) and Abbott (2017, 2018) have provided the most recent perspectives of specifically undergraduate music therapy students. In a study by Gao et al. (2013), five undergraduate students (one first-year, two second-year, and two fourth-year) volunteered to participate in a single interview reflecting on their participation in a music program that aimed to provide musical experiences for survivors of the 2008 earthquake in Sichuan, China. In this constructivist exploration, Gao et al. (2013) found several participants reported challenges such as an “extreme array of emotions experienced in the earthquake zones” (p. 123). By contrast, the participants also reported “increased strength, confidence, and resilience” due to their perceived success of the music program (Gao et al., 2013, p. 123). Unlike previous researchers, Gao et al. included only undergraduate music therapy students, but the focus was not on the participants’ meaning-making. Therefore, the researchers did not provide an in-depth understanding of student’s experiences and perceptions.

Abbott (2018) provided interesting findings regarding the observations made among 15 undergraduate music therapy student participants. Most notable were the students’ observations related to client strengths and needs, interactions, responses, and

levels of engagement. Through the practicum logs, students connected the process of music therapy with music therapy practices. One teaching and learning concept found was “managing one’s consciousness” (Abbott, 2018, p.122). Students indicated an awareness of their shifting focus from thinking about the session (an inner focus) to thinking about their client (an outer focus). One student wrote, ““it seemed that I was able to take my attention away from the music and was able to focus more on the C’s [client’s] than my performance”” (Abbott, 2018, p. 122). Interestingly, students also indicated “therapeutic impulses” (Abbott, 2018, p. 122), describing gut reactions related to clients’ needs or how they should interact with them.

Students wrote about concepts related to “musical presence” and their own “presence” (Abbott, 2018, p. 122). They also indicated an awareness of their level of empathy. Abbott (2018) defined empathy as “students’ efforts to understand clients’ feelings through their own similar experiences and from the clients’ perspectives. Sometimes they were also aware that they did not understand a client” (p. 122). Researchers have rarely studied these larger concepts of consciousness and empathy. However, it is important to understand how undergraduate music therapy students develop these affective skills.

While the practicum logs collected for Abbott’s (2017, 2018) research on undergraduate students also contained a column for students to provide a written reflection on their personal experiences, Abbott did not report on an analysis of their personal experiences. A lack of data related to students’ personal experiences indicates the need for more research into this area. I posit that it is equally important for educators to understand students’ perceptions of their clinical experiences, to which there has been

little investigation and insight. Therefore, a study exploring how undergraduate students perceive, describe, and make meaning of their pre-internship clinical experiences is warranted, including the experiences of first- and second-year students.

The Role of Reflection

Clinical training experiences can provide music therapy students with concrete experiences, which Kolb and Kolb (2018) described as the “here-and-now experiencing that initiates learning” (p. 9). Additionally, the reflection mode and its opposing counterpart of active experimentation provide a catalyst for “transforming experience” (Kolb & Kolb, 2017, p. 12). In experiential learning theory (ELT), reflection is defined as “the internal transformation of experience,” highlighting the vital role of reflection in learning (Kolb, 2015, p. 58). Further, reflection is “one facet of a holistic process of learning from experience that includes experiencing, reflecting, thinking, and acting” (Kolb, 2015, p. 57). Interestingly, Kolb and Kolb (2018) appeared to be influenced by the work of Mezirow (2000) when they described “concrete ‘pure’ experience that violates the expectations of previous convictions and habits of thought” as a critical component to engaging in reflective practice (p. 9).

Kolb and Kolb’s (2018) description of concrete experiences mirrors Mezirow’s concept of a “disorienting dilemma,” the first phase in the process of transformational learning that is triggered by an experience that violates one’s beliefs and assumptions (Mezirow, 2000, p. 22). Mezirow (2000) postulated transformational experiences can occur either through “transforming points of view, or by transforming habits of mind” (p. 19). Habits of mind are general predispositions that can be visualized as a pair of lenses that affect how one sees or interprets the world. Often, learners are unaware of their

habits of mind, but they are articulated through their points of view. Both transformations require learners to reflect critically on their experiences, knowledge, beliefs, and assumptions. Frequently, music therapy students have accrued habits of mind with erroneous preconceived notions about music therapy, their clients, and the music therapist's role (Nix, 2015; Silverman et al., 2018; Summer, 2001).

Participation in pre-internship clinical training may provide a platform for transforming experiences where students can become aware of and examine their own biases related to clinical populations. Summer (2001) stated, "no classroom work can compare to the intensity of face-to-face engagement with real individuals; real individuals with real needs, disabilities and emotions... the first practicum is emotionally charged and transformative" (p. 69). When students are presented with experiences that conflict with their initial assumptions, those experiences can act as a catalyst in subsequent learning opportunities, which Kolb and Kolb (2018) described as a "pure experience" (p. 9). Similarly, Summer (2001) suggested that "uncomfortable insights are fertile ground for student growth. The first-time student needs to struggle with the recognition that there is much that she does not yet know. True learning is derived from allowing this tension" (p. 79).

Taylor (2009) supported this idea and asserted that powerful experiential learning can "help provoke meaning-making among the participants by acting as triggers or disorienting dilemmas, provoking critical reflection, and facilitating transformative learning, allowing learners to experience learning more directly and holistically" (p. 7). Summer (2001) provided a credible case for understanding students' misconceptions about their understanding of music therapy and client populations. However, only a few

researchers have briefly and indirectly addressed this topic, which warrants further empirical inquiry (Ballantyne & Baker, 2013; McClain, 1993; Nix, 2015; Pitts & Cevasco, 2013; Silverman et al., 2018).

In an investigation of music therapy students' perceptions of their practicum training, students reported a change in perspectives related to different clinical populations (McClain, 1993). As a result of the practicum experience, one student commented, "I've learned to eliminate my stereotypes about disabled people" (McClain, 1993, p. 64). Another student remarked how working with clients changed her perspective towards working with them as they "really changed my attitude." It made her realize how much 'we have in common.' They are not 'lower than we are'" (McClain, 1993, p. 70). For some students, practicum also "fostered insightful thinking," requiring students to examine their own biases toward specific clinical populations and recognize they enjoyed working with populations they had initially been afraid to work with (McClain, 1993, p. 86). For example, one student described how she previously feared people with psychiatric disorders and labeled them as "crazy" (McClain, 1993, p. 70). However, after practicum experiences with that population, she believed they were the most "fascinating" client populations (McClain, 1993, p. 70) and stated they were just "regular people" (McClain, 1993, p. 71).

In a more recent study, Silverman et al. (2018) noted students experienced a positive change in perceptions and attitudes related to individuals with autism spectrum disorder (ASD) in an exploratory interpretivist study of music therapy students volunteering as camp counselors at a weeklong camp for individuals with ASD. For example, students learned that campers with ASD were more skilled than they had

initially assumed, which indicated students held preconceived notions regarding the abilities of the campers with ASD. Additionally, in a qualitative case study, Nix (2015) reported a positive change in how one of the participants viewed a specific client population. Before the participants' clinical experience, they held a negative, stereotypical view of older adults, but after the clinical experience, older adults became the students' preferred client population.

While McClain (1993), Silverman et al. (2018), and Nix (2015) provided some insight into how these concrete experiences may impact the biases and assumptions of students, bringing these habits of mind to the forefront often requires reflective observation. Summer (2001) confirmed the inadequacy of simply explaining their biases to undergraduate music therapy students and advocated for a more reflective approach. Reflective practice facilitates transformative learning because it causes learners to question their actions. How learners act is intricately connected to how they think; therefore, reflective practice requires learners to critically reflect on why they are doing what they are doing and why they believe what they believe. This critical aspect of reflective practice helps learners uncover deeply held assumptions and beliefs by allowing them to examine their frames of reference (Mezirow, 2000).

Bolton (2010) wrote reflective practices "can provide relatively safe and confidential ways to explore and express experiences, otherwise difficult to communicate. It challenges assumptions, ideological illusions, damaging social and cultural biases, inequalities" (p. 3). Several music therapy researchers have documented the use of reflective practices and described methods for reflection of clinical work, including journal writing (Ballantyne & Baker, 2013; Barry & O'Callaghan, 2008;

Wheeler & Williams, 2012), practicum logs and reports (Abbott, 2017, 2018; Bae, 2012), and songwriting (Baker & Krout, 2011, 2012, 2013; Krout et al., 2010).

While the studies offered some evidence for the transformative potential of clinical experiences through reflective practices, the researchers provided individualized views and included a small number of participants (Ballantyne & Baker, 2013; Barry & O’Callaghan, 2008) or graduate students (Bae, 2012). Barry and O’Callaghan (2008) focused on the perspective of a single graduate student, while Ballantyne and Baker (2013) incorporated responses from both music therapy and music education students. Thus, few of the studies were specific to undergraduate music therapy students. Researchers need to delve deeper into understanding how working with real clients in a real setting and reflecting on those experiences may potentially contribute to the learning and development of pre-internship undergraduate music therapy students.

Songwriting as a Reflective Process

Students can reflect on their clinical experiences through songwriting, which provides an opportunity for transformative learning. Lead researchers in the reflective practice of songwriting, Baker and Krout (2013), wrote:

Songwriting empowers people. It enables them to remain in control but at the same time, be constructive, experience a freedom of speech, and decide how deep he looks inside himself; how far he is willing to engage with the process. In this manner, the empowerment can develop and help the person self-reflect, grow, and ultimately transform. (p. 143)

Considering the reflective capacity of songwriting and music therapy students’ innate musical talents and predispositions, songwriting can be an effective strategy to facilitate

reflection among students engaged in pre-internship clinical experiences, as researchers have suggested (Baker & Krout, 2011, 2012, 2013; Krout et al., 2010).

Similar to reflective journals, songs are written artifacts that can be “shared with others and returned to and reflected on when most relevant” (Taylor, 2009, p. 9). This tangible *product*, or song, becomes a “container of emotions” (Baker & Krout, 2013, p. 143). This concept is important because understanding students’ emotions has direct implications for their learning and developmental processes (Goodman, 2011). Taylor (2009) wrote, “affective knowing—developing an awareness of feelings and emotions in the reflective process—is inherent to critical reflection” (p. 10). The actual *process* of songwriting can also provide students the opportunity to think and reflect on their practicum experiences in a profound way. Baker and Krout (2013) explained that “song creations enable the core issues... to be broken down, amplified, reassembled, and transformed, thereby communicating strong and specific messages but also representing internal ambivalence and conflict. Songwriting affords the songwriter freedom to speak” (p. 143).

A handful of researchers and music therapy educators have written about songwriting as a tool for self-reflection among music therapy students (Baker & Krout, 2011, 2012, 2013; Krout et al., 2010; Pollard, 2018). Baker and Krout (2013) noted songwriting as a medium for students to process their feelings and stressors associated with practicum work. Often, practicum experiences present students with new and challenging situations they have not yet encountered. According to Baker & Krout, for some students, it may be the first time they have met a person with a disability,

experienced the death of a client, or worked with clients who have extremely challenging behaviors.

These possibilities, compounded by the developmental level of students, clearly indicate the need for “debriefing and exploring personal responses to practicum” (Baker & Krout, 2013, p. 141). Baker and Krout (2013) wrote:

We are often dealing with young students, with limited life experience, who suddenly find themselves in an organization that is vastly outside their comfort zone. Such feelings may be exacerbated by their perceptions of what is expected of them by the practicum supervisor, or their expectations of themselves. (p. 141)

It would be helpful to explore Baker and Krout’s assertion in relation to what the students expect of themselves and what students believe supervisors expect of them.

In a 2010 pilot study, Krout et al. implemented a cross-cultural collaborative songwriting experience between two undergraduate students in an American music therapy program and two graduate students in an Australian music therapy program. While this initial study focused on the technological aspects of songwriting via Skype telecommunication software, the researchers found the songwriting experience facilitated student self-reflections on their clinical strengths and needs and helped them understand how those factors influenced their clinical work. Krout et al. also discovered both undergraduate students participating in the study were anxious about the songwriting process due to their lack of songwriting experience but gained confidence in the method after the collaborative songwriting experience.

Baker and Krout (2011) analyzed student-generated lyrics in a subsequent analysis of the same participants. They found the “lyrics generated rich data about the

challenging and rewarding experiences of clinical training, suggesting that it is a suitable medium for students to debrief and extend their understanding of the reflective processes that are key to music therapy practice” (Baker & Krout, 2011, p. 79). Along with analyzing the lyrics, researchers also analyzed student-generated summary statements about the meaning of their song lyrics. Interestingly, there was a discrepancy between the students’ fears expressed in 3% of the lyrics compared to 31% in their written reflections. In other words, the song lyrics reflected fears less frequently than the students wrote about in their summary statements.

Baker and Krout (2011) suggested that these findings indicated that students view clinical work through a “fear lens rather than a personal growth lens” (p. 82). Several negative emotions included the fear of the unknown, fear of failing, fear for their safety, and the feeling of inadequacy in their clinical work. In addition, students indicated they were not able to express these negative emotions through other means. Consequently, Baker and Krout (2011) noted the value of peer songwriting as “a vehicle for expressing issues about fears when clinical training may not provide space for this to occur” (p. 81). Therefore, songwriting with peers could be a viable option for expressing fears in a safe and non-threatening environment and as a method of self-care and self-reflection. Baker and Krout recommended that educators pair students with a similar number of clinical hours, unlike the methods used in their study.

In a similar yet larger study by Baker and Krout (2012), researchers included 21 participants from two universities— seven from Southern Methodist University in Texas and 14 from the University of Queensland in Australia. Researchers did not identify the academic level of the student participants, but they provided information regarding

ethnicity with the inclusion of six international students from Hong Kong ($n = 3$), Norway ($n = 1$), Mexico ($n = 1$), and China ($n = 1$). One of the most substantial pedagogical findings was the effectiveness of songwriting in providing students with the opportunity for thoughtful reflection. As one student described, songwriting “literally made me sit down, think and reflect” (Baker & Krout, 2012, p. 141). Participants described the collaborative songwriting experience as positive because it facilitated self-expression more easily than through words alone. Additionally, expressing their feelings about their music therapy training was easier because they interacted with peers rather than supervisors.

Peers shared similar feelings related to clinical work, which led to “self-acceptance as feelings were normalized and validated” (Baker & Krout, 2012, p. 141). This finding highlighted the value of peer support in clinical training because students were experiencing similar challenges and rewards, and there was a unique bond among this commonality. Nix (2015) also found that participants reported feeling less nervous about clinical experiences when speaking with peers experiencing similar situations, such as fellow music therapy interns. These findings warrant further exploration because the role of peers in the development of music therapy students has shown to be beneficial, yet there is much educators do not yet know or understand about this dynamic (Baker & Krout, 2011; Goodman, 2011; Keith, 2017; Nix, 2015; Silverman et al., 2018).

In a more recent arts-based, first-person research study, Pollard (2018) used songwriting as part of a reflexive process during their music therapy internship, along with journaling, individual supervision, and group supervision, to better understand their reflexivity and therapeutic identity development. Through lyrical and musical analysis of

original songs, Pollard (2018) developed a theoretical model illustrating growth and development that indicated “songwriting and performing practice as a powerful resource that established a sense of identity and safety during a significant life transition” (p. 85). Pollard used various reflective practices, and songwriting allowed for reflection on clinical experiences throughout the internship, whereby original songs mirrored their internship journey. However, Pollard presented an individualized perspective of a single graduate student during internship, which limits generalizability to undergraduate music therapy students.

As mentioned previously, a limited number of researchers have investigated undergraduate students’ perceptions of their pre-internship clinical experiences, specifically using songwriting as a reflection and data collection method. Providing pre-internship music therapy students the opportunity to reflect on their concrete clinical experiences through songwriting could provide rich insight for educators and supervisors.

Songwriting as Research

While several researchers have collected and analyzed original songs focusing on the analysis of song lyrics (Baker & Krout, 2011; McFerran-Skewes et al., 2011; O’Callaghan & Grocke, 2009), fewer researchers have conducted musical analyses of original song compositions (Baker, 2015). Specific methods for microanalyses of music have been developed and used within music therapy for clinical and research applications (Bonde, 2016). Yet, researchers have not used these methods to analyze original song compositions with sung lyrics. Rather, most researchers have designed methods to analyze musical improvisations (Erkkilä, 2007; Turry, 2010) or pre-composed musical selections used within music therapy sessions (Grocke, 2007). Interestingly, some

researchers have reported using experiential analyses in arts-based methods to analyze original songs (Pollard, 2018; Viega & Baker, 2017).

Viega and Baker (2017) offered insight into analyzing original songs by comparing two different methods—a deductive lyric analysis and an experiential arts-based approach. One of the researchers analyzed the music to understand the lyrics better and interpret the song’s meaning, yet it was unclear how they conducted the music analysis. While the musical analysis did not change the codes developed from the lyric analysis, it facilitated the researcher’s understanding and interpretation of the lyrics. The other researcher described a three-stage experiential arts-based approach through listening, remixing, and reconstructing a participant’s songs through “structural corroboration” (Viega & Baker, 2017, p. 241). The experiential analysis allowed the researcher to “seek an aesthetic and embodied understanding of the lived experience” (Viega & Baker, 2017, p. 237) and they presented the results in song form with a written summary.

In a master’s thesis, Pollard’s (2018) first-person and arts-based research study shared resemblances of Viega and Baker’s (2017) work, where both lyric analysis and experiential arts-based methods were used. Pollard (2018) incorporated songwriting to develop a model of “therapeutic identity and reflexivity across the music therapy internship” (p. 21). Pollard first analyzed the lyrics inductively using grounded theory and content analysis methods. Then, Pollard analyzed and contextualized the musical content in relation to the lyrics and his entire concept album. An experiential component provided further analysis in a second phase through three stages of “preparation, performance, and critical dialogue” related to the original songs (Pollard, 2018, p. 68).

While the arts-based approaches provided by Pollard (2018) and Viega and Baker (2017) offered unique qualitative methods for analyzing original songs, neither study provided systematic guidelines for analyzing lyrics and music simultaneously. Baker did not provide details on how the music analysis was conducted but mentioned specific musical elements, such as tempo and harmony, which were assessed for congruency with the lyrics (Viega & Baker, 2017). Similarly, Pollard (2018) explored the “tonality, melodic line, harmonic progression, texture, form, and musical connectedness with lyrical content” to identify “musical moments” (p. 16). Yet, the purpose was to develop a “narrative through contextualization of these moments within my own frame of musical references”—a highly subjective and interpersonal focus of analysis (Pollard, 2018, p. 16).

Grocke and Castle (2012) presented a more detailed method for analyzing the music of original songs created by participants with severe mental illness using the Structural Model of Music Analysis (SMMA). While Grocke’s (2007) initially designed the SMMA to analyze pre-composed classical selections used in the Bonny Method of Guided Imagery (a specific advanced music therapy approach), researchers used the method to compare the musical characteristics between original songs written by participants (Grocke & Castle, 2012). Researchers analyzed the lyrics and the music separately rather than analyzing the meaning of the lyrics and music together. This dearth of research presents a challenge in identifying previously documented analysis methods to use in analyzing the original songs created by participants in this study.

Fortunately, researchers have provided guidance for choosing musical analysis methods in research (Bonde, 2007) and guidance on how music supports the

interpretation and meaning of song lyrics (Baker, 2015; Viega & Baker, 2017). Bonde (2007) provided a five-step process with guiding questions for researchers to consider when making analytic decisions in the empirical study of musical data. After working through Bonde's five-step process, the analytic decisions for my study can be viewed in Appendix A. The first column provides the descriptive label of each of Bonde's steps. The second column includes the questions Bonde posed for consideration, and the third column includes responses and rationale for my analytic decisions.

In the first step, I identified the "trace" (Bonde, 2007, p. 257). The trace was a .mp3 file, and the musical instrument digital interface (MIDI) tracks for each song, which I exported to Noteflight for transcription. I also recorded and transcribed the verbal reflections of the participants for a later stage of thematic analysis. In the second step, I identified the "scope" (Bonde, 2007, p. 256) of the analysis. For my study, the scope included the entire song segmented into musical phrases. I needed to analyze the entire song to understand the meaning of the participants fully. The analysis included just one songwriting session by participants; therefore, the songs were not lengthy.

In the third step, I identified the "focus" (Bonde, 2007, p. 256) of the analysis. The analysis in my study focused on the meaning of the music itself. I analyzed musical syntax and musical semantics and compared them to the lyrics to interpret and code the overall meaning of each musical phrase. I analyzed the musical syntax (non-referential meaning) by utilizing the musical categories provided by Grocke's (2007) Structural Model of Music Analysis (SMMA). I analyzed musical semantics (referential meaning) according to the work of music psychology theorists (Balkwill & Thompson, 1999; Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010; Hevner, 1935, 1936, 1937;

Juslin & Timmers, 2010; Patel, 2008) and the affective categories from Grocke's (2007) SMMA.

The focus was on the underlying theory for the use and analysis of original songs, framed by the work of Baker (2015), Viega and Baker (2017), and Baker and Krout (2011, 2012, 2013). Songwriting can be a reflective process for participants, whereby the music allows participants to express emotions and thoughts not easily conveyed by language alone (Baker & Krout, 2011, 2012, 2013). In addition, music can help convey and enhance the mood or emotion of the lyrics and help the listener understand the lyrical meaning (Baker, 2015) or determine when the music and lyrics are incongruent (Viega & Baker, 2017). For example, to better understand the central role of music, Baker (2015) surveyed 45 music therapists from 11 different countries using grounded theory methods and found "when lyrics are superimposed over a musical structure, the music can increase understanding of the song's narrative, the lyrics' semiotic meaning, the significance of the lyrics, or the feelings embedded in the lyrics" (p. 130). Notably, Baker (2015) found music therapists used music in songwriting to bring "important words within a lyric... to the fore" (p. 132). Patel (2008) also found support for using music to influence song lyrics' meaning and affective value.

Interestingly, researchers have shown a relationship between lyrics and melody and metric stress. In a study of lyrics and melodies in popular music, Nichols et al. (2009) found that "songwriters tend to align salient notes with salient lyrics" (p. 475), such that stressed syllables were positively correlated with melodic peaks and stronger beats (like a downbeat or half beat). Further, "stopwords," monosyllabic words with little semantic meaning, were negatively correlated with melodic peaks and stronger beats

(Nichols et al., 2009, p. 474). However, songwriters may choose to add interest and dynamics to a song through a “deliberate misalignment” of the syllabic and metric stress (Baker, 2015, p. 124).

In the fourth step, I identified the “representation” (Bonde, 2007, p. 256) of the analysis. The representation of the analysis included a transcribed score of each original song whereby I analyzed the lyrics and music simultaneously, phrase-by-phrase, on the same document. In the fifth and final step, I identified the “presentation” (Bonde, 2007, p. 256). For my study, the presentation target was for other researchers and scholars interested in understanding the pre-internship clinical experiences of undergraduate music therapy students or those interested in incorporating both music and lyric analysis of original songs. Considering the scholars discussed here and working through Bonde’s (2007) five-step process, I propose a method for simultaneously analyzing the lyrics and music, which I will describe in detail in the next chapter. In the next section, I discuss the framework for interpreting the affective meaning of the music.

The Affective Meaning of Music

The meaning in music is not as concrete as language, yet there are “consistent and predictable” structures in music that are known to communicate affective information (Sloboda & Juslin, 2010, p. 81). An early prominent researcher in this area is the work of Hevner (1937) in the 1930’s. Hevner (1935, 1936, 1937) presented empirical evidence of the affective qualities of specific musical elements in several landmark studies by asking listeners to indicate which adjectives characterized the mood of a piece of music from a pre-determined list of adjectives. Over a series of six experiments, Hevner (1937) found tempo to be the most important and expressive musical quality for listeners. For

example, slow tempos (specifically 63, 72, and 80 beats per minute) were correlated with sad and serene music. In contrast, faster tempos (102, 104, 112, and 152 beats per minute) were associated with happy and exciting affective states. Hevner's findings on the expressiveness of tempo have been replicated and supported by recent researchers (Balkwill & Thompson, 1999).

Modality, or the musical key, such as major or minor, was "second in importance" (Hevner, 1937, p. 625). Modality was most consistently associated with four of the eight adjectives, including sad, happy, sentimental, and humorous. Hevner also rated pitch height as being third in importance. Higher pitches were associated with humorous and happy music, while lower pitches were associated with dignified and sad music. Although Hevner concluded harmony and rhythm were less effective than tempo, modality, and pitch height, all elements could convey affective value. For example, simple and consonant harmonies were associated with more positive emotions, such as happiness and serenity, while more complex and dissonant harmonies were associated with excitement and sadness. A "flowing" rhythm was associated with similar positive emotions, while "firm" rhythms were associated with dignity (Hevner, 1937, p. 626).

Hevner (1935) cautioned against broad generalizations of the findings and stated the expressiveness of a musical element is "not in an isolated moment of time but as part of a sequence, influenced by what has been heard immediately previously" (p. 104). For this reason, I will use a recursive process of going back and forth between previously analyzed song phrases as I seek to interpret and synthesize the meaning of the phrase within the larger context of the song. Hevner (1937) was quick to point out that the results should not be taken as rigid interpretations of each musical element or as a simple

“formula” (p. 627). Hevner (1937) wrote, “a musical work of art is a complex of many interacting elements, and the effect of any one of them cannot maintain its identity in the blend of affective tone” (p. 629). In other words, expression in music is not through one musical element in isolation but in combination with other musical elements that give rise to meaning.

Balkwill and Thompson (1999) presented the cue redundancy model on the premise that specific musical cues are universal while others are culture-specific. Culture-specific cues include musical elements related to a tonal system, harmonic progressions, and instrumentation traditionally used within specific cultures (Thompson & Balkwill, 2010). Universal musical cues reflect more “psychophysical” cues and include “sound intensity, rate (tempo), melodic complexity, melodic contour, pitch range, rhythmic complexity, dynamics, and timbre” (Thompson & Balkwill, 2010, p. 765). These universal psychophysical cues can be “perceived independent of musical experience, knowledge, or enculturation” (Balkwill & Thompson, 1999, p. 44). Through empirical analysis, Balkwill and Thompson (1999) found that listeners were able to perceive the emotions of unfamiliar music based on psychophysical cues in the absence of culture-specific cues.

Musical cues might also be associated with emotion through several other mechanisms. First, musical cues can mirror and intensify the emotion of speech through shared acoustic cues (Patel, 2008). For example, acoustic cues found in both speech and music that communicate happiness involve fast tempos and speech rate, a rising pitch contour, and medium to high intensity and volume (Juslin & Laukka, 2003; Patel, 2008). Mirroring Hevner’s (1937) earlier findings, Juslin and Laukka (2003) acknowledged in

an extensive meta-analysis of vocal expression and music performance that the affective value of music is in the combination of acoustic cues rather than isolated acoustic cues.

Juslin and Laukka (2003) provided a summary of shared acoustic cues in speech and music connoting emotion. For example, a fast tempo can be associated with happiness, anger, and fear. However, the combination of a fast tempo with other acoustic cues provides a more nuanced understanding of the affective value. Another mechanism in which musical cues may communicate emotion is through reflecting natural physical motion and gestures associated with different emotional states. For instance, musical cues can be combined to produce musical patterns that mirror the energy of someone excited and moving quickly through the use of a faster tempo or a slower tempo to evoke the movements of a sad person (Balkwill & Thompson, 1999; Patel, 2008).

When used in combination and with intention, these musical elements and cues can provide songwriters and composers with a plethora of devices to create musical patterns that reference more abstract and complex extramusical meanings through symbolism. Patel (2008) provided several examples, such as “tone painting,” in which musical patterns imitate “environmental sounds, animal sounds, or human sounds” (p. 320), and “word painting,” where melodic and harmonic patterns can “iconically reflect some aspect of word meaning” (p. 342). A leitmotif is another mechanism in which music can suggest “semantic concepts” through the use of a repeated melodic phrase that is associated with a “particular character, situation, or idea” (Patel, 2008, p. 328). Leitmotifs are prominent in Wagnerian operas (Patel, 2008); however, they are often used in films, such as the ominous musical pattern of *The Imperial March* used to reference Darth Vader in *Star Wars* (Thornton, 2019).

Taken further into abstraction is the ability of music to “imply meanings that either complement or contradict the meaning of a text” through the use of “harmonic syntax,” also known as a chord progression (Patel, 2008, p. 342). For example, in the bridge section of the song *Take Me Home, Country Roads* (Denver, 1971), a non-diatonic chord (a chord not belonging in the key) is introduced in the line “driving down the road I get a feeling that I should have been home yesterday, yesterday” through the use of a bVII chord (Denver, 2013, 1:53). The use of the non-diatonic chord and the eventual trajectory towards resolution by ending on the I chord (the most stable chord) provides a harmonic progression that symbolically suggests a long and winding journey where the songwriter longs to finally arrive home.

Clearly, the ability to thoroughly investigate the myriad of theoretical and philosophical orientations related to music’s meaning is beyond this dissertation’s scope. Therefore, I consulted the findings from prominent researchers in the field of music psychology to provide an interpretation grounded in empirical knowledge about the affective meanings of music (Balkwill & Thompson, 1999; Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010; Hevner, 1935, 1936, 1937; Juslin & Laukka, 2003; Juslin & Timmers, 2010; Patel, 2008). Juslin and Timmers (2010) provided a two-dimensional model that included five basic emotions (happiness, tenderness, sadness, fear, and anger) and combined musical cues associated with each. Placement along the dimensions indicates valence (positive or negative emotions) and activity (high or low).

In an extensive overview of research findings related to the role of musical structure in emotional expression in music, Gabrielsson and Lindström (2010) provided a thorough summary of the results of 20 specific musical elements across the literature.

For example, under the musical element of mode, the researchers provided different emotions associated with major keys and identified which research articles the findings were from. Gabrielsson and Juslin (2003) also provided an extensive summary of musical features associated with 13 different emotions expressed in music across a plethora of studies. Gabrielsson and Lindström (2010) and Gabrielsson and Juslin (2003) presented empirical findings and thorough meta-analyses resulting in concrete affective or symbolic associations with specific musical elements or cues (in isolation and combination) which assisted in my interpretations during the analytic stages of my study, specifically in the use of the Synchronous Lyric and Music Analysis (SLMA) and the Structural Model of Music Analysis (Grocke, 2007).

Conclusion

Pre-internship clinical experiences are a testing ground for music therapy students to practice their learned knowledge with real clients in a real-world, practical setting. Educators and supervisors do not deeply understand how undergraduate students perceive these concrete experiences because researchers have focused on the perspectives of educators and supervisors (Brookins, 1984; Eggerding, 2023; Jenkins, 2013; Tanguay, 2008; Wheeler, 2000) and often included both undergraduate and graduate students together in studies (Baker & Krout, 2011; Dvorak et al., 2017; Gooding & Standley, 2010; Pitts & Cevasco, 2013). Further, most undergraduate students in these studies included upper-level students, which minimized the perspectives of beginning music therapy students (Dvorak et al., 2017; McClain, 1993; Wheeler & Williams, 2012).

There has also been frequent reporting on the negative aspects of clinical experiences (Grant & McCarty, 1990; Madsen & Kaiser, 1999a). While researchers have

indicated personal, musical, and clinical growth among students participating in clinical experiences, including confidence, motivation, self-awareness, recognition of biases, validation of career choice, and professional identity, the extent of these benefits is unknown (Baker & Krout, 2011; Dvorak et al., 2017; McClain, 1993; Nix, 2015). Additionally, several researchers have found students shift their focus of attention from an inner (self) to an outer (client) focus as they progress in their clinical work (Abbott, 2018; Bae, 2012; Knight, 2008; Pollard, 2018). In contrast, other researchers have contradicted these findings (Wheeler & Williams, 2012).

In sum, delving deeper into the practical applications of knowledge through clinical work, as perceived and experienced by music therapy students, is necessary to provide insight into how they understand and make sense of themselves, their clients, and music therapy through the process of experiential learning. Songwriting as an arts-based research method allows participants to reflect on their clinical experiences, using their innate musical talents and predispositions as a potential strength (Baker & Krout, 2011, 2012, 2013; Krout et al., 2010). Due to a lack of methods for simultaneously analyzing the lyrics and music (Baker, 2015), I developed a new method for analyzing original songs— Synchronous Lyric and Music Analysis (SLMA). The theoretical framework and rationale I have presented in this chapter guided the analytic decisions, which I discuss in the following chapter.

Chapter III

METHOD

The pre-internship clinical experiences of undergraduate students, particularly from their perspective, have largely remained unexamined in the music therapy literature with just a few studies to date (Abbott, 2017, 2018; Gao et al., 2013; Warren, 2020; Wheeler, 2002). Therefore, in this qualitative study, I aimed to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. Using art-based research and reflexive thematic analysis methods, I developed a basic qualitative research approach to amplify the perspectives of pre-internship undergraduate music therapy students. In this chapter, I present the research questions and the specifics and rationale for using a qualitative research approach, including participant recruitment, a two-phase data collection and analysis process, song analysis methods, and a reflexive thematic analysis framework. I recruited participants and collected data through virtual methods; therefore, I discuss the unique considerations for using web-based technologies. Last, I describe strategies for promoting trustworthiness and quality, present my conscious subjectivities, and address ethical considerations inherent to this study.

Research Questions

I conducted a basic qualitative study to develop a deeper understanding of how pre-internship clinical experiences contribute to the development and learning of

undergraduate music therapy students. Using an arts-based approach with reflexive thematic analytic methods, I sought to answer the following research questions:

1. How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?
2. How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?
3. How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?
4. How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?

Research Design

There is a dearth of research investigating the perspectives of undergraduate music therapy students related to their pre-internship clinical experiences. Therefore, the inductive paradigm of qualitative research design lends itself naturally to seeing the “world as our research participants do—from the inside” (Charmaz, 2014, p. 24).

Engaging in qualitative research allowed me to gain insight into the participants’ experiences because experiences and their meaning are embedded within, not devoid of, context. Patton (2015) asserted that a naturalistic approach provides an opportunity for researchers to study processes, stories, and perspectives of participants and subsequently interpret the meaning of those experiences.

Further, qualitative research methods emphasize the “*emic* or insider’s perspective, versus the *etic* or outsider’s view” (Merriam & Tisdell, 2016, p. 16), thereby

honoring participants’ perspectives and experiences. I aimed to amplify those perspectives through a two-phase data collection process—virtual songwriting workshops followed by intensive virtual interviews. Employing Braun and Clarke’s (2022) most recent iteration of reflexive thematic analysis (TA) and incorporating arts-based research (ABR) methods, I developed a two-phase data analysis process to construct themes—songwriting-generated themes and interview-generated themes. In the following sections, I elaborate on the specifics of each phase. I present an overview of the research design in Table 1.

Table 1

Overview of Research Design

	Phase 1: Songwriting Workshops	Phase 2: Interviews	
Participant Selection	Purposeful sampling: Comprehensive selection; Recruited all undergraduate music therapy students	Purposeful sampling: Stratified by academic level; Recruited second and third songwriting workshop participants.	
Data collection	Original Songs	Verbal Reflections	Individual Interviews
Data analysis: Reflexive thematic analysis (TA) and arts-based research (ABR) methods	Phase One of Reflexive TA: Familiarization		
	Synchronous Lyric and Music Analysis (SLMA) and Grocke’s (2007) Structural Model of Music Analysis (SMMA) Peer Verification	Listening and editing transcripts of verbal reflections	Listening and editing of interview transcripts

	Phase 1: Songwriting Workshops	Phase 2: Interviews
	Phase Two of Reflexive TA: Generating Codes	
Data analysis: Reflexive TA and ABR methods	Initial Coding: in vivo, process, and phrase-by-phrase coding <i>Sung Lyrics:</i> SLMA phrase-by-phrase coding matrix; <i>Un-Sung Lyrics:</i> SMMA table	Initial Coding: In vivo and process coding Initial Coding: In vivo and process coding
	Phase Three of Reflexive TA: Generating Initial Themes	
	Pattern Coding: Collating codes generated from each original song and accompanying verbal reflection. Organizing by similarity and connections using MAXmaps.	Pattern Coding: Collating codes across all participants and organizing by similarity and connections. Descriptive Summaries: Refining code organizations and writing descriptive summaries of larger parent codes and their subcodes.
	Phase Four of Reflexive TA: Developing and Reviewing Initial Themes	
	Thematic Concept Maps: Creating visual concept maps of pattern codes from each original song and accompanying verbal reflection to explore connections.	Reading and making notes of summaries, connecting larger patterns in the data to develop initial themes; working iteratively comparing interview data and song data.
	Phase Five of Reflexive TA: Refining, Defining, and Naming Themes	
	Revising thematic concept maps and writing descriptions of each theme with selected extracted codes; Member checking: sent thematic maps, descriptions, and selected codes	Created a table to organize, define, and describe themes and subthemes. Developing a visual thematic framework using MindMup to refine themes. Member checking.
	Phase Six of Reflexive TA: Producing the Report	
	Writing, reviewing, and editing the report; Developing visual thematic framework with MindMup.	Writing, reviewing, and editing the report using selected data extracts. Member checking: sent draft of the full report

	Phase 1: Songwriting Workshops	Phase 2: Interviews
Trustworthiness and Reflexivity	Reflexive research journal with audit trail; Member checking; Peer verification (original songs); Data method triangulation; Rich, descriptive data; Prolonged engagement with the data; Applying Braun and Clarke's 15-Point Checklist for Good Reflexive TA—Version 2022	

Basic Qualitative Approach

While there are many distinct theoretical perspectives and methodologies, I explored the research questions using a “basic” qualitative approach (Merriam & Tisdell, 2016, p. 23). Basic qualitative research encompasses many of qualitative research’s inherent and foundational characteristics through a constructivist paradigm. As in much qualitative research, basic qualitative researchers view knowledge as socially constructed, where “individuals construct reality in interaction with their social worlds” (Merriam & Tisdell, 2016, p. 24). How individuals perceive those experiences and make meaning from them is constructed, as well as the researcher’s interpretation of the data. A basic qualitative research study differs from other approaches because, while many approaches include this basic assumption, specific qualitative methodologies rely on differing ontological and epistemological foundations. However, Merriam and Tisdell (2016) argued, “all qualitative research is interested in how meaning is constructed, how people make sense of their lives and their worlds. The *primary* goal of basic qualitative study is to uncover and interpret these meanings” (p. 25).

Reflexive Thematic Analysis

Similar to methodologies that operate within a specific theoretical framework, reflexive TA provides “tools and techniques” (Braun & Clarke, 2021, p. 38) to identify and analyze patterns across cases. However, contrasting specific methodologies, one of

the hallmarks of reflexive TA is its theoretical flexibility because it is not necessarily bound to certain epistemological foundations or theoretical frameworks (Clarke & Braun, 2018; Hoskyns, 2016). However, Clarke and Braun (2018) cautioned that researchers should not use reflexive TA methods without a theoretical underpinning. They argued the researcher must be aware of and able to articulate their theoretical framework because the approach is flexible and “theory is not ‘inbuilt’ as part of a complete package” (Clarke & Braun, 2018, p. 109).

As discussed previously, basic qualitative research shares aspects of constructivism. Constructivism maintains several presumptions, as identified by Lincoln and Guba (2013). First, constructivism is ontologically (related to reality) situated within relativism, where truth is not absolute but relative to the person and their socially constructed world. Second, the epistemological (related to knowledge) foundation is “transactional subjectivism,” where knowledge is “created” within, not devoid of, larger personal and social contexts (Lincoln & Guba, 2013, p. 40). Hoskyns (2016) asserted thematic analysis “can be placed within a constructivist paradigm, where ideas, values, or perceptions are assumed to be constructed in various ways by participants, and all viewpoints (including the researcher’s) are acknowledged and included” (p. 895).

Arts-Based Research Methods

While I implemented a basic qualitative research study, I also incorporated an arts-based research (ABR) approach because participant-generated original songs provided a foundational and guiding point of departure in the methodological process. ABR is becoming an increasingly popular approach (Merriam & Tisdell, 2016), and several researchers in the field of music therapy have used ABR designs (Pollard, 2018;

Viega & Baker, 2017; Viega & Forinash, 2016). Barone and Eisner (2012) defined ABR as “an effort to extend beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable” (p. 1) and as an approach that “exploits the capacities of expressive form to capture qualities of life that impact what we know” (p. 5). This unique function of ABR methods allowed songwriting participants to creatively express the affective aspects of their pre-internship clinical experiences.

The extent to which a researcher incorporates artistic endeavors into their research design varies within ABR, and, therefore, there are numerous ways to define and label ABR methods. Viega and Forinash (2016) described ABR as an “umbrella term that includes the use of art as a research method—where the art forms are primary in the research process” (p. 785). However, Viega and Forinash (2016) also contended that while the role of art in ABR may vary, the purpose of art is to “inform and sometimes lead the research process” (p. 785). Viega and Forinash (2016) additionally identified four possible methods for incorporating art within the research process—an “adjunctive method,” “primary method,” “primary methodology,” or a “radical event” (p. 788).

The role of arts-based methods in this study functioned as a primary research method. The findings from the first phase, the songwriting workshops, guided the second phase of intensive follow-up interviews with participants. In the first data collection and analysis phase, I elicited original songs from participants through virtual songwriting workshops with pre-internship undergraduate music therapy students. The workshops allowed participants to collaborate with peers to create an original song about their pre-internship clinical experiences. The workshops also allowed participants to present and

discuss the meaning of their original songs. Conducting the songwriting phase first, followed by individual interviews, served several purposes.

First, due to songwriting's creative and expressive qualities, I anticipated the participants would provide data I had not considered exploring, allowing for an inductive process. After analyzing the songwriting workshop data, I used the findings to refine the semi-structured interview guide. For example, several patterns across the songwriting themes warranted further exploration, such as participants' experiences with impostor phenomenon or the juxtaposition of feelings they experienced in their clinical work. Second, conducting the songwriting phase first, in the form of a workshop, provided an opportunity for interview participants to become familiar with me prior to their interviews, possibly facilitating a stronger rapport than if not having had any prior interactions in my role as researcher. Third, the sequential data collection and analysis design allowed me to move from a collective to an individualized participant perspective. During the songwriting workshops, I elicited group perspectives, but during the interview phase, I explored students' internal worlds in a more unique and nuanced way.

Participant Recruitment

After an extensive review of the literature, I found a lack of research exploring the perspectives of undergraduate music therapy students on their pre-internship clinical experiences. Therefore, the inclusion criteria for this study included the following—participants must be 18 years of age or older, be an undergraduate student attending an American Music Therapy Association (AMTA) approved music therapy program, and currently be involved in or have at least one semester of pre-internship clinical experience. Further, exclusion criteria for eligibility included graduate students, students

completing an equivalency graduate program, students currently in internship, and students who had completed their internship, but not yet graduated.

I used purposeful sampling, a distinguishing characteristic of qualitative research. Purposeful sampling contrasts with quantitative research's positivist gold standard of random sampling. Patton (2015) defined purposeful sampling as "strategically selecting information-rich cases to study, cases that by their nature and substance will illuminate the inquiry question being investigated" (p. 265). Specifically, I used a comprehensive selection sampling strategy to include "all possible participants in a research setting" (Roulston, 2022, p. 127). For this study, I sought to recruit all undergraduate music therapy students involved in clinical work or who had previous experience in clinical experiences but were not yet in their music therapy internship.

Songwriting Participant Recruitment

After submitting and receiving approval from Valdosta State University's Institutional Review Board (Appendix B) on January 31, 2022, I invited all the undergraduate students in the music therapy program where I teach to participate in the voluntary pilot workshop ($n = 46$), of which seven attended. Although I did not intend to use the pilot workshop data initially, I included the data for analysis after receiving written permission from all participants. I describe the rationale and specifics of how I included the pilot workshop data in the Data Collection section of this chapter.

Following the pilot workshop, I recruited participants from the entire population of music therapy students by contacting the academic program directors from each of the 88 undergraduate music therapy programs approved by the American Music Therapy Association (AMTA). I sent a brief letter explaining the purpose of the research study

with an invitation to share recruitment materials with their undergraduate students through printed correspondence (Appendix C) and a printed recruitment flyer (Appendix D). I contacted academic program directors, rather than the students directly, to increase the breadth of participant recruitment. Roulston (2022) noted that “gatekeepers can prove crucial to gaining access to both research contexts and/or participants” (p. 146). Accessing a database of registered students through AMTA was possible; however, not all students can afford the national membership fees, and therefore, many potential participants would have been excluded, resulting in an unintended bias in my study. Academic program directors assisted in recruiting students regardless of national membership.

Following the printed correspondence, I sent an email (Appendix E) to the same academic program directors asking for their support in forwarding a digital form of the recruitment flyer to their undergraduate music therapy students. Mailing a printed correspondence before emailing an invitation added an additional step. However, I believe it allowed my name and research study to become more familiar to academic program directors across the country. The electronic recruitment flyer included a hyperlink to a registration form that served several purposes (see Appendix F). First, it allowed me to collect preliminary information to ensure the students registering for the workshop met the criteria to participate in the study. Second, it allowed me to gather the background information needed to pre-assign participants to smaller peer groups of the same or similar academic level for the active songwriting portion of the workshop. Last, the registration form included written informed consent.

Upon registration, participants received a confirmation email confirming the workshop's date and time, as well as information, suggestions, and technological requirements needed for successful participation (Appendix G). I provided registered participants with a free Soundtrap (n.d.) educational account for a limited time to incentivize participation and ensure all participants had access to the collaborative music-making software used in the workshop. A total of six participants attended the second workshop, and two attended the third workshop.

Interview Participant Recruitment

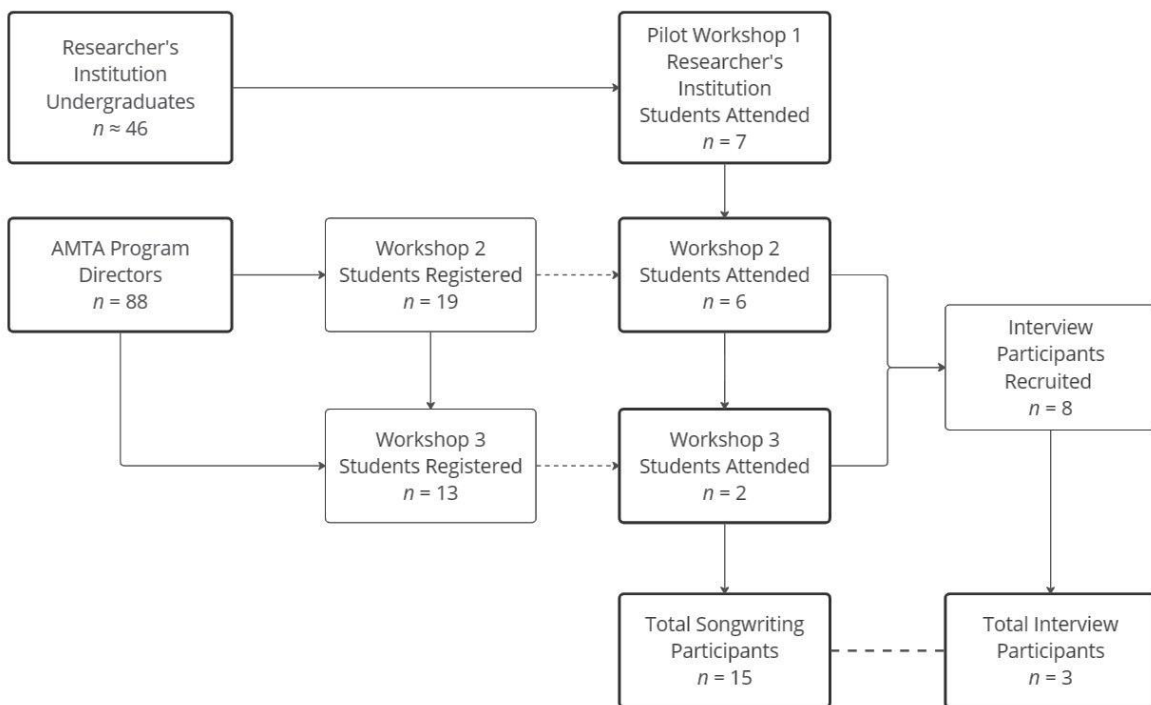
During the second phase of the study, the interview phase, I recruited all participants from the last two songwriting workshops ($n = 8$) but not from the pilot workshop ($n = 7$). I did not recruit participants from the pilot workshop to avoid issues of power and to promote the credibility of findings because pilot workshop participants were students I taught or advised as the undergraduate coordinator of their music therapy program. Seidman (2013) advised researchers against interviewing their students. Seidman (2013) wrote, "a student can hardly be open to his or her teacher who has both so much power and so much invested in the situation. The teacher-researcher should seek to interview students in some other setting" (p. 45). Further, the American Music Therapy Association's (AMTA) code of ethics stipulates professionals should "avoid entering into dual relationships when doing so would violate professional boundaries" (AMTA, 2019, Principle 1.9). I provide more details regarding this power differential in this chapter's Ethical Considerations section.

Following the songwriting phase, I contacted all eight non-pilot workshop participants, asking them to consider participating in one to three 60-minute virtual

interviews (see Appendix H). I offered each participant a \$100 Amazon gift card and a free book titled *Space: A journal for (future) music therapists to explore and express through songwriting* (Banzon, 2019). I offered the gift card and book to encourage participation, knowing the students had heavy academic courseloads and clinical training requirements. In addition, the complementary materials facilitated their training as future music therapists. Three self-selected songwriting participants volunteered to participate in the interviews, and all three participants attended the second songwriting workshop. A flowchart of the participant recruitment procedure is provided (see Figure 1).

Figure 1

Participant Recruitment Flowchart



I did not have a predetermined number of interviews due to the emergent design, but Merriam and Tisdell (2016) recommended interviewing until data “saturation or redundancy” (p. 101) was reached. Initially, I intended to collect and analyze the

interview data iteratively, allowing me to identify recurring patterns and determine data saturation and sufficiency (Seidman, 2013). However, due to logistical reasons, I conducted all the interviews within a span of a few weeks prior to analysis. I made this decision partly to ensure I could interview participants before their summer break but also because I realized the lengthy interviews would take considerable time to transcribe, edit, and code, allowing for too much time between interviews for the participants.

I planned to use a stratified purposeful sampling strategy, seeking at least four participants during the interview phase, with one participant from each academic level (first-, second-, third-, and fourth-year students). However, because the interview phase was 11 months after the songwriting workshops, there were only second-year, third-year, and fourth-plus-year students to recruit. Fortunately, I was able to interview one self-selected participant from each of those academic levels, providing an opportunity to collect rich, descriptive data representing a range of clinical experiences from multiple perspectives. In the next section, I address how I collected data from participants.

Data Collection Procedures

I collected data in two sequential phases—first, during the virtual songwriting workshops and, second, during virtual interviews. Both phases required video conferencing technology. I chose to use online meeting rooms offered through Zoom Video Communication, Inc. (n.d.) for several reasons identified by Gray et al. (2020). Benefits included Zoom’s accessibility across numerous operating systems and its ability to share sound and screen. Further, Zoom includes features for recording video and audio data, which were automatically transcribed and available for subsequent analysis.

I collected three different types of data—original songs, verbal reflections on the songs, and in-depth interviews. I imported all raw data into MAXQDA to help manage and organize the entire data corpus. MAXQDA is a qualitative software package that allows researchers to organize, transcribe, and analyze their data, including the ability to create different types of data visualizations (MAXQDA, n.d.). The software allowed me to import multiple data file types, including .m4a audio files and .vtt files created through the recording features on Zoom. In addition, MAXADQ allowed me to import .pdf files of musical analyses of the original songs. In the following subsections, I describe each data collection phase in more detail, including the rationale, advantages, disadvantages, and considerations during each phase.

Data Collection Phase One: Virtual Songwriting Workshops

I collected data using two different methods during the virtual songwriting workshops—collaborative original songs and verbal reflections. I used songwriting in this study to honor participants’ perspectives by providing them with a creative vehicle to share their collective stories. Songwriting valued participants’ natural musical talents and provided them the opportunity to express their emotions and reflect on their pre-internship clinical experiences. I facilitated this creative process by offering three different virtual, interactive songwriting workshops that provided the tools, time, and guidance necessary for pre-internship music therapy students in music therapy programs across the United States to meet and create an original song with peers.

Pilot Songwriting Workshop

First, I conducted a 4-hour pilot songwriting workshop on February 19, 2022. As mentioned, the first songwriting workshop was a pilot workshop with students from the

music therapy program I taught and coordinated ($n = 7$). Four of the seven students were enrolled in a course I taught during the songwriting workshop phase, which was strictly voluntary. I did not require participants to participate in the workshop or incentivize them with extra credit. The purpose of the pilot workshop was to practice facilitating the nuanced logistical, technical, and interpersonal aspects of leading a songwriting workshop virtually. I obtained anonymous feedback from six of the seven participants through a brief, informal survey. Specifically, I was concerned that showing my original song and reflecting on my professional clinical work might unintentionally influence them. Four participants indicated that my song influenced them, but in a helpful way, such as helping them “think about musical elements” or giving them “inspiration insight and ideas as to how to use the really cool features on Soundtrap.” Reflecting on my experience leading the pilot workshop and the participants’ feedback, I implemented a few changes for the last two workshops—workshop length and facilitation.

It was apparent that I needed to extend the workshop to provide more time for brainstorming ideas and creating their songs, so I added an extra hour to the workshop. Further, one of the pilot participants said their group jumped right and did not discuss their clinical work very much, which supported the rationale for extending the workshop. I led the brainstorming sessions with all participants in the last two workshops, ensuring participants reflected on their clinical work before collaborating on their original songs. Last, pilot participants indicated writing a song with four people in a group was challenging. They recommended that participants work in pairs or groups of three, which I implemented in the second and third workshops. I securely stored the original song and verbal reflection data from the pilot workshop. Although I did not intend to include the

pilot workshop data in the songwriting analysis phase, I later added the pilot workshop data to the songwriting data corpus, which I discuss in more detail in the following sections.

Songwriting Workshop Structure

Following the pilot workshop, I offered two separate 5-hour workshops to undergraduate music therapy students nationwide. I led the first nationally recruited workshop on April 9, 2022, and the last workshop on May 14, 2022. I asked the second and third workshop participants to register before the workshop so I could obtain specific demographic and academic information and provide informed consent (Appendix F). I did not analyze this information but used it to pre-assign participants to groups according to their academic level, with no more than three participants per group. I began each of the three workshops by reading through the informed consent and providing time for participants to ask questions about their rights and protections (see Appendix I). Next, I introduced songwriting as a reflective practice method, followed by a brief tutorial on the web-based digital audio workstation Soundtrap (n.d.). This introduction enabled participants to effectively use the program during the active songwriting portion of the workshop.

Once I finished the tutorial, I placed participants into smaller pre-assigned break-out rooms according to their academic level, as Baker and Krout (2011) suggested. I purposely grouped students by academic year, with no more than one academic year apart, so that they could connect through their shared experiences. For example, I placed first- and second-year students together and third- and fourth-year participants. This grouping was possible for the pilot and second workshop participants. However, only

two participants attended the third workshop. Therefore, they worked together despite having more than one academic year apart. I also limited the groups to no more than three participants, allowing each participant to have an active voice in the songwriting process. Yet, because they were working in groups, emphasis was not placed on any single participant, taking the pressure from any individual.

I asked participants to write a song about their pre-internship clinical experiences with all the participants assigned to their breakout room. I required four song parameters to ensure relevance to the research questions. First, the song needed to be original and not a remix or rewrite of a pre-composed song. Second, I asked the participants to use the Soundtrap program to record or create the song, and third, I asked them to create a musical reflection of their clinical work. The song could have been of varying length and instrumentation, and could have been instrumental or lyrical.

Beer (2016) suggested that qualitative researchers incorporating music into the research design should consider providing participants with a guide. While it was more important for the participants to write the song inductively with their peers and with little influence from me, I provided them with a songwriting protocol developed by Baker and Krout (2013) that I adapted to provide more guidance if necessary (see Appendix J). I posed several questions to participants as reflective prompts on their clinical work: When I think about my current and/or past clinical experiences, what words, thoughts, or feelings come to mind? What have I enjoyed or currently enjoy about my clinical work? What clients have made an impact on me and why? What has been the most challenging part of my clinical work so far? What areas or skills have grown due to my clinical experiences? Participants discussed their thoughts and perspectives with each other

while I took notes for them. I gave the participants the notes as material and inspiration for their original songs.

Toward the end of the workshop, I asked participants to present their song to the rest of the participants towards the end of the workshop. I facilitated a verbal reflection of the songwriting process with participants to better understand both the creative process and the intention and meaning behind the lyrics and music. I facilitated the verbal reflections using a focus group approach, with a limited number of clear, singular, and open-ended questions, as Patton (2015) suggested. The questions allowed participants to articulate and clarify the meaning of their songs in more concrete terms. I used the following open-ended questions and prompts to facilitate verbal reflection among group members: Tell us about the meaning of your song. What were you trying to convey in your song, and how did you do this musically? How does the song convey your clinical experiences? What similarities or differences did you find among each other's clinical experiences, if any? What was your songwriting process like? How did your group go about creating your song?

It was important to allow time for participants to clarify the meaning of their songs verbally. Baker and Krout (2011) found discrepancies between student-generated song lyrics and their summary statements about the meaning of their songs, though it was unclear why the differences existed. Charmaz (2014) also noted the possibility of discrepancies between elicited documents and people's actions. One possibility for contradictions between people's behaviors and their words is that "elicited texts allow participants to tell as much or little about themselves as they wish" (Charmaz, 2014, p. 47). Therefore, the original songs and verbal reflections allowed me to triangulate the

data methods and contribute to a more robust construction of participants' clinical experience by exploring their internal, implicit worlds through their original songs, and then clarifying and making more explicit the meanings of their songs through verbal reflections.

Songwriting Workshop Data

The raw data I collected across all three songwriting workshops included several file types. I used the video and audio recording features on Zoom to record the presentations of the original songs and the verbal reflections. The song presentations and verbal reflections were the only parts of the workshop I recorded. I downloaded the raw song data from all three songwriting workshops as a .m4a file to my hard drive for secure storage and subsequent analysis. Then, I uploaded the .m4a files of the original songs and verbal reflections from each participant group to MAXQDA for data management. I downloaded the audio transcripts of the verbal reflections from Zoom as .vtt files, including the dialogue and time stamps. I uploaded the .vtt transcript files into MAXQDA for reviewing, editing, and coding. I exported each song's musical instrument digital interface (MIDI) tracks from Soundtrap and imported them into Noteflight (n.d.), an online music notation software program, for subsequent editing and analysis.

Initially, I planned for participants to generate at least four songs through the second songwriting workshop, with one song representing each academic level (first-, second-, third-, and fourth-plus-year students). However, participants generated only two songs during the second workshop. One song included first- and second-year participants and the other included fourth-year participants. Due to the low number of songs created

in the second workshop, I offered a third workshop. During the third workshop, a first-year and third-year participant collaborated to generate one more song. After speaking with my research methodologist committee member, I sought permission from the pilot workshop participants to use the two songs they generated. After I received written consent from all pilot workshop participants, I included their songs and verbal reflections, thus adding to the songwriting data corpus. I collected a total of five songs—two from the pilot workshop, two from the second workshop, and one from the third workshop.

Data Collection Phase Two: Virtual Interviews

The second phase of data collection, virtual interviews, highlighted individual perspectives rather than the group perspectives I collected through the collaborative songwriting workshops. According to Patton (2015), the purpose of interviewing is to “capture how those being interviewed view their world, to learn *their* terminology and judgments, and to capture the complexities of *their* individual perceptions and experiences” (p. 442). Weiss (1994) further described interviewing as a method to understand “people’s interior experiences” (p. 1) and to “rescue events that would otherwise be lost” (p. 2). Individual in-depth interviews allowed for a greater exploration of their pre-internship clinical experiences. By conducting the interviews after the virtual songwriting workshops, I was able to explore unanticipated findings during the first phase of data collection and analysis. This sequential design also allowed the interview participants and me to develop an initial rapport for a more authentic interview and increased likelihood of participation (Deakin & Wakefield, 2014).

Semi-Structured Interview Guides

Using a semi-structured interview guide, I explored the participants' current and previous clinical experiences (see Appendix K). I chose to use a semi-structured interview structure because it allowed me to investigate "the same basic lines of inquiry" through a literature-informed framework (Patton, 2015, p. 439) while ensuring I aligned each question with the purpose of my study. The flexible guide allowed me to address all the research questions while providing some flexibility during the interviews. In addition, the guide helped me to become aware of my "interests, assumptions, and use of language" while remaining flexible and confident in my interviewing skills (Charmaz, 2014, p. 64). The interview guide was updated after the songwriting workshop data were analyzed, allowing for a deeper inquiry into areas not yet realized. This inductive approach illuminated the participants' pre-internship clinical experiences more robustly than if I had presented them with pre-composed questions based solely on the literature and my own experiences.

I modeled the interview guide after Seidman's (2013) three-90-minute interview approach; however, I was less concerned about the number and length of interviews and more concerned with balancing participant attention and quality of responses with the questions I intended to ask. I asked participants three sets of questions related to context, experience, and meaning-making (Seidman, 2013). In the first set of questions, I sought to learn more about the participants, their backgrounds, and what led them to music therapy so that I could better understand their clinical work in context. In the second set of questions, I delved into the details of their current and past clinical experiences. In the

last set of questions, I sought to have participants reflect on and share the meaning of their pre-internship clinical experiences.

When developing the semi-structured interview guide, I considered the skills required and the questions presented to promote the quality of the collected interview data. Patton (2015) suggested 10 interviewing skills for conducting a quality interview, including the ability to be in the moment with participants while actively listening to responses and probing participants for deeper meaning. Patton also advocated for a flexible approach through keen observations of participants to guide the interview process. For example, being aware of “markers” which Weiss (1994) described as “a passing reference made by a respondent to an important event or feeling state” (p. 77) because these moments may present opportunities for deeper exploration of the topic. Although I used a semi-structured interview guide, I remained conscious of listening deeply, observing responses, probing for clarity and quality, and allowing flexibility to follow the responses presented in the moment by a participant (i.e., following the data in real time).

While interviewing skills are crucial for successfully obtaining rich, descriptive, and relevant responses, it is also essential to form well-designed and articulated interview questions. Patton (2015) again provided considerations when writing interview questions. Adhering to Patton’s (2015) advice, I constructed interview questions to intentionally ask clear, separate, open-ended questions while avoiding “dichotomous response questions” (p. 447), questions that inquire about multiple ideas, and “why” questions (p. 454).

Building Rapport

Building rapport is fundamental to establishing any collaborative partnership, including interviews. Yet, it was something that I was concerned about at a more intuitive level. I knew participants needed to feel comfortable to be willing to share their true and authentic perspectives and experiences. Instinctually, I validated participants' experiences with my own students' accounts or attempted to empathize with their responses, especially when they shared challenges related to their clinical work. In reviewing the interview transcripts, I noticed instances where I unconsciously mirrored their unique utterances. For example, one participant used the word "like" often, and another participant used the words "yeah" and "stuff" repeatedly. I found myself also using these same words in their interviews to phrase questions or clarify responses in the moment as an instinctual way to create a less formal atmosphere and promote rapport.

While I was unaware of these minute rapport-building efforts at the time, I have found support for this style in the literature. This emphasis on establishing rapport with participants aligns with Roulston's (2022) description of a "romantic conception" of interviewing (p. 69). In a romantic perspective of interviewing, the interviewer places "genuine rapport and trust" as essential components of the interviewing relationship to "generate intimate self-revelations about the lives and inner worlds of interview subjects" (Roulston, 2022, p. 69). The interview takes on a less formal tone, promoting authentic conversations between the interviewer and interviewee.

Virtual Interviewing

I conducted and recorded each interview virtually through Zoom. The online platform allowed for real-time "synchronous" interviews, comparable to traditional face-

to-face interviews (James & Busher, 2012, p. 179). Virtual interviews can provide numerous advantages for both the researcher and the participants. According to Gray et al. (2020), one of the most noteworthy advantages of conducting virtual interviews is the accessibility to participants because it removes the limitations of geographic constraints and the costs involved in traveling. Specifically, for my study, virtual interviews allowed me to interview students throughout the United States much more feasibly than a traditional face-to-face interview, possibly obtaining more diverse perspectives and experiences from participants.

Virtual interviews provide convenience and geographic diversity, but they may also create an atmosphere of openness where participants can be more honest and forthcoming. According to Mabragaña et al. (2013), respondents who participated in several rounds of virtual interviews felt they were “willing to disclose their personal stories and to ‘open up’” (p. 868). Some respondents indicated this willingness to be open because the interviewer was not in the same town as them, and therefore, they were less likely to see them in their personal lives.

Possible hindrances to using a videoconference platform include excluding participants who may not have the economic resources or technological knowledge needed to participate in a synchronous, virtual interview (James & Busher, 2012). However, the participants I recruited were college students who often have access to technological resources through their university and the knowledge needed to use web-based resources. According to the Pew Research Center (Smith et al., 2011), the percentage of undergraduate students who used the internet was much higher (98%) than

the percentage of all adults who used the internet (75%), indicating the prevalence of web-based technologies among college students.

Interview Data

I provided all interview participants with an online informed consent form at the start of the interview (Appendix L). I conducted seven in-depth interviews across three songwriting participants for a total of 10 hours and 39 minutes of interview data. Regarding data management, I recorded each interview and downloaded them as .m4a files to my hard drive using the audio and video recording features on Zoom. I recorded my external computer screen and audio using a secondary backup camera in case the Zoom recording features failed. Further, I downloaded audio transcripts of each interview from Zoom as a .vtt file. I uploaded the .vtt file to MAXQDA for reviewing, editing, and coding. In the next section, I describe the analytic process I used to develop a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students.

Data Analysis Procedures

I analyzed data sequentially in two distinct phases—songwriting analysis followed by interview analysis. While the songwriting data required specific analytic strategies, I employed Braun and Clarke’s (2022) reflexive thematic analysis (TA) methods throughout the entire analytic process. Reflexive TA allowed me to generate themes that provided a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students.

In general, thematic analysis is a method, as opposed to a methodology, for “identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke,

2006, p. 79) that allows researchers to describe and analyze data in rich detail and make interpretations about the data. Reflexive TA is one of three approaches, or schools, described by Braun and Clarke (2021) as belonging to a “family of methods” under the umbrella term of thematic analysis (TA) (p. 39). Braun and Clarke (2021) asserted differing TA schools share similar underlying procedures and core qualities, including the use of inductive and deductive analytic strategies, identifying semantic (explicit) and latent (implicit) meanings in the data, coding of the data, and theme development. However, reflexive TA differs in that “coding is recognized as an inherently subjective process, one that requires a reflexive researcher—who strives to reflect on their assumptions and how these might shape and delimit their coding” (Braun & Clarke, 2021, p. 39).

Another difference between reflexive TA and other thematic analysis approaches is how a theme is conceptualized. In reflexive TA, themes are described as “patterns of shared meaning underpinned by a central organizing concept” (Braun & Clarke, 2021, p. 39). A key feature of reflexive TA is the concept of theme *generation*, as opposed to theme *emergence*. The latter implies “a passive process where you identify something that *already exists*” (Braun & Clarke, 2013, p. 225). Reflexive TA acknowledges the central role of the researcher in generating themes from the data through both analysis and interpretation. Therefore, theme development is an “active process” (p. 225) where researchers identify patterns across the data set.

Braun and Clarke (2022) provided a framework for conducting reflexive TA through a six-phase analytic process—1) familiarization (through immersion) with the data; 2) generating codes; 3) generating initial themes; 4) developing and reviewing

themes; 5) refining, defining, and naming themes; 6) producing the report. The phases provide guidelines for a recursive approach to data analysis and not a rigid set of step-by-step procedures. In the following subsections, I describe how I implemented Braun and Clarke's six-phase process of reflexive TA within each research phase and provide details regarding the song analysis methods.

Analysis Phase One: Virtual Songwriting Data

The first data collection and analysis phase included two types of data items—participant-generated original songs and the participants' verbal reflections of their original songs. I will describe the process of analyzing the original songs first. Participants generated songs with sung and unsung lyrics; therefore, I used two different song analysis methods. I used the Synchronous Lyric and Music Analysis (SLMA) method I created for this study to analyze participants' songs with both sung lyrics and instrumental parts. However, two songs included unsung lyrics, meaning the participants wrote lyrics, but they did not record themselves singing the lyrics. Therefore, there was no need to analyze lyrics and music simultaneously but separately. I used a slightly modified version of Grocke's (2007) Structural Model of Music Analysis (SMMA) to analyze the two songs with unsung lyrics. The song analyses were part of the first phase of reflexive TA, familiarization. I generated codes at a later analytic phase using the analysis and documents created from the SLMA and SMMA methods.

As mentioned in the literature review, Bonde (2007) provided a five-step process with guiding questions for music therapy researchers to consider when making analytic decisions in the empirical study of musical data. After consulting Bonde's five-step process, I developed a method to simultaneously analyze the lyrics and music from the

participant-generated original songs called Synchronous Lyric and Music Analysis (SLMA). I created this method due to the lack of detail of previous research methods used to analyze both the music and lyrics in original songs. Researchers have focused on lyrics analysis (Baker & Krout, 2011; McFerran-Skewes et al., 2011; O’Callaghan & Grocke, 2009), musical improvisations (Erkkilä, 2007; Turry, 2010), precomposed classical works (Grocke, 2007), or lyrics and music separately (Grocke & Castle, 2012). However, Baker (2015) recommended a detailed analysis of the music in original songs to facilitate an understanding of the meaning and advocated for “time-efficient methods” to be developed (p. 137). In the following section, I describe the SLMA method in more detail.

Synchronous Lyric and Music Analysis

The SLMA method incorporates musical elements of Grocke’s (2007) Structural Model of Music Analysis (SMMA) and is underpinned by Baker’s (2015) thematic finding of “music’s power to convey messages and emotions” (p. 131) and the work of music psychologists (Balkwill & Thompson, 1999; Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010; Hevner, 1935, 1936, 1937; Patel, 2008). The potential strength of the SLMA method is that the music and lyrics are analyzed simultaneously to gain a contextual understanding of what the participants are trying to communicate through their original song. For example, Baker (2015) found that music can enhance the understanding of the lyrics of original songs.

Simultaneously analyzing the lyrics and music is crucial to interpret better the participants’ meaning (Baker, 2015; Patel, 2008). Therefore, the SLMA method aims to help researchers understand, interpret, and codify both lyrical and musical symbol

systems and determine what meaning is given when acknowledged as one data item. In this section, I outline how I analyzed the lyrics and music in participants’ original songs using the SLMA method, which consisted of four phases—1) musical immersion, 2) analysis preparation, 3) SLMA phrase-by-phrase coding matrix, and 4) peer verification. A condensed overview can be found in Table 2.

Table 2

Phases of the Synchronous Lyric and Music Analysis (SLMA) Method

Phase	Specific Steps (these are meant to be iterative)
Musical Immersion	<ol style="list-style-type: none"> 1. “Open listening” (Bonde, 2016, p 424): Listen to the song multiple times. Make note of any “noticings” (Braun & Clarke, 2013, p. 204). 2. Transcription and Notation: Transcribe lyrics and notate music composition onto a musical score. 3. Review: Listen and review the musical score for errors and confirm the identification of key musical features.
Analysis Preparation	<ol style="list-style-type: none"> 1. Identify salient musical elements: Mark up the score with key harmonic features (chord qualities, chord progression, and cadences), melodic features (dissonance, embellishments, interval size, and interval qualities), and rhythmic features (syncopation, regular, complex, firm, flowing, etc.). 2. Phrase segmentation: Identify phrase boundaries (lyrical and musical) and segment them into distinct phrases. 3. Identify foundational elements: At the top of a blank document, identify style and form, texture, time, rhythmic features, tempo, tonal features, timbre and quality of instrumentations, and volume (Grocke, 2007). 4. Create coding matrix: In the same document, insert a table with five columns, the number of rows that equal the number of phrases, and one row for headers. Use the following headers: phrase and measure numbers, lyrical description, musical description, referential music meaning, and synthesis of meaning.
SLMA Phrase-by-Phrase Coding Matrix	<ol style="list-style-type: none"> 1. Insert phrase: Insert a picture of the notated phrase with the score markup from step one in the analysis preparation phase into the first column. 2. Lyrical description: Define key lyrics on an explicit level. 3. Musical description: Describe the structure of dynamic elements—rhythm, melody, harmony,

Phase	Specific Steps (these are meant to be iterative)
	<p>embellishments/ornamentation, and intensity within the phrase (Grocke, 2007).</p> <ol style="list-style-type: none"> <li data-bbox="566 310 1430 491">4. Referential music meaning: Describe affective associations of the music as it relates to two of Grocke’s (2007) structural elements, mood, and symbolic meaning, consulting the work of music psychologists (Gabrielsson & Juslin, 2003, pp. 521-523; Gabrielsson & Lindström, 2010, pp. 384-387). <li data-bbox="566 495 1430 604">5. Synthesis of meaning: Analyze the lyrics and music together to construct an interpretation of the explicit and implicit musical elements and their lyrics.
Peer Verification	<ol style="list-style-type: none"> <li data-bbox="566 625 1430 842">1. Provide the peer with the score, mp3 file of the original song, and the completed SLMA phrase-by-phrase coding matrix. Provide any supporting documents used in the analysis, such as consulting the work of music psychologists (i.e., Gabrielsson & Juslin, 2003, pp. 521-523; Gabrielsson & Lindström, 2010, pp. 384-387). <li data-bbox="566 846 1430 915">2. Ask the peer to comment on the SLMA phrase-by-phrase coding matrix in a different color where their “analysis differs.” <li data-bbox="566 919 1430 1033">3. Debrief and clarify disagreements about the analysis with the peer. Adjust the analysis as necessary. Underline any newer additions to the analysis as a result of the feedback.

Phase One: Musical Immersion. Analyzing one song at a time, the first phase of the SLMA method was musical immersion of the original song. I began this phase with multiple “open listenings” (Bonde, 2016, p. 424) of the song, where I memoed any “noticings” (Braun & Clarke, 2013, p. 204) in the form of reflexive analytic memos. Noticings were a written reflection on any data I found particularly salient as I began the musical immersion process. Next, I transcribed the lyrics and music onto a single music score for ease of analysis in the next analytic phases. Soundtrap allowed me to export each song directly into Noteflight for musical notation. While Noteflight automatically transcribed the MIDI tracks, any tracks the participants created through the microphone input did not automatically transfer. Therefore, I manually notated all recorded vocal

lines and guitar lines to the music score.

In addition, Noteflight did not always import the MIDI tracks accurately, with errors in pitch and rhythm. I edited the transcripts with careful and repeated listening to each song's individual parts. Part of the process required me to make decisions about the notation to ensure the score was easy to interpret while removing unnecessary information. For example, one song included two MIDI tracks, but no recorded music was on the tracks; thus, I removed those tracks from the score. This process of reviewing, editing, and creating the notation immersed me deeply in the data as I listened to the same phrases and lines repeatedly and quite extensively, isolating specific instrumental and lyric lines as needed.

Phase Two: Analysis Preparation. Once I transcribed and reviewed the score, the first step in analysis preparation was to identify the salient harmonic, melodic, and rhythmic features by marking directly on the score. Harmonically, this included identifying the chord progression, cadences, and chord qualities. Melodically, this included identifying dissonant notes, embellishments, and notable interval qualities, such as minor seconds. Rhythmically, this included identifying syncopation or repeated, predictable rhythms. Identifying these key features facilitated the analysis in the third phase of the SLMA method.

In the next step in analysis preparation, I segmented each phrase of the song by identifying lyrical and musical “phrase boundaries” (Knösche et al., 2005, p. 259). The purpose of segmenting the song into distinct phrases was to encapsulate participants' ideas and messages conveyed into smaller units for subsequent coding and analysis. Both language and music are formed by coherent segments, which “requires that connections

be perceived between the segments, connections that link the segments into a larger, organized whole” (Patel, 2008, p. 337). In language, individual speech clauses can be segmented, and a logical segmentation for music can be into phrases that are “fairly short units” of music (Patel, 2008, p. 337). Knösche et al. (2005) further defined musical phrasing as “the division of the melodic line into structural subunits, i.e., it is the segmentation of a musical thought for purposes of musical sense” (p. 259). Tan et al. (1981) elaborated by stating musical phrases were a “syntactically complete musical idea” (p. 533).

Phrase boundaries in music and language share commonalities such as the “insertion of a pause, lengthening of the final element(s) of the phrase, decrease in intensity at the end of the phrase, and changes in pitch” (Nan et al. 2009, Musical phrasing section). A pause or break appears to be the strongest cue in music, but harmonic progressions can also act as a phrase boundary (Knösche et al., 2005). For example, some harmonic progressions provide more closure at the end of the phrase, such as a full cadence where the phrase ends on the I chord of the key (Tan et al., 1981).

In considering the literature, I segmented phrases by looking at several phrase boundary indicators—breaths, cadence points, and key content lyrics. I noted breaths in the voice, often indicated by a rest in the vocal melody. I evaluated cadence points by the chord’s function within the progression and scale degree of melodic notes. For example, a harmonic progression ending on an I chord and a tonic note in the melody provides musical resolution and can connote the end of a phrase. Another consideration was to identify key content words. I decided to keep phrases relatively short because too many words within one phrase could make it more difficult to capture the idea of what the

words and music were conveying. I annotated the segmented phrases through the use of slur on the score.

Next, I created a document and identified the song’s foundational music elements. I used the term *foundational* elements because these were musical elements that were generally stable throughout the song, meaning that the elements did not vary throughout. These identified musical elements were derived from Grocke’s (2007) Structural Model of Music Analysis and included the following—1) style and form, 2) texture, 3) time, 4) tempo, 5) tonal features, 6) timbre and quality of instrumentation, and 7) volume. In the last step, I created a blank coding matrix by inserting a table with five columns across and rows that equaled the number of segmented phrases, plus one row for headers. I used the following headers: phrase and measure numbers, lyrical description, musical description, referential music meaning, and synthesis of meaning (see Table 3).

Table 3

Synchronous Lyric and Music Analysis (SLMA) Phrase-by-Phrase Coding Matrix

Phrase # Measures # - #	Lyrical Description (explicit semantics)	Musical Description (explicit structure)	Referential Music Meaning (implicit)	Synthesis of Meaning (interpretation)
Include an image of the notated phrase, with score mark-ups. Can reference the larger score mark up for easier viewing.	Define key lyrics.	Describe the structure of the rhythm, melody, harmony, embellishment/ ornamentation, and intensity within the phrase.	Describe affective associations of the music as it relates to structural elements of mood and symbolic meaning (reference music and emotion researchers).	Make interpretations of the implicit and explicit meanings of the lyrics and music combined.

Phase Three: SLMA Phrase-by-Phrase Coding Matrix. In the third phase of the SLMA method, I completed the SLMA phrase-by-phrase coding matrix. The phrase-by-phrase coding matrix allowed me to describe, analyze, and interpret all the relevant lyrical and musical information related to each phrase. I imported the completed matrix into MAXQDA during the second phase in Braun and Clarke's (2022) reflexive thematic analysis—code generation. In the first step of completing the SLMA phrase-by-phrase coding matrix, I inserted an image of the phrase into the left-hand column.

Next, I identified and defined key content words under the *lyrical description* column. Key content words were words that carried meanings and were unrelated to grammatical syntax. For example, I excluded function words such as the, a, etc. In this step, I aimed to describe what the lyrics explicitly stated by gathering possible definitions of lyrics. I used Merriam-Webster's dictionary and quoted definitions to describe the semantic meaning of key content lyrics. The researcher must choose which words to define and which definitions are plausible meanings of the key content lyrics.

The next step was *musical description*, and I described each phrase by its explicit features, emphasizing the structure of the music. Music does not have the same semantic exactness as language (Patel, 2008). Therefore, I needed a more elaborate and systematic way to describe the details of the musical structure. To describe the musical structure of each phrase, I highlighted five elements from Grocke's (2007) Structural Model of Music Analysis (SMMA)— 1) rhythm, 2) melody, 3) embellishments, ornamentation, and articulation, 4) harmony and 5) intensity. I considered these elements dynamic because they often changed throughout the song and needed to be accurately described in each phrase.

In the third step, I identified the *referential music meaning*. This step acknowledged the “referential meaning” of music in what Bonde (2016) described as “music as a semantic phenomenon” (p. 416). Here, the focus was on “extramusical” meaning, where the music “brings something to mind other than the object/event [music] itself” (Patel, 2008, p. 304). I emphasized the affective meaning of the music because of the central role of music to “express and convey messages to understand the meaning and intensity of emotions expressed in the lyric and inner world of the songwriter” (Baker, 2015, p. 136). For this step, I described two elements outlined in Grocke’s (2007) SMMA method, mood, and symbolic features, which identified the “function and affective components of music” (p. 150). In considering both the foundational and dynamic elements described in the previous steps, I identified the structures of music associated with affective or symbolic meaning, referencing a synthesis of research presented by Gabrielsson and Lindström (2010) and Gabrielsson and Juslin (2003). Specifically, I referenced section 14.3 from Gabrielsson and Lindström (2010, pp. 383-392) and Table 26.2 from Gabrielsson and Juslin (2003, pp. 521-523).

In the last step of the SLMA phrase-by-phrase coding matrix, I completed the *synthesis of meaning* column. The focus of this step was to make interpretations about the implicit and explicit meanings of the lyrics and music together, as indicated by the lyrical description, musical description, and referential music meaning. Baker (2015) acknowledged the difficult task of interpreting the meaning of “metaphors, ambiguous or vague lyrics” but suggested that music could facilitate a better understanding of a song’s meaning (p. 130). By comparing the explicit and implicit meanings of the lyrics and

music, and the associated affective qualities from previous researchers, I was able to construct an interpretation, forming a synthesis of the overall meaning of each phrase.

The relationships between the music and lyrics were helpful in determining the implicit meaning and affective qualities of a phrase during this interpretive step (Baker, 2015; Nichols et al., 2009). For example, I noted when the music supported, enhanced, or contradicted the lyrics. Music supported the lyrics when musical elements mirrored the lyrical meaning. Music enhanced the lyrics when musical elements exaggerated the lyrical meaning, such as heightened emotion or tension that supported the lyrical meaning and increased the intensity of the message. I drew attention to specific words that were exaggerated or highlighted through embellishments or tension (i.e., dissonant notes, dissonant intervals, delayed resolutions). Music contradicted the lyrics when the musical elements were incongruent with the meaning of the lyrics. For example, when the mood conveyed in the music was opposite or different from the lyrical meaning of the phrase.

Phase Four: Peer Verification. In the last phase of the SLMA method, I consulted with a peer to verify the analysis and interpretation of the song. The SLMA method required a considerable amount of analytic decisions and interpretation. While I wrote reflexive analytic memos throughout the process to keep a reflexive stance, I included a final phase of peer verification to add robustness to my analysis. I modeled this phase after Grocke's (2007) SMMA method, where peer verification is one of the final steps in the analytic process.

Upon reaching out to a highly published researcher, educator, and colleague in the music therapy community, I provided them with several items for the peer verification step. Items included the score (with markups), the mp3 file of the original song, and the

completed SLMA phrase-by-phrase coding matrix. I also provided two supporting documents used in the analysis, such as the work of music psychologists (Gabrielsson & Juslin, 2003, pp. 521-523; Gabrielsson & Lindström, 2010, pp. 384-387). Next, I asked the peer to directly comment on the SLMA phrase-by-phrase coding matrix in a different color where their analysis differed—including the foundational elements at the top of the matrix and within any of the five columns.

The peer verifier provided clear explanations in their feedback; no debriefing or clarification was needed. I wrote memos on the feedback and suggestions provided by the peer verifier. There was only one recommended adjustment to reword one of the synthesis descriptions to avoid “value judgments.” The peer verifier wrote, “the phrase ‘sets the tonality well’ could be seen as a value judgment” and advocated for more objective wording. I incorporated the feedback into the matrix by underlining the updated wording. There were no other recommended changes in the analysis of the songs; however, the peer verifier made suggestions to the SLMA phrase-by-phrase coding matrix. The peer verifier recommended including the phrase numbers and measure numbers in the column one header of the coding matrix. They also recommended including the screenshot of the score markup rather than the clean score without any markups from the analysis preparation phase.

The peer verifier provided helpful feedback regarding the usefulness of the SLMA phrase-by-phrase coding matrix. They wrote, “it is much easier to see how the music and lyrics unfold together in the song.” The peer verification phase was the final phase of the SLMA method. I made numerous analytic decisions throughout the SLMA method, such as choosing which key content lyrics were most important to define, which

definitions to choose, how to segment the phrases, and so forth. I wrote in my reflexive journal throughout the SLMA process to practice reflexivity by considering how I might be shaping the data. I uploaded the completed SLMA phrase-by-phase coding matrix into MAXQDA to generate codes as part of the next phase in reflexive TA, which I discuss in a subsequent section.

Grocke's (2007) Structural Model of Music Analysis

One song and a portion of a second song featured unsung lyrics. Participants wrote lyrics to accompany the original song but did not have time to record the vocal tracks. The SLMA method was inappropriate for these songs because participants did not sing lyrics superimposed onto a musical structure for a synchronous analysis. Therefore, I used Grocke's (2007) Structural Model of Musical Analysis (SMMA) to analyze the "music elements, structure and acoustical features" (p. 150). The SMMA was used to study "pivotal moments" in Guided Imagery in Music (GIM) music therapy sessions through a phenomenological approach and to compare the structural elements of music across multiple classical selections (Grocke, 1999, p. 2). The SMMA was later used to analyze the musical elements of original songs written by individuals with severe mental illness who participated in a music therapy songwriting program (Grocke & Castle, 2012). While Grocke developed the SMMA to compare one classical selection to another, I used the SMMA with a few modifications, modeled after its use in their analysis of original songs written by adults in mental health (Grocke & Castle, 2012).

There are seven steps within SMMA—1) create the SMMA table, 2) listen to the song and complete as much of the SMMA table as possible, 3) refer to the music score, as needed, to complete the rest of the SMMA table, 4) identify structural components are

difficult to describe or are not applicable, 5) consult with a colleague through peer verification, 6) review analysis and re-assess which components that are difficult to describe or are not applicable, and 7) using the completed SMMA table and the peer verification feedback, create a description of the music, “summarizing the main features” (Grocke, 2007, p. 153).

With retroactive permission from D. Grocke (personal communication, April 16, 2024), I implemented a few modifications to the SMMA to accommodate the particular needs of this study, which I summarized in Table 4. The most considerable modification was writing the description before the peer verification process. This modification allowed the peer verifier to provide feedback on the description summary and SMMA table rather than only the SMMA table. Further, the description summaries I wrote provided an interpretation emphasizing the meaning of each section, as it related to the mood and symbolic associations conveyed through the musical elements. Similar to the SLMA, I consulted the works of Gabrielsson and Juslin (2003) and Gabrielsson and Lindström (2010) in making associations between the musical structure and affective meaning. After the description summary, I also wrote out the unsung song lyrics so that the entire document could be uploaded into MAXQDA for subsequent coding during the next analytic phase, generating codes.

Table 4*Modifications to Grocke's (2007) Structural Model of Music Analysis*

Step	Grocke's (2007) SMMA (p. 153)	Modifications
Step 1	Create a table of three columns. Column 1 has the numerical identifier, e.g. 15.5. Column 2 has the components within the sub-section. The third column is left open for filling in during analysis.	No modifications to step 1.
Step 2	Listen to the selection of music several times and complete as many of the components as possible from hearing the music. If the work is complex and includes different sections, then these are described as accurately as possible.	I also transcribed the musical notation first before completing the table. I wrote the unsung lyrics at the end of the SMMA table to be included in the coding process.
Step 3	Obtain a copy of the music score and, referring to the score when necessary, complete the remaining components.	I also identified the underlying harmonic structure, dissonant notes in the melody and harmony, cadence points, or lack thereof, and marked up the score.
Step 4	Determine which of the components are either not applicable or difficult to assess.	No modification to step 4. I created the description summary during this step.
Step 5	Verify your analysis by asking a colleague to carry out the same procedure. Where the colleague's analysis differs, place the comments in italics.	The peer verifier wrote their feedback in a red font and also provided feedback on not just the SMMA table but also the description summary.
Step 6	Re-assess which of the 15 categories and 63 components are either not applicable or difficult to assess as verified by the colleague.	No modification to step 6.
Step 7	Create a description of the work, summarising the main features.	I created the description summary before step 5 to allow for colleague feedback on the description summary and SMMA table. The description focused heavily on the affective meaning conveyed and

Step	Grocke's (2007) SMMA (p. 153)	Modifications
		referenced associations between affective qualities with musical elements (Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010).

Note: The SMMA was used and modified with permission (D. Grocke, personal communication, April 16, 2024)

Familiarization of Verbal Reflections

Baker (2015) cautioned that the meaning in music could be “ambiguous” (p. 123). Patel (2008) supported this notion and stated, “it is unlikely that different musics are different ways of transmitting *any* basic, common set of meanings” (p. 301). Therefore, I was cautious about drawing rigid interpretations from the SLMA method alone. The ambiguous meaning of music necessitates the need for clear explanations by participants about their original song. The verbal reflections allowed participants to express their thoughts and feelings related to their clinical work and clarify their songs’ meaning more explicitly. Additionally, triangulating the data by asking the participants to verbally reflect upon and discuss the meaning of their song increased the credibility of my thematic findings.

I downloaded the audio transcripts of the verbal reflections from Zoom as a .vtt file, including dialogue and time stamps. I uploaded the .vtt file to MAXQDA for reviewing, editing, and coding. Incorporating the first phase of reflexive TA, familiarization, I listened, read, and edited transcripts to become immersed in each verbal reflection. I took reflexive analytic memos during this phase as well. In the next section, I describe the process for coding the transcripts and the original songs.

Generating Codes

In the previous sections, I described how I engaged in the first phase of reflexive TA, familiarization, with the original songs and verbal reflections. The familiarization phase resulted in the output of several documents, which I subsequently uploaded into MAXQDA for the next phase of reflexive TA—generating codes. These documents included the SLMA phrase-by-phrase coding matrices, SMMA tables, and verbal reflection transcripts. I used in vivo and process coding for all three document types. For the SLMA phrase-by-phrase coding matrix, I also used phrase-by-phrase coding.

Braun and Clarke (2013) advocated for “complete coding,” describing it as a flexible and comprehensive process of identifying “*anything* and *everything* of interest or relevance to answering your research question, within your entire dataset” (p. 206). Clarke (2018) asserted coding should be done “inclusively, comprehensively, and systematically” (38:03). Two first-cycle coding strategies were implemented—in vivo coding and process coding. In vivo coding honors and maintains the participants’ language by using their exact words to generate and label codes (Saldaña, 2016). In vivo coding helps researchers understand and analyze “indigenous concepts, typologies and themes” (Patton, 2015, p. 548).

In vivo coding allowed me to capture the explicit meaning of the lyrics and verbal reflections and is considered to be a “semantic” code because it is “data-derived” and devoid of interpretation (Braun & Clarke, 2013, p. 207). Along with in vivo coding, I implemented another first-cycle coding strategy, process coding. Process coding uses gerunds to help capture actions described by participants. Charmaz (2014) frequently noted the importance of focusing on the actions and processes of participants as a way of

“seeing sequences and making connections” (p. 244). Process coding helped me identify actions and outcomes related to participants’ clinical experiences, as conveyed through their songs and verbal reflections.

I created and used a unique coding method, but only with the SLMA phrase-by-phrase coding matrix, which I labeled phrase-by-phrase coding. In phrase-by-phrase coding, I coded each musical phrase in the SLMA phrase-by-phrase coding matrix, considering the overall interpretation of the meaning participants conveyed. In addition, any aspect of the musical phrase, such as a specific lyric in the lyrical description column or a comment in the synthesis of meaning column, was coded. I used both in vivo and process coding strategies to create multiple code labels for each phrase during this process.

As a novel coding method, phrase-by-phrase coding can be compared to line-by-line coding used in grounded theory research, which is a very detailed and comprehensive initial coding strategy. In a 2015 interview, Charmaz described line-by-line coding as “a way of getting the researcher into the data” (Gibbs, 2015, 14:30), where researchers look for data that “stand out and speak to the data as you interpret it” (13:55). Similarly, by immersing myself further into the data, one musical phrase at a time, phrase-by-phrase coding provided a deep and thorough initial approach to generating codes, while simultaneously considering both lyrical and musical elements.

Generating Initial Themes

I developed themes from each song’s data set to understand the participants’ pre-internship clinical experiences. Therefore, after I coded a song and its verbal reflection, I moved into the next phase of reflexive TA—generating initial themes. In theme

generation, the aim is to identify the “bigger patterns of meaning that cut across the data set” (Clarke, 2018, 46:45). A second cycle coding method, pattern coding, was used to identify the larger patterns in the data from each participant group. Pattern codes “identify an emergent theme... they pull together a lot of material from first cycle coding into more meaningful and parsimonious units of analysis” (Saldaña, 2016, p. 236). Pattern coding organizes the codes, often into clusters of similar or related codes (Miles et al., 2020). While Clarke (2018) advocated for flexible coding procedures, pattern coding allowed me to identify “similarity and overlap between codes” (Braun & Clarke, 2013, p. 225).

I implemented pattern coding by using the MAXmaps function in MAXQDA. This function allowed me to collate all the codes within each song’s data set. Each data set consisted of the song analysis, including the SLMA phrase-by-phase coding matrix or SMMA table. In the case of one song, I used both analysis methods. The data set also included the participants’ verbal reflections. I created a separate MAXmap for each song’s data set and then organized the codes according to shared qualities to identify patterns within each group’s song. Sometimes, these qualities were similar, but other times, they represented variations of a pattern. I moved codes around the map until I sorted all codes within the data set. At this point, I gave the groupings of codes a pattern code label. Some pattern codes were derived directly from the codes themselves, and other times, they were more descriptive or interpretive. Finally, when appropriate, I connected pattern codes to each other to show relationships between codes.

These pattern codes facilitated the development of initial themes, as they became the building blocks for developing the thematic framework. Braun and Clarke (2006)

stated a theme “captures something important about the data in relationship to the research question, and represents some level of *patterned* response or meaning with the data set” (p. 82). A distinguishing feature of a theme in reflexive TA is the idea of a “central organizing concept” where “each theme has an essence or core concept that underpins and unites the observations, much like characters have their own psychological makeup and motivations” (Clarke & Braun, 2018, p. 108). Because reflexive TA is a recursive method, these initial themes were only initial or “candidate” themes (Braun & Clarke, 2013, p. 230).

Developing, Refining, and Reporting Themes

In the fourth phase of reflexive TA, developing and reviewing themes, I moved away from MAXQDA and began creating a thematic map using Microsoft Word or drawing it out by hand. The thematic map facilitated the analytic process because it provided “a mode to visually explore and refine the connections between these [codes and thematic] elements” (Braun & Clarke, 2013, p. 232). I altered, added, or removed initial themes during this process to capture the data more accurately. This process was time-consuming because it required a larger meta-analytic view of the data. Working iteratively, I would go back and forth between the pattern codes and the first-cycle in vivo and gerund codes to make sense of the abundance of data.

Once I developed and reviewed all the themes and subthemes from a song’s data set, I moved toward the fifth phase of reflexive TA—refining, defining, and naming themes. I created a new document to capture this thematic framework. In conjunction with reflexive analytic memos, I began to write descriptive summaries about the overall thematic map and the themes and subthemes within. I also identified selected code

extracts to verify and check the thematic summaries. I sent this document to the participants for member checking, and it included 1) the thematic map, 2) the theme and subtheme descriptive summaries, and 3) selected coded extracts. I received responses from several participants, and I included their feedback through direct quotations in the next chapter on the songwriting analysis results. None of the participants indicated any disagreement with the findings of the analysis. Therefore, their responses did not change the thematic framework. However, their responses were helpful because they clarified their songs' intentions or meanings and helped me understand what they were trying to convey. Their responses added to the richness of the findings.

In the last phase of reflexive TA, producing the report, I focused on describing the interpreted meaning conveyed by participants within each song's data set. Braun and Clarke (2022) described this last phase as:

Deep *refining* analytic work to shape the detail and flow of the analysis... the work that has to be done to tell your *whole* analytic story, to bring it all together and convince the reader of the validity and quality of your analysis. (p. 118)

I used direct quotes when possible and illustrated themes by referencing specific aspects of the musical analyses to support my findings. Using Mindmup (n.d.), an online concept mapping tool, I created a visual graphic of the entire thematic framework of all five songs. I include the SLMA phrase-by-phase coding matrices and SMMA tables as appendices to illustrate the analytic process further (see Appendices M-R). Last, I used Braun and Clarke's (2022) "15-point checklist for good reflexive TA" (p. 269) to evaluate the quality of the report (see Appendix S).

Analysis Phase Two: Virtual Interview Data

Following the first data collection and analysis phase, I updated the interview guide to incorporate new questions to illuminate any questions, thoughts, and ideas arising from the codes and initial themes generated during the songwriting phase. The updated interview guide allowed me to clarify developing ideas related to songwriting themes with participants. Mirroring the first songwriting phase, I incorporated the first six phases of Braun and Clarke's (2022) reflexive thematic analysis (TA) to analyze the interview data— 1) familiarization, 2) generating codes, 3) generating initial themes, 4) developing and reviewing themes, 5) refining, defining, and naming themes, and 6) producing the report. While these are listed as distinctive phases, it was much more of an iterative process, specifically during coding and theme generation. Three self-selected participants from the songwriting phase volunteered to participate in multiple in-depth interviews.

Familiarization and Generating Codes

The familiarization phase and applying first cycle codes were a recursive process where I engaged with the data thoroughly three times— 1) editing transcripts, 2) generating initial codes, and 3) reviewing codes. I began the familiarization phase by listening to and editing each transcript, working through chunks of an interview at a time. The familiarization phase is essentially “reading the words *actively, analytically and critically*, starting to think about *what the data mean*” (Braun & Clarke, 2013, p. 205). While Zoom generated a transcript for each interview, the transcripts required substantial proofreading to ensure the accuracy of participants' responses. I edited a segment of the transcript and then re-read the segment to apply initial codes inductively using *in vivo*

and process coding strategies. I also wrote reflexive analytic memos on any “noticings” that acted as “memory aids and triggers for developing” analysis (Braun & Clarke, 2013, p. 205).

For each segment of coded data, I used the code memo function in MAXQDA to write a memo highlighting the aspects of the data segment that were particularly salient. I included any possible interpretations and subjectivities that came to mind. This additional information was helpful during the subsequent analytic steps because it provided context to each coded segment. Additionally, I used the comment function in MAXQDA to tag each code with keywords related directly to one or more research questions and potential themes. I recorded these keywords and organized them within my reflexive journal for easy access. This step also allowed me to search and retrieve all coded segments with any keywords. I focused on one participant’s interviews at a time, but I also worked recursively by going back to previous interviews to review codes and compare the keywords generated. At times, I changed earlier codes in light of the newer codes I generated. As I created codes, I organized them tentatively into larger subcodes related to the research questions or unanticipated possible themes.

Generating Initial Themes

The third step in reflexive TA is to generate initial themes. To begin this process, I re-read and reviewed the codes twice using a second-cycle coding strategy—pattern coding. The first cycle coding process resulted in a total of 1,683 codes. Each code was completely unique because, as I worked inductively, I wanted to respect the integrity of the data by keeping the original code label. Moreover, the use of vivo coding inherently created unique codes. This very “fine grained” approach required me to “broaden” the

codes during pattern coding (Braun & Clarke, 2022, p. 69). Instead of subsuming and merging codes in MAXQDA, which would have overwritten the original code label, I grouped codes into larger subcodes to make the data manageable and begin seeing patterns in the data. The subcodes allowed me to preserve the integrity and nuance of each coded segment.

During pattern coding, I worked through the coded interviews by re-reading all the initial codes, including the coded segment itself, the code memo, and the tagged keywords. This review helped me recall what was most important about that particular data segment to determine the best subcodes to organize the code under. I duplicated and organized codes into multiple subcodes when the coded segment represented multiple facets of the research topic. In addition, I organized subcodes into larger grandparent and parent codes. I organized these codes and grouped them by color according to which research questions, if any, the codes were most closely related to. This process resulted in 12 grandparent codes and 102 parent codes.

Some codes did not connect meaningfully to the rest of the data corpus, but I preserved them under a miscellaneous parent code. Braun and Clarke (2022) reminded researchers that the aim of reflexive TA is not to “represent *everything* that was said in the data” (p. 89). Instead, researchers must make subjective decisions by “analysing the data, and reporting them... to tell a *particular* story about the data that addresses your research question” (Braun & Clarke, 2022, p. 88). I wrote memos regarding my conscious subjectivities and any analytic insights related to potential themes to remain reflexive. For example, I wrote memos about what I called “dig deeper” thoughts, which

were codes that were more pervasive across the data set. Those memos were more interpretive as I allowed myself to consider the latent meanings of participants.

Next, I reviewed all the interview data. As I reviewed the entire interview data set again, I refined the coding system, adjusting the grandparent, parent, and subcodes. While refining the codes, I wrote descriptive summaries of the grandparent and parent codes. I re-read individual code and subcode memos during this process and incorporated them into the descriptive summaries. In the descriptive summaries, I described variations of the patterns in the data more explicitly and used participant quotes to illustrate the patterns. These descriptive summaries helped me make connections among the larger grandparent and parent codes because they condensed numerous coded segments into cohesive ideas or patterns. Further, the summaries formed the basis for initial themes because they helped me identify “concepts, topics or issues which several codes relate to, and which could be used as a central organizing concept for a theme” (Braun & Clarke, 2013, p. 225).

Developing, Refining, and Reporting Themes

In the fourth phase of reflexive TA, developing and reviewing the initial themes, I examined the “coded and collated data” across all the interviews to determine how well the initial themes represented and interpreted the data related to my research questions (Braun & Clarke, 2013, p. 234). Initially, I attempted to map out the grandparent and parent codes using an online mapping tool called Kumu (n.d.), but it was not as helpful in connecting and developing themes as I had hoped. Instead, I printed and read through all the descriptive summaries, taking handwritten memos and highlighting key ideas. The memos began to form into separate thematic maps, facilitating an exploration of how the

patterns and initial themes were connected. Through this process, I began identifying more prominent themes and subthemes that represented the range of interview data and the “overall story they tell about the data” (Braun & Clarke, 2013, p. 236). I created new themes and combined, eliminated, and split themes to ensure the themes “*fit* well with the coded data, and the dataset” (Braun & Clarke, 2013, p. 233).

The last two phases of reflexive TA, refining, defining, and naming themes, and producing the report, were more of a recursive process. I created a table within my reflexive journal to organize, define, and describe the themes and subthemes. Through theme definitions, I summarized each theme’s overall scope, purpose, and focus and described what was “unique and specific about each” (Braun & Clarke, 2013, p. 249). The theme definitions communicated “what is of interest about them and why” (Braun & Clarke, 2006, p. 92). When appropriate, I used the participants’ words to name the themes. Braun and Clarke (2006) stated, “names need to be concise, punchy, and immediately give the reader a sense of what the theme is about” (p. 93).

I also utilized Mindmup (n.d.), an online mind-mapping program, to visualize the development of the thematic framework. I moved back and forth between refining the themes, reporting the themes, and visualizing the themes in a thematic map. Refining the themes ended when I reviewed all the data, and the themes were “coherent (each has a central organising concept), distinctive (from each other), work together, and importantly, relate to the research question” (Braun & Clarke, 2013, p. 234). Additionally, Braun and Clarke (2013) posited, “good themes are distinctive and need to make sense on their own; at the same time, good themes need to fit together to form the overall analysis” (p. 231).

In the last phase of reflexive TA, producing the report, I aimed to articulate “a concise, coherent, logical, non-repetitive and interesting account of the story the data tell—within and across themes” (Braun & Clarke, 2006, p. 93). I chose data extracts that exemplified and illustrated each theme, quoting the participants’ own words. I provided all three interview participants with the drafted report for member checking, and two of the participants responded. There was no disagreement or concern with the findings in the report, and I was able to clarify a few details from participants in the process. In the next section, I address the methods I used to increase the validity and credibility of my study.

Trustworthiness

A constructivist position includes several “presumptions” about reality and knowledge, including that “social reality is relative to the individuals involved and to the particular context in which they find themselves” (Lincoln & Guba, 2013, p. 39). In other words, the aim is not to find support for a valid or reliable right answer or some undiscovered truth. Therefore, in this section, I address issues of trustworthiness rather than the positivist concerns of validity and reliability. Lincoln and Guba (2013) defined trustworthiness as the “quality of an inquiry—whether the findings and interpretations made are an outcome of a systematic process, and whether the findings and interpretations can be trusted” (p. 103). While not an exhaustive list, I employed several strategies to increase my study’s trustworthiness, specifically the credibility and dependability of my findings.

Data Method Triangulation

I triangulated the data through multiple expressive mechanisms—original songs, verbal reflections of those songs, and interviews—all of which have been transcribed, read, reread, and analyzed through an iterative process. Triangulating the data methods increased the robustness of the study by providing data that offered varied ways of understanding the participants’ experiences and perceptions.

Rich, Descriptive Data

I sought to gather rich data by analyzing participants’ original songs using detailed analytic methods and interviewing participants multiple times in depth. I notated full scores of each original song and transcribed interviews, word for word, allowing me to analyze and describe details in the data.

Prolonged Engagement

As I developed themes, the original song data sets, and the interview data sets were re-read and reviewed numerous times in a recursive process. Braun and Clarke (2022) advised to “work your way through the dataset, more than once, when coding to ensure rigor” (p. 70). This prolonged engagement with the data and attention to detail immersed me deeply in the songwriting and interview data.

Member Checking

Another strategy to increase trustworthiness was member checking at the end of both analysis phases. I sought respondent validation by providing all 15 songwriting participants with a thematic map, the theme and subtheme descriptions, and selected code extracts. Four participants responded, three of whom were pilot workshop participants. I incorporated participants’ clarifications and input into the findings, which are reported in

Chapter Four. However, their responses did not impact the themes. I sought interview participants' feedback by sending all three interview participants the entire written report, including rich descriptions of each theme and subtheme, and a figure of the thematic framework. Two of the three interview participants responded. Although their responses did not impact the themes, I incorporated their feedback and found it helpful to gain clarification of the findings in Chapter Five.

Peer Verification

Modeling step five in the SMMA (Grocke, 2007), I sought peer verification by asking an established researcher and colleague to review the SLMA and SMMA songwriting analyses. Feedback from the peer verifier did not change the analytic output but did affect the modifications for future use of the SLMA method. I incorporated the peer verifier's feedback, which helped strengthen the SLMA method. I reported on the peer verifier's specific suggestions in the Data Analysis Procedures section of this chapter and Chapter Six, Discussion.

Braun and Clarke's (2022) 15-point Quality Checklist

To further add to the rigor of the study, I reviewed the quality of my research methods and analysis according to Braun and Clarke's (2022) "15-point checklist for good *reflexive* TA" (p. 269) (Appendix S). The checklist helped me critically reflect on the quality of several aspects of the reflexive TA process, including transcription, code generation, thematic development, data analysis and interpretation, and the quality of the written report.

Reflexive Journaling

An overarching strategy to increase the credibility and dependability of my research was to engage in a reflexive stance throughout the entire research process, from the initial conceptual development phase to the final report. Braun and Clarke (2013) defined reflexivity as “the process of critically reflecting on the knowledge we produce, and our role in producing that knowledge” (p. 37). Throughout the process, I made decisions regarding the study’s design and how to analyze and interpret the data. Initially, I was uncomfortable in this role because I unconsciously wanted to revert to the positivist view of finding the right answer. Braun and Clarke (2022) described this as “positivism creep... the inadvertent (re)appearance... of positivist assumptions” (p. 270). However, as I engaged with the reflexive research process, I came away with a stronger understanding of the constructivist position and how these foundational assumptions shaped the entire research process. I finally fully realized and accepted it was my responsibility to tell a story about the data in a way that made sense and honored the perspectives of my participants (Braun & Clarke, 2022).

To maintain a reflexive stance and as good practice for conducting a quality thematic analysis, I recorded all my memos in a reflexive journal (Braun & Clarke, 2022). I used the reflexive journal as a tool for thinking critically about my role and perspectives as a researcher. Using Peshkin’s (1991) “subjective I’s” and “warm and cool spots” (p. 287), I identified, reflected, and wrote about when and how my subjectivities were possibly shaping the research process. Warm spots are the positive feelings, and cool spots are the negative feelings that may arise in the research process. By identifying these moments, I tried to become aware of when my subjectivities may be

shaping the data. I also continuously wrote memos throughout the research process while exploring my reflexive stance as a researcher regarding how I “personally relate to the participants and/or the phenomenon” (Saldaña, 2016, p. 53).

In reflecting on my reflexivity process as a researcher, I was more concerned about shaping the data unintentionally when I moved to higher levels of abstraction. In the songwriting phase, I was able to stay close to the data by analyzing the literal meaning of the lyrics and the structural elements of the music. However, as I moved to more interpretive work, I questioned my analytic decisions, such as what I focused on in the data or the connections I made. For example, I noticed that participants focused on their emotions in their original songs, many of which were opposing feelings. In one particular reflexive note, I asked myself, “am I coloring the data in that way?” because of my inherent interest in affective learning. In another note, I asked myself, “am I reading into ideas that don’t exist, or am I tapping into their implicit knowledge and understanding about their clinical experiences?”

During the interview phase, I continued to write memos in my reflexive research journal, but I also wrote memos on each data segment I coded. During the initial coding process, I kept close to the data by using in vivo codes and paraphrasing or describing the explicit content the participant conveyed. Similar to the songwriting phase, I was concerned about reading too much into a comment or making interpretations from the coded segments that were highly blanketed in my own subjectivities. I was uncomfortable moving too far from the data by offering interpretations of what I thought the participants conveyed in their interviews. However, there were instances where I described more of the latent meaning conveyed by participants. In these instances, I

often used the phrase “it appears” to indicate that I was viewing the coded segment with a higher level of interpretation.

Memo writing allowed me to explore these instances more explicitly. For example, one of the interview participants shared their approach to helping clients “overcome” obstacles or to “get rid of” obstacles, which I initially interpreted as having a “fixing the client mentality.” I explored my own thoughts and feelings related to this mentality and how it connected to my still-developing music therapy philosophy. Another concern I had during both research phases was the focus I made on the conflicting feelings of participants. In one note, I wrote, “I seem to gravitate towards opposites or dichotomies. I feel like I’m naturally a person who sees the gray in most things, so I don’t know if the emerging dichotomies are a result of the data themselves (the students being in very dualistic and multiplistic mindsets) or if this is just the way that I’m choosing to see the data because I do find the contradictions interesting.” This self-questioning is core to remaining reflexive as Braun and Clarke (2022) wrote, “to function as a *reflexive* journal, it needs to be a space where you question and push yourself” (p. 270).

The reflexive journal also created an auditable trail of my analysis. As Patton (2015) suggested, I documented “the analytic process—in-depth, systematically, and regularly. That documentation is the foundation of rigor” (p. 523). Because I wrote memos from the conceptual stage to the analysis, I could trace my research steps and decisions, providing transparency and thoroughness. Some of my memos formed the beginning of my writing as they were part of the “transitional process from coding to the more formal write-up of the study” (Saldaña, 2016, p. 54).

Finally, the reflexive journal provided a space for me to explore analytic insights throughout the research process. According to Saldaña (2016), an analytic memo is “a place to ‘dump your brain’ about the participants, phenomenon, or process under investigation by thinking and thus writing and thus thinking even more about them” (p. 44). I also wrote memos during or after each coding and analysis session or anytime “*anything* related to and significant about the coding or analysis of data comes to mind” (Saldaña, 2016, p. 45). Prompts to help guide my analytic memos included reflections on the codes I had generated and thoughts regarding “emergent patterns, categories, themes, concepts, and assertions” (Saldaña, 2016, p. 53).

Subjectivity Statement

In reflexive thematic analysis (TA), subjectivity is not a liability but rather an inherent and critical part of the research process. Referencing Gough and Madill (2012), Braun and Clarke (2022) wrote:

Research subjectivity is the primary tool for reflexive TA, as knowledge generation is inherently subjective and situated. Your subjectivity is not a problem to be managed or controlled, to be gotten rid of, but should be understood and treated as a *resource* for doing analysis... this means the notion of research bias implies the possibility of unbiased or objective knowledge generation, and the potential to control such bias, make little sense within reflexive TA. (p. 8)

I am interested in this topic because I have witnessed the excitement and vigor of students in their work with clients. I have read reflections from students sharing how their clinical work validated their choice of music therapy. I recognize and relate to these feelings because I have also experienced profound moments in music therapy, seeing

music's impact on a client— those moments are the greatest teachers. I find it extraordinary that students can experience such pivotal moments by simply being in the field and working with real clients.

In my role as a researcher, I brought both an “insider” and “outsider” perspective (Braun & Clarke, 2022, p. 18). As an insider, I related to my participants because I once was an undergraduate music therapy student. In addition, I have taught undergraduate students since 2013 and have supervised them in their clinical work even longer. I have first-hand experience of the challenges and benefits of clinical work. Yet, as a music therapy educator with years of distance between my undergraduate education, I am also an outsider trying to better understand how students perceive and make meaning from their clinical experiences in today's landscape.

Ethical Considerations

All researchers must abide by ethical rules, especially in research involving human participants. At the core of ethical research are three primary areas: “respect of persons, beneficence, and justice” (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979, Part B: Basic Ethical Principles section, para. 1). In this section, I address how I ensured participant protection through ethical research decisions and procedures. In accordance with the Institutional Review Board, I obtain informed consent from all participants in the study before each data collection phase (see Appendices F and L).

Due to the virtual nature of the data collection procedures, I obtain informed consent through an online platform, Microsoft Forms. Songwriting participants from the second and third workshops submitted an online consent form at the time of registration,

and the responses were recorded anonymously (see Appendix F). I also provided informed consent at the start of the three workshops. In the workshop registration and consent form, I asked the participants to provide a pseudonym for the songwriting workshop. This safeguard ensured each workshop participant provided consent while protecting their anonymity. I recommended that participants not use their university email addresses to protect their anonymity (James & Busher, 2012). I collected the interview consent form at the start of the interview, and the submission report included a timestamp that allowed me to corroborate consent with the interview recordings.

Another precaution I took to protect the confidentiality and anonymity of participants was to provide rules outlined at the beginning of the songwriting workshop. The rules included asking participants to use pseudonyms, prohibiting them from recording or taking screenshots during the virtual workshop, and reminding them they were not required to turn their cameras on. While I could not ensure the participants did not record aspects of the workshop or take screenshots, the rules established expectations for respecting all participants. However, participants could break these rules during an in-person workshop; therefore, I argue the online nature of the workshop did not present an added risk.

Zoom allowed for the confidentiality and security of participants and their responses through password-protected meeting rooms and the ability to download recorded meeting files to the researcher's external hard drive for private storage. Another precaution I took was to password-protect the virtual songwriting workshop and interviews. I also enabled the waiting room feature. These features prevented anyone from entering the virtual workshop or interview without my approval. I protected the

data by storing all recordings on my password-protected Dropbox account and password-protected computer. I also backed them up on an external hard drive. This process ensured I protected the data through multiple layers.

I initially did not intend to collect data during the pilot workshop because I designed the workshop to help me prepare for the nationally recruited workshops. Additionally, the pilot participants included students I taught or advised as part of my institution's undergraduate music therapy program. However, after I conducted the second and third workshops and participants generated only three songs, I contacted all pilot workshop participants, asking permission to use their songs and verbal reflections in my analysis. Due to the unintended dual relationship that manifested by asking pilot participants for permission to use their songs and reflections posthoc, it is important to report how I addressed the inherent ethical concerns (AMTA, 2019; Seidman, 2013).

All pilot workshops agreed to allow me to use their data for my dissertation analysis. While the power imbalance between teacher and student may have impacted their responses, I believe the collaborative design and use of private breakout rooms in the workshops helped facilitate authentic musical expressions of their clinical experiences. Additionally, the rapport established between me and the participants facilitated, not hindered, the interactive verbal reflection component of the workshop. Lastly, the songwriting workshop was not affiliated with any course I was teaching, and students volunteered to participate with no incentive other than a free educational Soundtrap account. However, because of the power imbalance, I chose not to invite any pilot participants for the in-depth individual interviews, especially since I may have supervised their clinical work in some capacity.

Summary

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. Using a basic qualitative research approach, I married arts-based research methods with reflexive thematic analysis (TA). Data were collected and analyzed in two sequential phases. The first phase included a virtual songwriting workshop where participants created an original song with their peers in small groups to reflect on their pre-internship clinical experiences. I asked participants to present and verbally reflect on their songs. I analyzed the original songs with sung lyrics using the Synchronous Lyric and Music Analysis (SLMA) method developed specifically for this study. I analyzed songs that featured unsung lyrics with a modified version of Grocke's (2007) Structural Model of Music Analysis (SMMA).

Both the SLMA and SMMA methods provided a process for analyzing and interpreting original songs by reducing a song to its most salient musical features with a higher level of abstraction. I imported the SLMA phrase-by-phrase coding matrices and SMMA tables into MAXQDA for coding and thematic development. The second data collection and analysis phase included in-depth interviews with three individual pre-internship undergraduate music therapy students who attended one of the songwriting workshops. I incorporated Braun and Clarke's (2022) reflexive TA in both analytic phases. Further, I used multiple strategies to increase the trustworthiness and quality of the study, including triangulating data, gathering rich data, prolonged engagement with the data, member checking, and peer verification. I also practiced reflexivity and

provided an audit trail by maintaining a reflexive journal. In the next chapter, I present the findings from the songwriting phase.

Chapter IV

PHASE ONE: SONGWRITING WORKSHOP RESULTS

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. I began the two-phase data collection and analysis process with virtual songwriting workshops, followed by virtual interviews. I offered three workshops, with a total of five songs generated by the participants. Writing an original song allowed participants to self-reflect and express ideas, thoughts, and feelings related to their clinical experiences not easily conveyed through interviews (Baker & Krout, 2011). Additionally, both elicited documents, songs, and verbal reflections provided two expressive mechanisms for participants. Thus, beginning with data that generated implicit knowledge led to findings that I explored further through the second phase of data collection, virtual interviews.

After I analyzed the participants' original songs and verbal reflections, I implemented a second data collection and analysis phase consisting of individual, intensive, semi-structured interviews with workshop participants. I updated the interview guide to illuminate insights gleaned during the first phase of data collection and analysis. This process allowed me to deepen my understanding of the meaning conveyed by participants through their original songs and to arrive at a greater understanding of the participants' pre-internship clinical experiences.

In both the songwriting phase and the interview phase, I incorporated the six phases of Braun and Clarke’s (2022) reflexive thematic analysis (TA)—familiarization, generating codes, generating initial themes, developing and reviewing initial themes, refining, defining and naming themes, and producing the report. In this chapter, I present the results from the first data analysis phase—songwriting.

Analysis Phase One: Songwriting Results

I conducted three virtual songwriting workshops—a four-hour pilot workshop and two subsequent five-hour workshops. During the first two workshops, I grouped participants by similar academic levels for the brainstorming and songwriting portions of the session. Only two participants attended the last workshop; therefore, I paired them together regardless of academic level. A total of fifteen participants attended one of the workshops and created an original song with their peers. In Table 5, I provide an overview of the participants’ demographics, academic level, and clinical training experience.

Table 5

Songwriting Workshop Participant Descriptions

Original Song	Participant Pseudonym	Age	Race/Ethnicity	Gender Pronouns	Years in Program	Semesters of Clinical Work
Experiences <i>4th-year song</i>	Allison	21	n/a***	She/her	4	5+
	Cara	22	White	She/her	4	5+
	Chad	n/a**	n/a**	n/a**	4	5+
Foundation <i>1st and 2nd year song</i>	Anthony	30	White	He/him, She/her, They/them	1	2
	Cheri	22	Hispanic	She/her	2	4
	Lily	22	White	She/her	2	4

Original Song	Participant Pseudonym	Age	Race/Ethnicity	Gender Pronouns	Years in Program	Semesters of Clinical Work
	Shelly	19	African-American	She/her	1	2
Growth, Not Goodbye <i>1st and 3rd year song</i>	Leah	n/a**	n/a**	n/a**	3	2
	Vanessa	18	White	She/her	1	1
On My Way <i>4th-year song</i>	Mallory	n/a**	n/a**	n/a**	4+	5+
	Gail*	23	White	She/her	4+	4
	Elisha	21	White	She/her or They/them	4+	5+
On Track <i>1st and 2nd year song</i>	Claudia*	18	Hispanic	She/her	1	0
	Harper*	20	White	She/her	2	2
	Lance	32	White	He/him	2	3

Note: A single asterisk indicates participants who were interviewed during the second data collection and analysis phase. Two asterisks indicate participants who did not respond. Three asterisks indicate participants who preferred not to answer.

A total of 15 participants attended a songwriting workshop, including first-year students ($n = 4$), second-year students ($n = 4$), third-year students ($n = 1$), and fourth-plus-year students ($n = 6$). The average age of participants was 22 years ($M = 22.33$), and the majority identified with she/her pronouns ($n = 9$). However, participants also included students who identified with he/him pronouns ($n = 1$), multiple pronouns ($n = 2$), or did not provide information ($n = 3$). Participants had completed an average of 2.4 semesters of clinical work but included a range of five-plus semesters of clinical work ($n = 5$), four semesters ($n = 3$), three semesters ($n = 1$), two semesters ($n = 4$), one semester ($n = 1$) and zero semesters ($n = 1$).

It should be noted that one songwriting workshop participant, “Claudia,” did not meet the eligibility criterion of: “currently be involved in or have at least one semester of pre-internship clinical experience” at the time of the workshop. I explicitly stated this

criterion on the recruitment flyer. However, this requirement was not clear in the songwriting workshop registration form because it allowed participants to indicate zero semesters of clinical work. I made this decision intentionally to allow students who had not yet completed clinical work but were currently in their first semester of clinical work to register for the workshop. As a result, I inadvertently allowed one participant not currently in clinical work to register, which was a design flaw in the registration form.

Claudia also participated in the interview phase, which was where this error in inclusion criteria became apparent. Her participation in the workshop did not affect the aim of the first data collection phase because she worked with a group of peers who were involved in clinical work. Claudia had also previously observed videos of music therapists working in sessions and was able to contribute to the original song process. In addition, at the time of the interview phase, she met the inclusion criteria and offered a unique perspective as a student in their first semester of clinical work.

Participants generated five original songs through the virtual songwriting workshop phase. Three of the original songs included sung lyrics— “Foundation,” “Growth, Not Goodbye,” and “On My Way.” In contrast, “On Track” did not include any sung lyrics, and “Experiences” included a minimal number of sung lyrics. Therefore, I analyzed the original songs using multiple analysis methods. I used the Synchronous Lyric and Music Analysis (SLMA) method developed for this study to analyze the songs that included sung lyrics. To analyze songs with minimal sung lyrics or no lyrics at all, I used a modified version of Grocke’s (1999; 2007) Structural Model of Music Analysis (SMMA) with retroactive permission from Grocke (personal communication, April 16,

2024). Table 6 provides details of each participant-generated song and the analysis methods I used.

Table 6

Original Songs with Analysis Methods

Original Song	Academic Level	Workshop	Song Analysis Method
“Foundation”	1st & 2nd years	Pilot	SLMA phrase-by-phrase coding matrix
“Experiences”	4th years	Pilot	SLMA phrase-by-phrase coding matrix Modified SMMA table
“On Track”	1st & 2nd years	Second	Modified SMMA table
“On My Way”	4th years	Second	SLMA phrase-by-phrase coding matrix
“Growth, Not Goodbye”	1st & 3rd years	Third	SLMA phrase-by-phrase coding matrix

In addition to working with their peers to create an original song, participants also presented their original song at the end of the workshop. They shared their thoughts in a focus-style group reflection, which was transcribed and coded. A group’s original song and accompanying verbal reflection created a song’s unique data set. After I conducted the first two phases of Braun and Clarke’s (2022) reflexive TA for a song’s data set, familiarization, and generating codes, I collated the generated codes to construct initial themes from a song’s data set in the third phase of reflexive TA.

I created individual concept maps from each original song’s data set. The visualizations allowed me to explore the relationships between codes and to define the criteria and dimensions of each initial theme. Through this process, I was able to implement the last three phases of reflexive TA— developing and reviewing themes, refining, defining, and naming themes, and producing the report. In the next section, I present the findings from each participant group’s song and verbal reflections, including

theme and subtheme descriptions and participant quotes to illustrate the constructed meanings of their songs and verbal reflections. Please consult the Definition of Terms section in Chapter One of this document for elaboration of the musical terms used in the following sections.

“Experiences,” Fourth-Year Participants’ Song and Reflections

The original song, “Experiences,” was written by three fourth-year students during the pilot songwriting workshop. “Experiences” is 48 measures long and approximately two minutes and 24 seconds at 80 beats per minute (bpm). The song includes predominately instrumental tracks; therefore, a modified version of Grocke’s (1999, 2007) Structural Model of Music Analysis (SMMA) was conducted to analyze the musical elements (see Appendix M). However, this song also includes six measures of sung lyrics, which were analyzed using the Synchronous Lyric and Music Analysis method (see Appendix N). I generated 92 codes from the SLMA phrase-by-phrase coding matrix, SMMA table, and verbal reflections during the initial coding process. After I collated all the codes by similarity, two themes, five subthemes, and six categories were generated, reviewed, and refined.

Theme One: Conflicting Thoughts and Feelings

The first theme, *Conflicting Thoughts and Feelings*, was observed across three subthemes— 1) *self-confidence*, 2) *feeling lots of feelings*, and 3) *professional identity*, each with its own dichotomous categories. This theme is defined by the dichotomous thoughts and feelings students experienced and expressed in their song, as it related to their self-confidence, professional identity, and feelings about clinical work. *Conflicting Thoughts and Feelings* captured a larger pattern in the data where participants

consistently described opposing thoughts and feelings about their pre-internship clinical work, which was conveyed musically by the participants. For example, the tonality of the song alternates between minor and major keys, as if the participants musically expressed their own conflicted or confused thoughts and feelings related to their abilities and professional identity.

The music appears to represent a conversation between the self, associated with the dichotomous relationships within each subtheme, labeled broadly as positive or negative, reflecting the wording used by participants. Participants stated they experienced “constant conflict,” indicated by the back-and-forth, reiterative nature of their unresolved thoughts and feelings. This duality is expressed musically by the ambiguity of tonality in the C section of the song and the lack of musical resolution at the end of the song.

Subtheme One: Self-Confidence

The subtheme of *self-confidence* refers to the participants’ beliefs about their abilities and the inner dialogue between negative thoughts and feelings and positive self-talk. Within the category of *doubting self*, participants indicated doubting their abilities and feeling a sense of “impostor syndrome” and “feeling inadequate.” Participants noted these feelings were a result of external factors, such as their college experience. The specific abilities they did not feel confident in, such as clinical or music skills, were unclear. However, upon member checking, Allison clarified:

I never felt like I did a good enough job or was praised enough for the good work I did do... I was drowning in assignments, performances, clinicals. I didn’t feel adequate enough to ever make quality work. I think most of the time, because we

had so much to do all of the time, we didn't have a good quality of life. Everyone was stressed out all of the time and nobody looked happy. It was rare to see a MT student genuinely enjoying their college experience. I think the collective unit (Music and MT department) as a whole expects too much from us and all at the same time.

The opposing category, *encouraging self*, appears to be the participants' attempts at "combating the constant turmoil." They consciously tried to "combat the negativity and like tell yourself something positive."

Musically, this inner dialogue is heard through the alternating major and minor tonality across different sections. For example, the B section changes dramatically with a modulation (key change) to the relative major, E major, thus highlighting the duality between thoughts and feelings. However, the B section still conveys elements of tension, fear, or sadness through the slow tempo, dissonance in the melody, and narrow melodic range. The participants clearly wanted to convey a more positive musical mood, but to what degree self-encouragement changed their negative thoughts and feelings is unclear, as indicated by the contradiction between the music and their verbal reflections.

Subtheme Two: Feeling Lots of Feelings

Within the second subtheme, *feeling lots of feelings*, participants expressed feelings across two extremes: *I've never felt so stressed* and *upward looking*. *Feeling lots of feelings* was a recurring thread throughout the first data analysis phase, as the subtheme was present in all the songs generated across the three virtual songwriting workshops. Participants communicated feelings of "pressure" and "stress" within the category *I've never felt so stressed*. One lyric line expresses how participants felt like

“every movement I’m in feels like another test” and felt “stressed out.” Musically, the participants conveyed feelings of confusion, feeling lost, or perhaps feeling stuck.

The participants consistently communicated a heaviness or seriousness musically through the moderately slow tempo, predominately minor tonality, and harmonic consonance. However, there is much ambiguity musically at times, which gives a sense of confusion or feeling lost, especially through the avoidance of a perfect cadence, even at the end of the song, which ends unresolved on an F#m7 (iv7) chord. Under the category *upward looking*, participants described positive feelings about their future and their efforts to “remain hopeful of the happy and sad of senior year.” Musically, the participants expressed hopefulness by ending the second and last sung phrase with a consonant melody note and a slight upward movement in the music.

Subtheme Three: Professional Identity

Within the third subtheme, *professional identity*, the participants expressed a duality between recognizing the complexity of their professional identity and the inability to envision themselves as a music therapist. For example, in the category, *you’re a lot more than that*, participants described the difficulty in conveying the complexity of their skills, abilities, and knowledge to internship supervisors. Participants recognized they had more abilities than they might have been able to demonstrate during an internship interview and that they were more than just their music therapy identity. For example, Chad stated, “a lot of feelings that go into that.” In essence, they are developing a sense of their pre-professional identity. In the opposing category, *I can’t see me in the real world*, participants expressed that they were unable to envision themselves as a music therapist “in the real world.” Additionally, when reflecting on their clinical work, they

commented how the minor tonality of the song represented feelings of “impostor syndrome” and not feeling like the “music therapist” in the setting, which relates to another category within this song, *doubting self*.

Theme Two: Process Oriented

The second theme of the song, *Process Oriented*, is defined by an acknowledgment from the participants of a linear progression in their clinical work, but mostly the degree program, as organized by two subthemes, *getting there* and *victory at the end*. Generally, the participants noted that the field of music therapy “is a process” as well as the whole degree major. They appeared to develop a deeper understanding of the complexity of music therapy when Chad commented, “kind of in this major is, it’s not like others where it’s just you’re told like do this one thing, and that’s how you do it the rest of the time. It’s always going to be different.”

Subtheme One: Getting There

Under the first subtheme, *getting there*, the participants noted that working with a new client can be intimidating but that they become more comfortable with them. They stated it was “weird” because, in some ways, clinical work gets easier due to familiarity and comfort with the therapeutic process, but that clinical work entails working with new, unfamiliar clients. Supporting this idea, Cara said, “it doesn’t get any easier, but you do get better each year,” indicating recognition of self-growth. Novelty or new experiences appear to impact their perception of how hard or easy their clinical work is. In general, there seems to be an accepted discomfort through the growth process as participants described feeling “a bit on edge is normal” as part of the process of pre-internship clinical work.

Subtheme Two: Victory at the End

Within the subtheme, *victory at the end*, the participants envisioned how they would feel after achieving their goals, such as feeling “accomplished,” “fulfilled,” and “thrilled” to be moving forward. However, it is unclear if they were referring to obtaining an internship, graduating, or earning their board certification. Much of the verbal reflections included their feelings about their next steps in applying for and accepting an internship, which is unsurprising given they are fourth-year music therapy students. The participants indicated they wanted to convey a sense of positivity in their song.

Interestingly, the song contrasts their verbal reflections in that it does not end with a perfect cadence. During member checking, Allison suggested this may have been due to the “time crunch.” However, the outro mirrors the intro exactly, indicating intentionality in the harmonic structure. Allison noted a brief C major (I chord) at the end of the song; however, the chord was not heard long enough to provide a meaningful resolution or to need to be notated on the score. Allison also clarified she did not “remember us purposely not ending on the root chord to make a statement.” Yet, musically, the song ends with harmonic ambiguity rather than victory, which may relate to their feelings of “impostor syndrome,” similar to the category of *doubting self* under the subtheme of *self-confidence*.

“Foundation,” First- and Second-Year Participants’ Song and Reflections

The original song, “Foundation,” was written by two first-year and two second-year students during the pilot songwriting workshop (Appendix O). “Foundation” is 21 measures long and approximately one minute and nine seconds at 73 bpm. This song

features sung lyrics; therefore, I analyzed it using the Synchronous Lyric and Music Analysis (SLMA) method. I generated 53 codes from the SLMA phrase-by-phrase coding matrix and verbal reflections during the initial coding process. After I collated all the codes by similarity, I constructed, reviewed, and refined three themes and four subthemes.

Theme One: Music is the Foundation

A larger theme, *Music is the Foundation*, is defined by how music provided several functions for the participants in what they described as their “love letter to music.” For participants, music brought purpose to their clinical work and functioned to alleviate their stress and facilitate connections with clients. Within the first subtheme, *music is the purpose*, participants expressed that “music is like why we’re there,” although it is unclear if they were referring to being in a music therapy program or their clinical work. In essence, the music was their reason or purpose, and this song is a way to convey what their “heart is trying to say about music.” In the second subtheme, *music is an alleviator*, the participants described music as rescuing them from negative emotions such as “stress,” “fear,” and “frustration.” Thus, music was an alleviator for the participants, “washing” over them like a “flood.” The water symbolism was illustrated lyrically and musically through richly textured chords and layered melody lines flooding the song.

Continuing the symbolism, participants stated that music was “washing away fears” in reference to a cleansing act but also a way to dissolve or dilute fears into insignificance. The symbolism of music coming “like a flood” may indicate the participants felt a lack of control over what was happening, that the experience happened

quickly, and the music “comforted” them. Within the last subtheme, *music is a mediator*, music makes it “easy” for the participants to “connect” with clients by “bringing them together” and “getting to know each other.” In other words, music allowed them to build rapport with their clients and helped them to connect differently to different clients because “the specifics of like building that connection are a little different, but it’s still the same like idea and how it just like works across like so many different people it’s really cool.”

Theme Two: Cognitive Appraisal

A second theme, *Cognitive Appraisal*, is defined by the cognitive aspects the participants experienced related to their pre-internship clinical experiences, including conscious recognition of their feelings, engagement in positive self-talk, and empathetic thinking about their clients. For example, they consciously tried to overcome their fears, stress, and frustrations by “remembering why you’re here,” though it is unclear if they were referring to the music or themselves. There also appears to be recognition of their negative emotions and how they might hinder their clinical work and growth when they sing about themselves as overthinking. In addition, the lyrics appear hopeful by stating that music can “take away my stress” and “ease our frustration,” yet the music contradicts this sense of hopefulness in the lyrics. Musically, more tension is created through the dissonance in the instrumental parts and melody line, and the lack of resolution at the end of those specific phrases suggests sadness, gloom, or solemnity.

The participants also became aware of how they thought about the clients. The participants verbally noted a shift in their perceptions of clients within the subtheme *challenged assumptions*. They considered the clients’ experiences by acknowledging that

starting new clinical experiences can feel “tense and kind of scary for... both parties,” implying empathetic thinking regarding their clients. Additionally, they acknowledged clients were not as intimidating as they initially thought.

Theme Three: Feeling Lots of Feelings

The last theme, *Feeling Lots of Feelings*, is defined by the myriad of emotions experienced by the participants, such as feeling relieved by the music but also feeling stress, frustration, and fear of clinical work. I generated many of the codes in this theme from the incongruencies between the music and the lyrics. For example, the participants sang, “you take away my stress, and ease our frustration.” However, the music suggests otherwise with the consistent use of dissonance, narrow melodic range, use of major and minor seconds, slow tempo, and minor key. Additionally, the chord progression does not offer resolution through any perfect cadences. Anthony noted the song and chord progression were meant to be “reflective.” The music does not convey a strong tonal center, with the tonic note omitted in the melody and the lack of perfect cadences. This musical ambiguity reflects the participants’ fear, stress, and frustration. Regarding positive feelings, the participants discussed “resonating experiences” as a way to write about an aspect of clinical work that resonated with each of them. Moreover, participants indicated feeling relief because of music.

“Growth, Not Goodbye,” First- and Third-Year Participants’ Song and Reflections

The original song, “Growth, Not Goodbye,” was written by one first-year student and one third-year student during the third songwriting workshop (Appendix P).

“Growth, Not Goodbye” is 22 measures long, approximately one minute and six seconds at 80 bpm. This song features sung lyrics; therefore, I analyzed it using the Synchronous

Lyric and Music Thematic Analysis (SLMA) method. During the initial coding process, I generated a total of 102 codes from the SLMA phrase-by-phrase coding matrix and verbal reflections. After I collated all the codes by similarity, four themes and ten subthemes were generated, reviewed, and refined.

Theme One: Internal Foci

The first theme, *Internal Foci*, is defined by the participants' internal feelings, focusing on how pre-internship clinical work impacted them emotionally. This theme included internalized feelings about clients, negative and positive feelings related to clinical work, and times when there was a juxtaposition of feelings related to clinical work. In the subtheme, *feelings about clients*, participants discussed "gut feelings" when observing or being part of a session. Participants also expressed excitement about building rapport with clients, the "joy" of working with them, and the "thrill" of seeing their progress. In another subtheme, *positive feelings*, participants indicated feeling confident about clinical work and ready for it and noted clinical work was mostly a "happy experience."

There was a sense of optimism towards both the beginning and end of clinical work. In an opposing subtheme, participants noted *negative feelings* towards clinical work, such as feeling scared or pressed when there were changes in sessions. For example, in the line "this is exciting, but also daunting," the music enhances the lyrics, as the only dissonant note is on the word "daunting," therefore musically creating tension on a word associated with a sense of overwhelming or intimidation. They also conveyed sadness about the ending of sessions; however, most of their feelings were related to positive emotions.

In the subtheme, *juxtaposition of feelings*, participants described experiencing a dichotomy of simultaneous feelings. For example, they noted sessions were “exciting, but also daunting.” They also noted how the closure of sessions was “bittersweet,” acknowledging that both positive and negative feelings can co-exist in clinical work. Musically, the musical elements mirror and enhance their lyrics. For example, the use of dissonance supports a slight feeling of tension, representing regret but also the pleasantness of sessions ending, which they described as “bittersweet to let go.”

Theme Two: External Foci

The theme, *External Foci*, is defined by what the participants externally focused on, related to their pre-internship clinical experiences, namely a focus on their clients and the positive aspects of clinical work. There was a *focusing on clients*—their growth and future, and the natural ability of participants to put clients first. Both of these subthemes are external focus points, whereas the theme of *Internal Foci* is concerned more with internal feelings. In the subtheme, *positive aspects of clinical work*, participants focused on the growth of their clients and viewed closure as an opportunity for “growth, not goodbye.” They noted the “laughing and smiling” from clients, indicating that participants observed and valued clients’ positive responses. Musically, there is an intentional sense to move forward through the instrumental MIDI Celtic harp line, supporting the celebratory focus regarding client progress and their future.

Additionally, the participants conveyed a sense of optimism about their client’s future through the use of a major mode, the use of consonance, maintaining a regular, flowing rhythm, and low formal complexity. Emphasis on the positive indicates the participants acknowledged that the purpose and meaning of clinical work was more

powerful than the feeling of it being “daunting.” In the subtheme, *focusing on clients*, participants indicated that focusing on the client was unconscious and that putting clients first was second nature. Interestingly, many of their own internal feelings were often related to clients, emphasizing clients as a focal point.

Theme Three: Valuing Clinical Work

The third theme, *Valuing Clinical Work*, was defined by how participants recognized the value of clinical work for clients and themselves. Participants expressed that clinical work promoted both *personal growth*, indicating an internal focus, and *client growth*, indicating an external focus. Participants noted that sessions were “super fulfilling” and “super rewarding” in the subtheme of *personal growth*. Further, clinical work helped push participants out of their “comfort zone” and their “normal box of musicality.” They also expressed that clinical work allowed for *client growth* in a similar subtheme. The participants believed that sessions were joyful for the clients, which was apparent from the laughter and smiling in sessions.

Participants shared the belief that clients will continue to grow, acknowledging that they had already grown and progressed during sessions. Overall, the participants communicated a sense of peace about the outcome and future of their clients. While the participants did not use the word peace, the lyrics and music support this idea, conveying confidence in the client’s future. Musically, the use of the bells and the glissando in the harp line was meant to make the music sound “dreamy,” as noted by participants in their verbal reflections. Interestingly, two of the six lyrical phrases of this song focus on the closure process of clinical work; however, participants never used the word “goodbye” in the song and ended on a positive, future-orientated word, “grow.” The participants

emphasized the word “grow” by singing the word for an entire measure and as a way to end the song, enhancing the last lyric.

Theme Four: Roles

The last theme, *Roles*, is defined by the ways participants discussed their role within the therapeutic process and their role within music. In the subtheme, *role within sessions*, participants emphasized their belief that as a music therapist, their “duty” and “number one priority” was to help clients achieve their goals. In addition, as student music therapists, their “job” was to work from a framework of “client-centered care and person first everything”—essentially, the client comes first, and it is all about the client and their needs. This client-centered philosophy relates to professional identity and what they believe it means to be a music therapist.

Participants also acknowledged their role might be more active or less active depending on their place within their clinical training. The third-year participant, Leah, noted they “felt the exact same way” when observing during their earlier clinical work, alluding that internal feelings may not necessarily change with role changes. The first-year participant, Vanessa, also noted it was “a big thing” for her to “come to terms” with the fact that she was able to work with clients before being certified and only being 21 years old—it felt “cool” and “surreal.” The subtheme, *role within music*, was minimal but worth noting as participants echoed other participant groups’ love for music, such as in the song “Foundation.”

“On My Way,” Fourth-Year Participants’ Song and Reflections

The original song, “On My Way,” was written by three fourth-year students during the second songwriting workshop (Appendix Q). “On My Way” is eight measures

long and approximately 32 seconds at 68 bpm. This song features sung lyrics; therefore, I analyzed it using the Synchronous Lyric and Music Thematic Analysis (SLMA) method. During the initial coding process, I generated a total of 73 codes from the SLMA phrase-by-phrase coding matrix and verbal reflections. After I collated all the codes by similarity, five themes were generated, reviewed, and refined.

Theme One: Juxtaposition of Feelings

The first theme, *Juxtaposition of Feelings*, is defined by how participants expressed experiencing different emotions simultaneously throughout their clinical work, including opposing positive and negative emotions. They conveyed feelings of being “ready to create, but fearful of mistakes” and excited but also scared and uncertain. Lyrically, the participants stated they were “ready,” yet the music contradicted this by communicating uncertainty, both melodically and rhythmically. These discrepancies could be related to the limited time provided during the workshop, the challenges of learning new software, and their developing music skills. Regardless, the participants appeared apprehensive about clinical work. They repeated the lyric “ready” several times throughout the song, similar to a positive self-talk mantra, before quickly ending with the lyrics “I’m on my way.” This juxtaposition of feelings appears to be present throughout the themes *Starting Out*, where both positive and negative feelings were expressed, and *Connecting with Peers*, highlighting the opposing feelings of loneliness and togetherness experienced by the participants. A juxtaposition of feelings was also present between two other themes from this song—*Finding One’s Place*, and *We’re On Our Way*.

Theme Two: Starting Out

The theme, *Starting Out*, is defined by how participants acknowledged that every clinical experience, as well as other aspects of their lives, begins with a first step and that various feelings accompany these new experiences. They mentioned that the first steps could be “stressful” and “exciting but also kind of scary.” Participants also noted that “everything has a first step,” including each level of training from the first practicum experience to internship. Regardless of previous training and experience, they acknowledged new experiences bring unfamiliarity. Experiencing something for the first time can induce many different feelings, including excitement and uncertainty. Gail commented, “we’re taking those first steps, whether that’s practicum one, practicum two, three, four, internship, professional life. Everything has a first step, and, yeah, it can be kind of scary.”

Theme Three: Finding One’s Place

The third theme, *Finding One’s Place*, is defined by a feeling of not belonging or having a place when starting a new clinical experience. In this theme, participants communicated “feeling out of place,” and they appeared to be trying to convey that they do not feel like they belong when “walking into a new space.” The music supports and enhances this lyrical idea of “feeling out of place” or feeling unsure of one’s role through the unsynchronized rhythms of the instruments and voice together, creating a sense of uneasiness and, perhaps, energy or anxiety about the “new space” or clinical experience. Overall, it appears that the participants did not feel like they belong when they were beginning a new clinical experience. There may be a need to find one’s place as being essential to their clinical work. Several codes, such as “exploring from home” and

“playing it safe,” were derived from the musical meaning of the narrow melodic range and exploration of the cello line. These interpretations of the musical and lyrical meanings demonstrate the participants trying to find their place.

Theme Four: We’re On Our Way

The fourth theme, *We’re On Our Way*, is defined by the participants’ sense of moving forward, or being “on our way,” and there appears to be an acceptance that practicum work will move forward, even if anxieties exist. The lyrical line “I’m on my way” is similar to other analyzed songs in this study, “On Track” and “Experiences,” where participants also expressed the concept of moving forward. The music supports the lyrics, “I’m ready, I’m ready, I’m on my way,” because joy, excitement, and resolution are conveyed through the different musical elements—the fast tempo, consonant major chord progression (IV-I-V-I), consistent staccato vocal line, predominate use of consonant notes, a firm rhythm, and a perfect cadence. These structural elements indicate musically that the participants felt “ready.” Overall, they appeared optimistic; for example, the phrase ends with the words “I’m on my way,” and the music provides a sense of closure or resolution to the fears expressed earlier in the song.

Theme Five: Connecting with Peers

The last theme, *Connecting with Peers*, is defined by the participants’ experience of writing original songs with peers during the songwriting workshop, in which they connected due to being in the same part of the process in their degree program. Participants shared that songwriting with their peers within the same academic level was helpful and encouraging. They explained that being a student can feel lonely and

isolating at times, especially for students in smaller academic programs with no other seniors in their academic program. Students described “working towards this goal that you feel like you’re working towards alone.” Connecting with peers through the songwriting workshop provided a sense of community and validation of their feelings. The participants were all “looking at internships” as the next step in their training and indicated it “felt nice to talk to other people that were like in this process.”

“On Track,” First- and Second-Year Participants’ Song and Reflections

The original song, “On Track,” was written by one first-year student and two second-year students during the second songwriting workshop (see Appendix R). “On Track” is 17 measures long and approximately 58 seconds at 70 bpm. This song features unsung lyrics; therefore, I analyzed it using a modified version of Grocke’s (1999, 2007) Structural Model of Music Analysis (SMMA). During the initial coding process, I generated a total of 54 codes from the SMMA table and verbal reflections. After I collated all the codes by similarity, one theme, four subthemes, and eight categories were generated, reviewed, and refined.

Theme One: Conflicting Thoughts and Feelings

The theme of *Conflicting Thoughts and Feelings* is defined by the opposing emotions and thoughts participants experienced regarding their self-confidence, level of self-directedness, and progress in their music therapy program. The dialectical nature of their thoughts and feelings are observed in all four subthemes: *place in the process*, *self-confidence*, *feeling lots of feelings*, and *self-direction*. This juggling between opposing emotions is conveyed musically. For example, in the A section of the song, the harmonic structure alternates back and forth between two unrelated chords until the B section.

Further, the melody alternates back and forth using stepwise motion between consonant and dissonant notes.

The music appears to represent a conversation between the self as it relates to the dichotomous relationships within each subtheme, which is characterized as positive or negative thoughts and feelings. This theme was also identified in two other groups' songs, "Foundation" and "Experiences." While there is a back-and-forth relationship between each category, they can also be viewed as a linear process. As the participants are *starting out*, they realize they've *come this far, can't go back*. After *doubting self, feeling overwhelmed*, and *lost*, they begin *encouraging self, feeling hopeful*, and ultimately arrive *on track*.

Subtheme One: Place in the Process

The first subtheme, *place in the process*, indicates some discrepancies related to where the participants believed they were in the process of becoming a music therapist. Within the category *starting out*, Lance noted they "haven't had a lot of clinical experience" and are "just starting practicum two." However, this is contradicted by the lyrics they have "come this far, can't go back." The participants noted their progress but indicated that they may feel stuck as they cannot turn around or "go back." It is unclear why they think they "can't go back" and where they want to return.

Subtheme Two: Self-Confidence

The subtheme of *self-confidence* refers to the participants' alternating beliefs about their self and abilities. While the participants hinted at doubts about their musicianship, it was not clear what most of their doubts were related to and should be explored more extensively. Also, it was not clear what outcome they hoped to achieve,

such as finishing their degree, obtaining an internship, or making general progress. Within the category of *doubting self*, at the beginning of the song, the participants questioned their abilities by asking themselves, “am I really good enough to do this?” They indicated that they felt a sense of “impostor syndrome.”

The participants musically communicated a sense of confusion and tension through the atonal progression and consistent dissonance in the melody in the song’s first half. With a key that is not firmly established and two alternating chords that are dissonant with each other, there is clearly musical tension. However, in the category of *encouraging self*, the participants also revealed a positive view of their abilities to rise to the challenge when they confronted these doubts and encouraged themselves with positive self-talk. This positive self-talk was evident in the lyrics, “I think I can. I know I can.”

Subtheme Three: Feeling Lots of Feelings

Feeling lots of feelings is a subtheme identified in other participant groups’ songs, “Foundation” and “Experiences.” Within this subtheme, participants expressed feelings across two extremes—feeling overwhelmed and feeling hopeful. Within the category *feeling overwhelmed*, participants discussed “the bar that’s set for musicians,” which appears to be alluded to in the lyrics “there’s a mountain left to climb.” During member checking, Harper clarified that the mountain symbolized “schoolwork and knowledge we had yet to complete/gain.”

Under the category *feeling hopeful*, participants used the metaphor of the “little engine that could” to indicate a sense of resolve and perseverance despite the overwhelming feelings and self-doubt. The participants intentionally sequenced the

words “I think I can? I think I can. I know I can,” demonstrating an intentional effort to change their mindset and confidence. The shift in key, from an ambiguous tonal center at the beginning of the song to a firmly established major key towards the end, musically signifies the variation of feelings experienced by the participants.

Subtheme Four: Self-Direction

Within the last theme of *self-direction*, the participants expressed two opposing views about their ability to self-direct, feeling *lost* at first and later, *on track*. Through the order of their song lyrics and the analyzed musical elements, the participants experienced a progression where they initially felt they “can’t go back” and subsequently felt overwhelmed and experienced self-doubt. These feelings ultimately resulted in the category *lost*, where participants felt lost and vulnerable. However, they encouraged themselves, began to feel more hopeful and confident, and eventually arrived at a place where they felt they were *on track*. The category *on track* indicates that the participants found a path to keep moving forward and “have like a plan.” Musically, the participants communicate a sense of hope, acceptance, resolve, or a feeling of being “on track” in the song’s second section, as it ends in a major key, fully resolved, and with a perfect cadence. This resolution could indicate higher self-direction due to this progression from negative to positive experiences.

Songwriting Results Summary

The first data analysis phase included the six phases of Braun and Clarke’s (2022) reflexive TA— 1) familiarization, 2) generating codes, 3) generating initial themes, 4) developing and reviewing themes, 5) refining, defining, and naming themes, and 6) producing the report. Unique to this phase was the analysis of original song

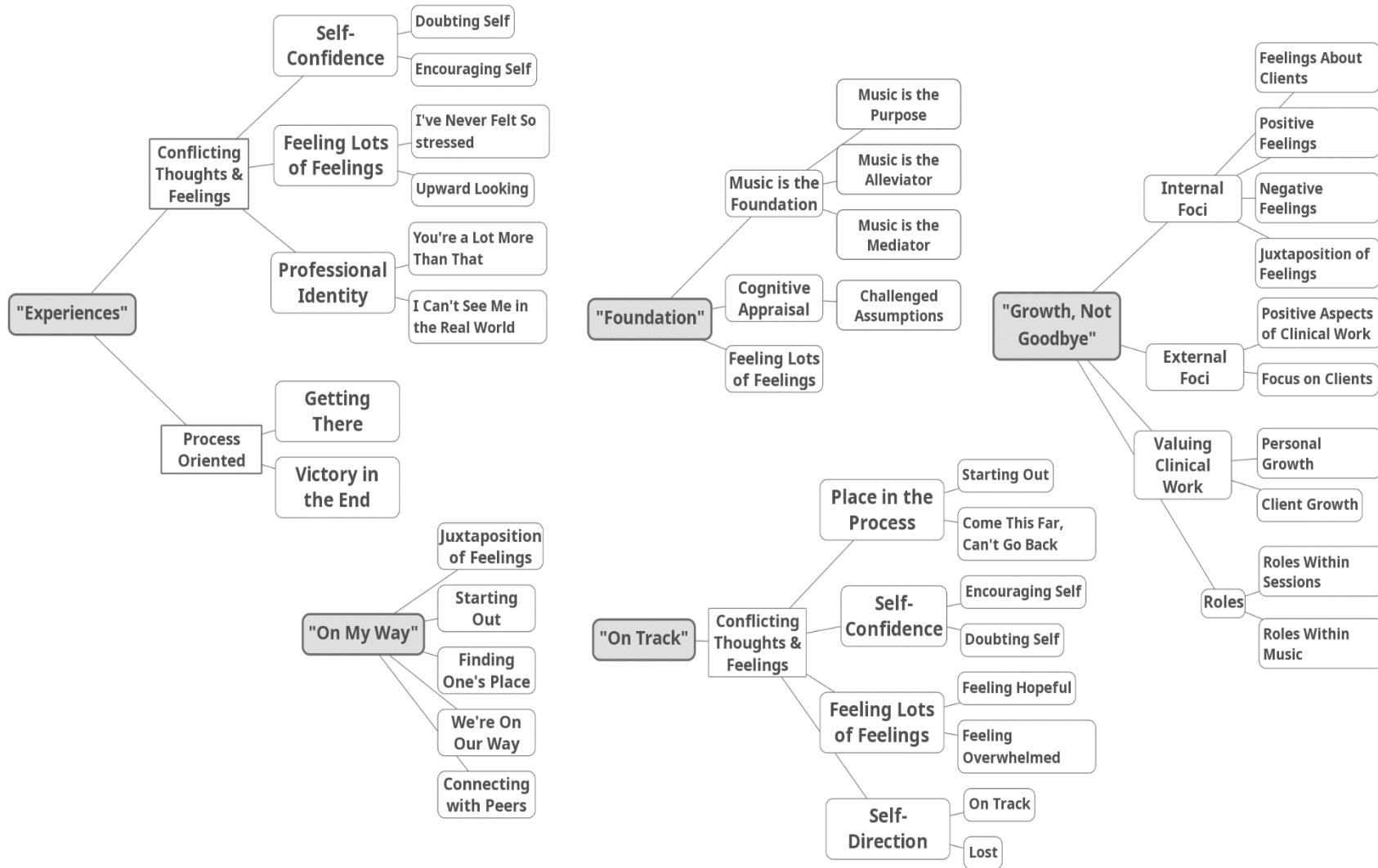
compositions. To become familiar with the data and to create documents for code generation, I implemented two arts-based analytic methods— Synchronous Lyric and Music Analysis (SLMA) developed for this study and a modified version of Grocke’s (2007) Structural Model of Music Analysis (SMMA). The analytic process from the five original songs and the participants’ verbal reflections resulted in 15 themes, 23 subthemes, 14 categories, and 374 codes (see Figure 2).

I identified several recurring themes and subthemes through the analysis. Across all five songs generated, along with the participants’ verbal reflections, participants expressed a juxtaposition or conflict of feelings. Often, these feelings were incongruent with their other feelings and thoughts. For example, in the first- and second-year song, “On Track,” and the fourth-year song, “Experiences,” participants indicated an intentional effort to think positively and encourage themselves to cope with the negative feelings they experienced from doubting themselves. Many participants described experiencing “impostor syndrome,” while others discussed a lack of self-confidence, self-direction, and fears related to clinical work.

Participants also referred to process-related aspects of their clinical work or academic journey, such as the experience of starting a new clinical or looking ahead toward internship. Other participants discussed their role in the therapeutic process, such as the need to find their place in a new clinical experience or their responsibility to place the clients first as their number one priority. Participants also acknowledged the value of clinical work, where they described both personal growth and client growth, and they indicated a developing sense of their professional identity. The themes and subthemes generated from the first data analysis phase informed the subsequent data analysis

phase—interviewing. In the next chapter, I describe the results from the analysis of participant interviews, which further illuminates the participants' pre-internship clinical experiences.

Figure 2
Overview of Songwriting Themes and Subthemes



Chapter V

PHASE TWO: INTERVIEW RESULTS

The design of this research study included the collection and analysis of data in two sequential phases—first, three separate songwriting workshops, and second, in-depth interviews of participants recruited from the songwriting phase. In the previous chapter, I presented the songwriting analysis results, which I used to inform the interview phase. In this chapter, I present the findings from the individual, intensive, semi-structured interviews collected during the second analytic phase. The creation of original songs before the interviews served two purposes—first, it allowed participants to be more familiar with me, possibly creating a better rapport during the subsequent interview phase. Second, and more importantly, the analysis of the original songs allowed me to dig deeper into the participants’ internal worlds presented through songs to uncover more explicit analytic insights.

Following the songwriting analysis phase, I updated the interview guide to gather rich data regarding unexpected topics generated from the participants’ original songs and verbal reflections. I added interview questions to explore the participants’ roles in their clinical work and perceived aspects of clinical work that were “daunting” and “fulfilling.” Additionally, the revised interview guide included questions related to participants’ feelings and experiences with impostor phenomenon, self-efficacy, self-confidence, closure with clients, authenticity, preparedness for internship, and meaningful moments with clients.

Participant Profiles

I interviewed three pre-internship undergraduate music therapy students from three different universities— “Claudia,” a second-year student; “Harper,” a third-year student; and “Gail,” a fourth-plus-year student. All participants attended a virtual songwriting workshop and created an original song with their assigned songwriting peers. Both Claudia and Harper co-wrote the song “On Track,” and Gail co-wrote the song “On My Way.” I conducted the interviews conducted approximately 11 months after the songwriting workshop. Therefore, participants had experienced almost another year of coursework and clinical experience since the first data collection and analysis phase. I conducted seven in-depth interviews spanning 10 hours, 38 minutes, and 45 seconds. I transcribed and coded 639 interview minutes in MAXQDA using both in vivo and process coding, which generated an initial 1,683 codes. Table 7 illustrates the details of each participant and their interviews.

Table 7

Interview Participant Description and Interview Data

Participant	Age	Gender Pronouns	Academic Level	Original Song	Number of Interviews	Length of Interviews	Codes Generated
Claudia	19	She/her	2nd year	“On Track”	2	149 minutes	247 initial codes
Harper	21	She/her	3rd year	“On Track”	2	165 minutes	551 initial codes
Gail	24	She/her	4th+ year	“On My Way”	3	325 minutes	885 initial codes
Total: 3 participants				2 songs	7 interviews	639 minutes	1,693 initial codes

Each participant experienced a variety of placements, exposing them to different settings while operating from different roles and responsibilities. In this section, I provide information regarding their primary instrument of study and their role within each clinical setting.

“Claudia,” a 2nd-year undergraduate music therapy student

“Claudia” (she/her) is a 19-year-old student in the second year of her music therapy program. She is a trumpet player in her second semester of clinical work. At the time of the interviews, she was working with three different adult clients with intellectual and developmental disabilities, at least one of whom was non-verbal. Claudia had experienced four to five individual sessions with two clients but only one session with the third client because they only met once a month. She was paired with a more advanced practicum partner and a supervising music therapist. For one of the sessions, her practicum partner led while she observed. For the other client she was assigned to, her supervisor gave her the opportunity to assist by designing and leading interventions, and singing songs with the client.

In Claudia’s program, there are six practica, and students begin leading independently in their fourth, fifth, and sixth practica, presumably their third and fourth year in the program. Her first semester practicum course was purely observational, where she observed pre-recorded sessions. During the songwriting workshop, it was her first year, and she did not have any hands-on experience with clients yet—she had only watched YouTube videos. During her virtual pre-recorded observations, she observed two different music therapists working with two clients—a client with cerebral palsy and a client with an autism spectrum disorder. At the time of her interviews, she was in her

second semester of clinical work, and it was the first practicum course where she was working with real clients and able to contribute to the music making.

“Harper,” a 3rd-year undergraduate music therapy student

“Harper” (she/her) is a 21-year-old student in the third year of her music therapy program. Her primary instrument is voice, although she was initially a trumpet primary. She had two semesters of trumpet lessons before switching to a voice primary. She is enrolled in a relatively new program, which she described as relatively small. During the interviews, Harper was in her second semester of practicum, or what she called “fieldwork.” She had no semesters of “fieldwork” during the songwriting workshop. However, she did have “pre-fieldwork” experiences where she observed and assisted clients with her peers as part of a class.

Pre-fieldwork included a few groups with “middle-aged” adults with intellectual disabilities, such as autism spectrum disorder and Down syndrome. She also participated in a few groups with “young” adults, ages 18-22, and participated once or twice with a group that supported adults with mental health and substance use disorders. These groups included experiences where she and her two classmates took turns leading “experiences,” not “interventions,” as it was “music for enjoyment.” The pre-fieldwork groups were not as frequent, and the goal was not therapeutic but recreational “music enjoyment groups,” as Harper described.

During her first semester of fieldwork with children with autism spectrum disorder (ASD), she led independently, although her supervisor was always there. Often, the supervisor was involved, and she tended to give Harper active support. Harper rarely led the entire session alone because her supervisor needed to step in to provide support.

During her second semester of clinical work, and at the time of her interviews, she was working with older adults, some of whom had dementia, in a day center. She co-led sessions with a peer and had only had four sessions at the time of the first interview. Her co-leader was involved, but her supervisor was “a lot more not involved” compared to her supervisor the previous semester working with children with ASD.

“Gail,” 4th+ year undergraduate music therapy student

“Gail” (she/her) is a 24-year-old music therapy student in her 4th year of her music therapy program but in her 6th year of college. She started college as a vocal performance major and switched to music therapy in the spring semester of her sophomore year. She began her music therapy courses in the fall semester of her junior year, completing a condensed program of study. At the time of the interviews, she had completed five semesters of clinical work and had experienced a year off from coursework while she waited for her internship to begin, a year after her last undergraduate course. Her first semester of clinical work was stopped abruptly by the COVID-19 pandemic in the spring of 2020. She completed an extra clinical experience to make up for the clinical hours lost during her first clinical placement.

At the time of her interviews, Gail had completed clinical work in a variety of virtual and in-person settings. These settings included a virtual placement in a nursing home working with older adults as well as a school setting and a virtual placement working with a student with autism spectrum disorder and a student with an intellectual disability. She also completed in-person placements at an elementary school, working with a student with developmental delays, and at a school that served middle school and high school students with intellectual disabilities. She also had the opportunity to

complete a clinical placement in a hospital setting. She worked primarily in the neonatal intensive care unit (NICU) and, in a few instances, in the pediatric intensive care unit (PICU). For a condensed summary of each participant’s clinical experiences, organized by year in their program, clients served, and setting, refer to Table 8.

Table 8

Interview Participant Clinical Experiences

Year	Claudia	Harper	Gail
Year One	Fall: none	Fall: observing; children at preschool; older adults at a day center	Fall: observing; individual sessions with an 11-year-old with global delay; campus clinic
	Spring: none	Spring: observing; playing one song in several sessions; children at a preschool, older adults at a day center; young adults with intellectual disability (ID) in campus clinic	Spring: observing; student with developmental delay; elementary school
Year Two	Fall: observing; individual sessions with adults with cerebral palsy and autism spectrum disorder (ASD); virtual	Fall: observing; virtual sessions with adults with mental health and/or substance use disorders; older adults at a day center; individual sessions with K-12 students with ASD and ID; preschool for children with ASD and neurotypical children	Fall: assisting; individual sessions with a student with ASD and one with an ID; virtual school
	*Spring: observing & assisting; individual sessions with adults with ID; center for adults with ID	Spring: assisting; led one recreational music experience; school aged children at a Boys and Girls Club	Spring: co-leading; group & individual sessions with older adults; virtual nursing home

Year	Claudia	Harper	Gail
Year Three	Fall: n/a	Fall: leading; group sessions with children with ASD; community group	Fall: leading; individual sessions with patients in the neonatal intensive care unit & pediatric intensive care unit; hospital
	Spring: n/a	*Spring: co-leading, group sessions with older adults; nursing home	Spring: co-leading; group sessions with middle and high school students with disabilities; school
Year Four	Fall: n/a	Fall: n/a	Fall: n/a
	Spring: n/a	Spring: n/a	*Spring: n/a

Note: Asterisks indicate the semester in which participants participated in the interviews.

Analysis Phase Two: Interview Results

I constructed each theme around a “central organizing concept” unique to the co-constructed meaning made by participants (Braun & Clarke, 2022, p. 77). I created seven themes and 39 subthemes from the interview data, highlighting the individualized voices of three pre-internship undergraduate music therapy students. In this section, I describe and illustrate the following themes and subthemes— 1) *Finding My Place*, 2) *The Vibes of the Day*, 3) *Faking It*, 4) *Resonating Clinical Experiences*, 5) *Juxtaposition of Feelings*, 6) *Learning is Multifaceted*, and 7) *Intra- and Interpersonal Foundations*.

Theme One: Finding My Place

The theme, *Finding My Place*, is defined by how participants described experiences where their roles and sense of self fluctuated within varying contexts—roles within their program, roles within their clinical work, roles and focus during sessions, and security in their role as a student. The theme is also defined by challenges that prompted them to question themselves, lose their place or focus, or feel “out of place.” I identified

this search for their pre-professional identity during the songwriting phase in four of the five original songs, which was explored and made evident during the interviews. I constructed six subthemes illustrating this journey that participants experienced throughout the program, across sessions, and within sessions— 1) *committing to music therapy*, 2) *feeling out of place*, 3) *knowing my place*, 4) *difficulties finding my place*, 5) *shifting roles*, and 6) *security as a student*.

Committing to Music Therapy

Participants shared why they chose to pursue music therapy, and both Claudia and Gail indicated a questioning of their decision to become a music therapist. Claudia described music therapy as a “combination between psychology and music, and I love both of those things.” Harper chose to study music therapy because she wanted to help people. Similarly, Gail shared that music therapy was something that she wanted to do when she learned music could help others in their own lives in a way that worked “best for them” and helped them be “independent as an individual.”

However, Claudia and Gail questioned whether they should continue pursuing music therapy after starting their programs. Claudia felt like changing her major, which was related to negative self-perceptions around her “terrible” guitar and vocal skills. Similarly, Gail began to heavily question her ability to obtain an internship and become a professional. After applying to several internship sites but not being offered a position or getting feedback from some of them, she began to think, “well, I can just be a librarian, I guess. I like books.” She felt she “should really just start thinking about something else” because she was “just about to hit that spot of... I’m ready to move on.”

Further, Gail acknowledged how difficult it may be to change majors as a music therapy student. For example, students in her program have a large gap between their first music therapy course and their first practicum experience. She said students were “intimidated” and “scared” to go into clinical work because they wondered, “is this what I want to do... what if I go and I don’t like it? At that point, I’ve already, like, signed my life away into the music therapy program.” She shared, “we’re losing people who are interested” because of the curriculum sequencing in her program. She has “had to talk kids into not switching their major” because they “seem to have a passion for it [music therapy].” She noted, “we all go through it” at times, and it is presumed that she meant all students feel intimidated to be a music therapy major at some point.

While Claudia and Gail questioned their decision to pursue music therapy, clinical experiences appeared to have impacted their decision to remain music therapy majors. For Claudia, observing and assisting clients in clinical work helped to validate her choice of music therapy regardless of her music skills. Likewise, while Gail felt like “moving on” from music therapy after not being offered multiple internship positions, she noted that “every time” she did something music therapy related, she would have a “little spark of like the love for it” come back. Additionally, Gail advocated for more music therapy courses with clinical experiences to provide support for students in her program. She explained, “there’s so much you can learn just from it, just from going to do like observations.” Clinical work provided meaningful learning experiences to help the participants cope with self-doubt and to provide the motivation to stay in the major.

Feeling Out of Place

Participants indicated feeling out of place when starting new clinical work. They also shared ways in which they knew what their place or role was across sessions. For example, Gail felt like she did not have “a place yet” when starting a new clinical experience. During the songwriting workshop, Gail and her peers wrote a song about “feeling out of place,” which was developed into a theme in the original song analysis. During the interview, when Gail was asked to expand on those specific lyrics in the song, she commented that when she and her songwriting peers started a new clinical placement, they were the “new person” there and that they did not “really have a place here yet.” She noted, “I kind of have to make my place here, and that’s... hard in itself sometimes.” Gail clarified that this challenge was partly due to “impostor syndrome” but also an “added layer” of being new and not having a “place.” She also acknowledged some uncertainty about her upcoming role as an intern, stating she did not know what she would bring to the facility or what her role would be.

Echoing this idea of not knowing their roles or “place,” Harper acknowledged that she did not know “how much” she should do regarding her roles in a session. Similarly, Claudia commented, “I’m just kind of in there,” implying that she felt she did not contribute much in one of her sessions and a possible questioning of the value of her role in the sessions, where she was primarily observing, and occasionally assisting the supervising music therapist.

Knowing My Place

Participants described experiences and challenges knowing their “place.” For example, Claudia recognized she had less experience and knowledge; so she questioned whether she knew “what’s wrong” in a session. She commented:

I mean, also, I have less experience than my practicum partner. So, it’s just kind of knowing my place is, you know. I kind of actually don’t know anything. So even if I think I know what’s wrong, I probably don’t.

Therefore, Claudia felt the need to be “extra, extra silent.” Harper communicated a similar experience in her work with children with ASD. Observing the relationships in the room over time while also considering her capabilities and weighing what was “probably not” her job, she was able to find her “place” across sessions. While Gail did not comment as much regarding this sentiment, in discussing her role in her upcoming internship, she acknowledged that her role “isn’t to make friends,” indicating again that she knows her “place” within a clinical setting.

Interestingly, participants also shared knowing their place by looking to others in the sessions. These responses were mainly from Harper, where she looked “to the other people” who were there, like parents, nurses, or her supervisor, when she was unsure of her role in a session. These varying educational supports also affected her session. For example, having the parents present for the sessions affected her ability to know her role and place within the sessions and how much she could “ask of the kids.” Her supervisor directed her to “take charge” when parents were talking to each other during sessions and being disruptive. Harper also questioned how the nurses perceived her job while working

with older adults. Claudia indicated knowing her place from the assignments given in class by her professor, clearly outlining her responsibilities.

Difficulties Finding My Place

Harper shared challenging clinical moments in finding her place during music therapy sessions. When her supervisor “chose” not to support her during a difficult session, she would struggle to find her place again. Harper shared, “my supervisor tended to have to support me... actively support me through a lot of my sessions. So, the times that she chose not to... were difficult to like, sort of like, find my place again almost.” Harper would lose focus in these moments and have difficulty making the session “continue to move somewhere.” Her ability to be therapeutically present was affected, such as bringing her attention back into the session and responding to clients in the moment. She described it as “stuck inside of my own head.” She had to consciously turn her attention from an internal focus to an external focus and decide how to proceed in the moment, requiring flexibility and quick clinical decision-making. Having this flexibility was difficult for Harper, and it was something that she was consciously trying to improve.

Shifting Roles

Two participants, Gail and Harper, acknowledged how their role or a music therapist’s role might change or shift depending on who they are working with, their client’s needs, and their own music therapy style. For example, Gail shared how her professor and supervisor had different styles; her supervisor provided more structure, and her professor was more flexible. Her professor compared music therapy to knowing who was “driving the bus”—was the therapist or the client? In Gail’s first clinical experience,

it appeared that the “client was driving the bus” because her professor was very “flexible” and was “able to kind of move with the client.” This style contrasted with her school placement supervisor, who Gail said was “more like driver’s ed... they’re driving [the clients], but I have the emergency break.” She noted how her supervisor in the school setting led sessions with more structure and facilitation but was flexible and knew when to take more leadership within the setting, balancing facilitating and leading. Essentially, Gail recognized that the roles of the music therapist and client were affected by context, the needs of the clients within the therapeutic relationship, and the level of structure that was given between who was “driving the bus” or leading the session.

While Harper did not discuss shifting roles very much, she acknowledged some of the differences between observing and leading, noting observing was easier because she could “see how everything was like fitting together” and “what could possibly be done.” This focus of attention was more of a challenge for Harper in the moment when leading the session. In figuring out her role in the sessions, there were times she responded more “in the moment,” but mostly, she figured out her role by what she observed over time. Further, she reflected on the differences in her attention between her observational and leading experiences and stated it was “interesting to consider how different that was.”

Security as a Student

In the subtheme, *Security as a Student*, participants expressed varying aspects of their clinical work that allowed them to experience a sense of safety and security in their role as students. Harper and Gail shared a sense of confidence in having a secure base or foundation that supports them. Security may come from their trust in supervisors, peers,

professors, or programs. When Gail was asked what it was like leading a session by herself for the first time, she shared:

I went into it feeling pretty, you know, prepared, feeling good about what I was bringing, and knowing that if I needed to ask [supervisor's name] anything, you know she was right there behind me, just watching, making sure everything was, you know, okay.

Harper felt confident in that she had a “good base” and “good people to like explain things” to help her “afterwards.” She felt she could “lean into” the fact she could trust her supervisor.

Being a student appeared to provide a sense of security because students are still learning. Harper believed that students are “more allowed to mess up” because they “don't know, like, a lot of stuff yet.” Harper and Gail appeared to feel safer making mistakes and being independent in their role as students with support from their supervisors. Harper shared:

If you mess up, there's still people to like, come support you a lot faster than like... if you're a professional, I think. I mean, obviously, you're always going to have people, but like, it's... different I think, whenever like they're always right there.

Claudia and Harper's supervisors made it safe for them to make mistakes. When considering the professional world, Harper recognized, “as hard as school is, it's sort of safe to like... mess up.” Claudia's supervisor reminded her that the clients “won't notice if you play out of tune... or if you mess up.” This acknowledgment helped Claudia feel less pressure to sing in front of clients. Interestingly, Claudia and Harper felt that

students were expected to make mistakes, and Claudia acknowledged that mistakes were inevitable. Harper's supervisors expected her sometimes to fail and "learn from it."

Participants appeared to need the predictability or familiarity that school provided. Harper shared that the thought of being a professional "freaks" her out, partly because in school, she knew what she was "gonna do every day." This predictability provided a sense of safety or security compared to the unknowns of the professional world.

Both Harper and Gail needed a certain level of structure related to session planning. Harper felt "grounded" in what she had planned after writing detailed session plans. Once she wrote her step-by-step session plan, she was more comfortable being in the moment and responding more flexibly with clients. Similarly, Gail liked the freedom to be flexible in her session plans, but at the same time, having "structure" through a session plan helped to keep her "calm and sane." Using an intervention she already knew and was familiar with created "like a little safety net." For example, Gail shared an experience where her patient was not responding well to the newer interventions she was trying. Gail said, "I'll try new things, but the drum has to be there" because she knew the patient had previously responded to the drums positively. In other words, she was willing to do something different but felt more secure having a backup intervention that was familiar and had previously been effective.

Theme Two: The Vibes of the Day

The theme, *The "Vibes" of the Day*, is defined by how participants became aware of, assessed, adapted to, or struggled with responding to the "vibes of the day" and the needs of their clients. Participants acknowledged the importance of observing the

“vibes” of the day and responding therapeutically. Both Harper and Gail used the term “vibes” to describe how they perceived a client to feel during a session. They acknowledged that “vibes” may vary from session to session. Therefore, assessing and responding to the “vibes” of clients was an essential part of the therapeutic process. This theme includes five subthemes— 1) *figuring out the “vibes of the day,”* 2) *learning to pay attention,* 3) *meeting clients where they are,* 4) *adapting in the moment,* and 5) *challenges responding to the “vibes.”*

Figuring Out the “Vibes of the Day”

The two more advanced students, Harper and Gail, shared that they assessed the “vibes of the day” to determine how to proceed or respond to a client during a session. Figuring out the “vibes of the day” provided the foundation for the rest of the session. They noted that “vibes” change, and they needed to know where a client “was at” to meet their needs. Gail indicated that she would “never know” what the “vibes” might be, and she may need to “go a different route” than what she had planned. She shared that “feelings and situations” change, and a client may respond differently if they were “having a bad day.” For example, during her fifth and final clinical experience, she and her co-leader created session plans more flexibly, wanting to wait and “see what the vibes” were when they arrived at each session.

Similarly, when Harper assessed the “vibes of the day,” she attempted to see what the clients would “be open to” by observing the “energy” in the room as well as how the clients were responding. Harper recognized the importance of assessing not only the clients’ vibes but also her own “vibes” because some days she was just “not ready to do

something new and hard.” This recognition indicated a sense of self-awareness in how her own thoughts and feelings may affect a session.

Learning to Pay Attention

Harper and Gail indicated an external focus of attention in their clinical work by intentionally focusing on clients. When asked what an effective music therapist is or what they would do, Harper responded first by saying, “paying attention to the needs of the client,” alluding to therapeutic presence. Harper recalled a time when she struggled with therapeutic presence during a challenging clinical moment. She intentionally moved to an external focus after her thoughts “shut down” during a session when her supervisor did not actively support her. She had to take her “thoughts away” from herself to turn her attention to “the room” and the clients to “figure out what was going on.”

Additionally, Harper determined the “vibes of the day” partly because she had “messed up so many times” and learned that she needed to pay attention to whether the clients were “ready for a challenge” that day. During her placement in the neonatal intensive care unit, Gail noted how she had to pay attention to the vital screen, but it was behind her because the “signs that something will go awry are usually on the screen behind you.” This situation made for a “very terrifying” and difficult experience because it required her to be able to divide her attention between the patient and the equipment and to be therapeutically present.

Meeting Clients Where They Are

Determining the “vibes of the day” helped Gail and Harper meet clients where they were. For Harper, knowing where the clients “are at” each day helped her to decide

what direction to take during the session, in the moment. In asking her what an effective music therapist does, Harper responded:

Doing your best to meet where they [the clients] are and try to engage them in music, and if they're not ready to do it, allowing it to be a safe place where they can just sit and listen or get up and leave the room if they have to.

Gail described a clinical experience with a patient in the pediatric intensive care unit who was not receptive to anything she provided. The patient “would not let me close any fingers anywhere,” so Gail decided to “go back to basics,” where she used a familiar children’s nursery song, “Wheels on the Bus,” instead of a newer song she had prepared for the session. Her patient was “not feeling any of it,” so she brought out the drum because the patient responded well to the drum in a previous session. Gail responded instinctually and flexibly by using a familiar song and a favorite instrument to try and meet her patient where she was that day. She described another clinical experience where she used the iso-principle to meet the patient where they were and used the music to “bring it down.” The patient eventually fell asleep, which Gail said felt “super great.” This flexibility demonstrated her ability to meet her clients where they were.

Adapting in the Moment

All participants indicated the need to adapt in the moment and to veer from session plans because what they have planned may not always “work” or meet the client’s needs. At times, veering from plans was intentional by assessing the “vibes of the day,” but other times, it was unexpected, requiring quick clinical decision-making and flexibility. While Harper experienced challenges adapting in the moment, she recognized and valued this skill and recalled clinical moments where she responded more “in the

moment.” Even though Claudia is a second-year student, she recognized how unpredictable sessions could be when she stated, “no matter how much you plan ahead... it might not work.” She has observed her practicum partner and is aware that sometimes what is prepared and brought to a session is not what that client needs, and, therefore, music therapists just “keep going.” She has learned that music therapists must be able to respond in the moment to meet the client’s needs and facilitate interventions that the client will engage in.

Gail also communicated the value of adapting in the moment. She shared that sometimes she will be “so ready for them [the clients] to grab onto something else,” but they will show interest in something different, and she will follow their interests. Gail described how she used and implemented her original verb song during virtual sessions in the school setting to interact with the clients and prompt an answer from them. Then, she improvised the lyrics in response to what the client said in the moment. She also recalled a session in the pediatric intensive care unit where she tried several different interventions and observed responses to make adjustments and adapt in the moment. Gail mentioned pulling in “backup” session plans at times, indicating an awareness that session plans may need to change and that she should have alternate interventions ready in case what she has planned is not going to work for the clients that day.

Challenges Responding to the “Vibes”

Claudia and Harper shared challenges with responding effectively to the clients in the moment. This difficulty included moments where they did not know how to proceed or did not follow their own instincts. All participants indicated freezing and not knowing how to move forward in a session, demonstrating a lack of flexibility at times. Claudia

recalled a session where the visual she brought in did not help and was distracting for the client. She appeared to know how to respond to the client but lacked confidence in adapting in the moment. Gail struggled with knowing how to “pull them [her clients] back in” and regain their attention “without sounding aggressive” after the group became distracted by one client who was spinning and jumping.

Harper struggled when sessions did not go as she planned or went “off the rails.” She would go into “freeze mode” rather than changing her plans to meet the needs of the clients. She had difficulty “doing something” because she was frozen. She recalled a specific time when she “froze” in a session, not knowing what to do. Her group was “not together, very disorganized,” and she did not know how to manage that. Her supervisor told her to “do something, play something,” but she could not move forward. Her supervisor helped her get out of “freeze mode” and gave her specific instructions in the moment to “get back on track” and “reign the group in.” She realized that being afraid that something would be silly should not stop her from doing something. She learned she needed to be “more willing... to do something” because “staying there stuck is not helping anybody.”

In another experience, Harper “couldn’t go do something different” when one of the clients took her entire bag of instruments away but quickly corrected herself to say that she “felt” that way. She appeared to acknowledge that there may have been other interventions she could have done, but in the moment, Harper did not “feel” like she could. She also recalled an experience where she was not “ready to have” a conversation with her client about her deceased husband, and she gave the client a “laugh it off” answer. Harper immediately moved on from the client’s response because she did not

“want to go there.” Harper was not ready to have “a conversation about her [client’s] husband and how he wasn’t alive” and said death was “awkward” to talk about. While Harper did not think that the client was going to discuss her deceased husband, there was a focus on her own internal feelings and what she was comfortable talking about rather than an external focus on what the client may have needed in the moment.

Claudia and Harper also indicated not following their instincts at times, which challenged their ability to respond to the “vibes” in the moment. For example, Claudia knew she needed to provide some modeled prompts to assist her client during a session. However, she did not “deal with it” or respond in the moment to provide that support, although she appeared to know what she needed to do instinctually. Similarly, Harper shared that she did not always follow her instincts, which was “sort of silly.” She described an experience where her instincts informed her what the client was trying to communicate or wanted, but Harper did not follow that instinct because it was not what she had planned, and then the session “started to go not that great.” Harper reflected, “that was an instinct that I would like to have followed.”

Theme Three: Faking It

The theme, *Faking It*, is defined by how the participants shared their feelings and perspectives surrounding their experiences with impostor phenomenon, which included musical and clinical self-doubt despite previous accomplishments. I intentionally explored this theme because the songwriting participants expressed impostor feelings in two of the songs— “Experiences” and “On Track.” All interview participants reported impostor feelings about their music skills. They discounted evidence and praise from others about their accomplishments and abilities, and demonstrated an explicit awareness

of their impostor feelings. Additionally, all participants alluded to the origins of their impostor feelings, some of which appeared to be connected to a lack of external validation from others. This theme includes six subthemes— 1) *discounting evidence*, 2) *faking music skills*, 3) *faking clinical skills*, 4) *not being good enough*, 5) *roots of impostor feelings*, and 6) *awareness of impostor phenomenon*.

Discounting Evidence

All participants shared instances where they discounted evidence related to their skills. Claudia shared that she had taken a vocal lesson and a singing class, and her singing “somehow passed.” Harper noted that while she could do clinical work and pass classes, she doubted herself because she knew how hard she had to work. She said, “you didn’t see how much work went into it... like you didn’t see like how much I had to fight for every single thing I’ve ever had... I’ve ever gotten.” While Harper had “good grades,” and no one questioned her ability to pass except her, she still experienced impostor feelings. When discussing her impostor feelings, she shared that she compared herself to her peers because she felt they were more gifted, knew more, and had better instincts.

Gail discounted praise from friends, her professor, and people passing by as she practiced her internship audition songs at school. These individuals praised her, telling her she was “doing really good” and provided her with reassurance. Yet, Gail still questioned her abilities and experienced self-doubt and impostor feelings despite the praise from others. In another example, Gail discounted her academic progress, stating, “here I am getting matching grades with her [a fellow classmate], but it’s not the same. I’m not... I’m not that smart.” Further, when asked about one of the song lyrics that she

and her songwriting peers wrote, “walking into a new space, feeling out of place,” she clarified that the lyrics “bled a little into like impostor syndrome” because she questioned whether she deserved the placement and whether she had worked hard enough for it.

Faking Music Skills

All participants experienced impostor feelings and self-doubt related to their music skills. When Claudia was asked if there were any skills she felt like she was “faking,” she responded, “my singing for sure... for sure.” She compared her music skills to her music therapy peers and felt everyone else was “doing way better.” Even with a vocal lesson and a singing class, Claudia still did not feel like she was “singing right” and questioned her vocal abilities. When Harper was asked to elaborate on what “good enough” looked like regarding her impostor feelings, she noted it was being able to “provide everything musically.” Part of her impostor feelings were related to her beliefs about her musical abilities, which she discussed as feeling inadequate musically at times.

In sharing her feelings about impostor phenomenon, Gail said she felt that she was faking her guitar skills “for a while.” Her “guilty feelings kind of attached itself” to her guitar during the internship audition process after she had applied to several sites but had not been offered a position yet. She began questioning her ability to be offered an internship and become a professional. She considered leaving the field, and every time she looked at her guitar, she felt guilt and failure. During internship auditions, she just “hope[d]” that her guitar sounded good, even though she thought it did not, and hoped that if she directed the interviewer’s attention to her face where she was “smiling and being engaging and happy,” she could distract them from what her guitar sounded like.

When given more leadership during sessions, a common perception among all participants was their initial and “main concern” about their music skills. Musical insecurities for all participants included the guitar. Claudia noted how she was “barely finding chords” and initially did not want to play guitar in her sessions. Harper doubted she could “play guitar well enough” when she started clinical work. She also shared how she needed to “get over” her fear of playing the guitar.

All participants indicated insecurities with their piano skills as well. Harper “actively” avoided the piano because it took her “forever” to “get anything together.” She had difficulty learning new repertoire, and she had a more challenging time learning new repertoire on piano than on guitar. Gail shared that she felt the least confident in piano despite having four semesters of instruction. Claudia heavily doubted her vocal abilities and was the only participant who was an instrumentalist. She described her singing as “terrible” and “awful,” and did not feel like she was “singing right.” She felt her lack of music skills made it difficult to choose a client-preferred song that she could sing and would work towards the client’s goal.

Faking Clinical Skills

All participants shared doubts about their clinical skills. Claudia reflected on a clinical experience where she instinctually knew how to respond to the client but lacked the confidence to do so. After experiencing her Introduction to Music Therapy course, Harper believed she did not have the skills to succeed in a medical setting because she would have to be able to “assess quickly and then do something.” It appears that part of her impostor feelings were related to her beliefs and perceptions about her ability to respond to clients. She felt like she could not do fieldwork even though she knew she

could “do it” and did it “all the time.” Additionally, before she started leading sessions, she worried about her ability to manage behaviors in a “helpful” way and to be assertive with her client’s parents. In considering her upcoming internship, Gail shared that she was not fully confident in her clinical skills and knowledge because it had been a year since she had music therapy classes or sessions.

Not Being “Good Enough”

Harper and Gail shared feelings of not being “good enough.” Harper felt she still did not “know” and was “not good enough a lot” because she had to work very hard. In describing what “good enough” meant, Harper noted that good enough was related to having the “background” to respond to the “human parts,” such as the communication and “emotional work” required. She alluded to not having the clinical skills necessary to respond appropriately and therapeutically to clients “in every situation,” which she acknowledged was not “even possible” and that it was “an ideal” that does not “actually exist.”

Gail also experienced not feeling “good enough.” Gail shared her difficulties with applying to internship sites and not receiving an offer. She felt she “should really just start thinking about something else.” In discussing why she was not being offered an internship position, she noted that “everyone can tell me whatever reason they want, but my brain is going to think of whatever it wants... it just goes to... I’m not good enough.” In other words, regardless of other people saying she is “good enough,” she questioned, “statistically, when is it shown?”

Roots of Impostor Feelings

All participants alluded to the origins or roots of their impostor feelings. Claudia was told by someone that she did not sing well, and no one had ever told her she sang “good.” In discussing her impostor feelings, Harper remarked that she did not have the “knowledge” for such a long time and therefore was “afraid to like act confident” because she forgets that she does have the “tools” she needs to be successful. Impostor phenomenon resonated with Gail as well. In high school, she told herself negative things like “nobody likes you, you’re not good enough” and turned to musical theater club to cope with those feelings. Further, in middle and high school, Gail had teachers who discouraged her from pursuing her interests, such as becoming a heart surgeon or singing in Phantom of the Opera. She still thought about the teachers who told her she could not or should not pursue her dreams, and it “still sticks in the back” of her brain. She shared that she still wanted to “achieve” despite the comments from her teachers but noted that she “felt guilty” when she did not “do good in things” because she was trying her best, but it was not “good enough for anybody which kind of sucked.”

This questioning of her abilities still lingers in her consciousness and affects her now, as she thinks, “I’m not actually as smart as my classmate.” Gail stated, “what is [*sic*] all these people telling me I can’t do things?” Gail shared that she made a conscious decision to “try” and do her “absolute best” when coming to college, even after being told by her middle and high school teachers that she “can’t do things” and feeling like she wanted to stop trying. Claudia and Gail both mentioned negative comments from other people that appeared to impact their identity and confidence—external validation or lack of it possibly contributing to impostor feelings.

Awareness of Impostor Phenomenon

All participants demonstrated an awareness of their impostor phenomenon-related feelings. When Claudia was asked if impostor phenomenon resonated with her, she said, “yes, on like the musical level.” When Harper was asked if impostor phenomenon resonated with her, she responded, “I definitely have impostor syndrome.” She acknowledged her achievements and yet still experienced self-doubts. Harper shared she has “done a lot of things,” has “good grades,” and does fieldwork all the time, yet she still felt like she “can’t” and that she was “not good enough” because no one sees how much effort she has to put into her achievements. She felt like an impostor, but the fact that she has completed clinical work and is currently in clinical work and doing “fine” lets her know she is not truly an impostor. When Gail was asked if impostor phenomenon resonated with her, she said, “it’s for sure I think it’s a problem.” She acknowledged her impostor feelings related to the guitar but was also consciously aware that she was proud of herself on the guitar because she taught herself how to play. She stated, “I felt like I was faking it... in reality... I’m proud of myself with the guitar.”

Theme Four: Resonating Clinical Experiences

The theme, *Resonating Clinical Experiences*, is defined by participants’ powerful clinical experiences with clients that made a long-lasting impact on them. Some of these experiences promoted positive feelings, a sense of self, and purpose within their academic and clinical training. They also experienced challenges that resulted in negative emotions, yet seemingly as powerful. I used the term “resonating” because participants in the songwriting phase used this word to describe experiences with clients, and it suggests a profound and long-lasting impact. The positive experiences appeared to

motivate and encourage participants in their determination to become a music therapist, while challenging experiences provided opportunities for growth. This theme was explored across six subthemes— 1) *validating clinical experiences*, 2) *fulfilling clinical experiences*, 3) *rewarding clinical experiences*, 4) *surreal clinical experiences*, 5) *enjoying clinical experiences*, and 6) *challenging clinical experiences*.

Validating Clinical Experiences

All participants described how clinical experiences validated and affirmed their choice to become a music therapist. As previously mentioned, Claudia felt like changing her major, but having the opportunity to experience clinical work helped validate her choice of music therapy as a career. She shared, “getting to like an actual clinical experience, I was like, no, this is definitely what I want to do. Like, even if I’m terrible at guitar... terrible at singing. This is definitely what I want to do.” Being immersed in clinical work encouraged and motivated her.

Gail felt validated in her choice to pursue music therapy in several clinical placements, including her virtual school placement, hospital placement, and her last placement in the school setting. She noted that the “entirety of that last spring semester” since she started co-leading the sessions with her peer, up “until the very end, felt... right... I feel right, which was nice.” The first time Gail experienced validation from clinical work was with the “verb song” she wrote during her virtual school placement. She said that was her “first, yes... that felt good. I like that feeling.” When asked about a client who impacted her, she referred back to the clients for whom she wrote the verb song, noting that it was her “first full semester” of clinical work. She stated it was “an important moment for me in my music therapy journey” because it “solidified the I can

do this. I enjoy this. This is fun. Like, look at the progress we've just made." The virtual school placement was a validating experience for her because it affirmed her decision to become a music therapist. The experience boosted her confidence, confirmed that she enjoyed the work, and she saw music therapy making a difference in the clients by helping them progress.

When Harper was asked if clinical work had affirmed her career choice in music therapy, she said, "I definitely find it to be something that I like to do." However, she also expressed that she had experienced more validation moments outside of clinical work. Harper shared how her peers supported "each other through music" and how she applied music therapy knowledge to "interact with people like outside of music therapy and just realizing that it's a thing that works and it's a thing that I'm glad I get to do."

Fulfilling Clinical Experiences

Participants described how their clinical work was fulfilling. A commonality across participants was that feeling fulfilled was interconnected with their clients' progress and feeling like they were positively impacting their lives. Clinical work was fulfilling for Claudia because it made her "feel better" when the client participated and enjoyed making music with her. She recalled a fulfilling songwriting experience she had with a client. She said it "felt really nice" when her client "felt comfortable enough" to share different things about herself to add to their songwriting intervention. Further, Claudia was able to engage the client through her singing. She found it fulfilling that she could do something simple and stimulate a response from a client.

Harper found it fulfilling when she could "in some small way... help change somebody's life." She shared making "somebody's day a little bit more enjoyable" was

“awesome.” Another fulfilling aspect of clinical work for Harper was realizing “that some stuff is generalizing” for her clients, extending past the music therapy sessions. She stated, “it’s even more cool to see people grow and develop within sessions.” It appears that Harper felt fulfilled when she could help increase her client’s quality of life.

Gail shared that clinical work was fulfilling, especially in the school setting, because she “enjoyed the setting... the people... the work.” Gail stressed that for clinical work to be fulfilling, she needed to enjoy the setting and what she was doing; otherwise, her clinical work was not as fulfilling as it could be. For example, the limitations of the virtual platform used in her nursing home placement with older adults affected her ability to feel “fulfilled or genuine” because she could not connect faces with names or interact with them musically.

Rewarding Clinical Experiences

Harper and Gail described the rewarding clinical experiences they had during their clinical work. While Harper acknowledged that learning how to communicate with clients was “challenging” and “hard,” it was also “nice” and “rewarding.” Harper recalled a rewarding experience during her first semester of clinical work, leading a group of children with autism spectrum disorder. She led her clients in a recreative music-making experience where they played the hand chimes to the song “Count on Me” by Bruno Mars. She said that it was very rewarding and “cool” because “they [the clients] were so proud of, like, what they had accomplished.” Additionally, it was “really awesome” to see how surprised the parents were with their children for making music with her.

Gail's most rewarding clinical experience was during her virtual school placement. She wrote an original "verb song," and the clients made much progress in their academic skills through the song. The experience was rewarding because it "sparked" her love of music therapy, and because she was "seeing it" and "the one doing it." She exerted a sense of accomplishment and pride in creating and implementing an intervention that helped her clients progress. Interestingly, part of the reward was related externally to the client's progress and also internally to her abilities.

Surreal Clinical Experiences

Harper and Gail indicated "surreal" experiences as part of their clinical work. This idea that clinical work was "surreal" was introduced by participants in the songwriting phase and explored more extensively during interviews. Harper agreed that working with clients could feel surreal. She said that when she planned a therapeutic intervention, and it went well, or when she did something therapeutic "in the moment," it felt surreal. "Realizing" that she could "do some therapeutic things" and that people trusted her even though she was not a "real music therapist yet" was also surreal. Harper recalled a surreal clinical experience where she responded in the moment to a client by singing goodbye to them a second time. Harper reflected, "that was like really weird to, like, know how much that helped her in the... in the moment." A closely related feeling was when Harper first led a session without any "help" from her supervisor, and she did not "totally fail." Harper said, "that was "crazy." Gail also agreed that working with real clients can be surreal, going from learning in your textbook and "working with your peers" to being in an actual clinical placement.

Enjoying Clinical Experiences

All participants expressed a prevalence of positive and meaningful experiences in their clinical work, specifically from the enjoyment of working with their clients. As noted previously, Gail made the connection between enjoying the setting and the clients with a sense of fulfillment—these factors were intricately connected. Words participants used to describe their work with clients included “awesome,” “amazing,” “cool,” “fun,” and “phenomenal.” Enjoying their work with clients was an essential facet of their clinical training.

In her work with children with disabilities, Gail shared how she enjoyed “spending time in their company” and that it was “just nice to be present with them.” She liked their reactions and what they brought to the session because they “add[ed] so much” and had so much “life” and “energy.” Gail stated, “I feel like I thrive when I’m working with kids.” When asked what it was like working with an actual music therapy client for the first time, she said, “it was... fun is definitely one of the words.” Harper also noted, “it was like really fun to just go and interact with the kids,” but she also thought it was “fun” working with older adults. Claudia said, “it’s been really amazing,” reflecting on her first semester of clinical work, working with adults with intellectual disabilities.

Claudia and Harper enjoyed making music with clients describing it as “actually fun,” “cool,” “awesome,” and exciting. All participants expressed positive feelings related to client rapport and engagement. Claudia described her first clients as “meaningful” and felt it was exciting to see how clients reacted to her. She celebrated the fact that the client knew her name. Similarly, Harper felt it was “cool” when older adults

wanted to engage with her. Gail shared that it felt “super great” when her clients did not want the session to end.

All participants indicated enjoyment from seeing their clients progress, sharing that it was “cool” and exciting. Claudia felt it was “pretty great” seeing her client respond more in the session. Harper reflected on one of her clients and how “cool” it was to watch his growth, especially his relationship with his dad. Gail was impacted by a client because of the progress they “made together” through virtual sessions. She shared that seeing how her clients would progress each time she led her original verb song intervention was exciting. Gail also described a patient in the neonatal intensive care unit who moved to a less supportive unit because of their growth and said it was the “coolest, coolest, coolest experience.”

Claudia shared how her clients were “obviously very meaningful to me.” Both of her clients made an impact on her because they reacted to her singing. The realization that she could make an impact on her clients, in turn, made an impact on her. Clients also impacted Harper because she learned from them. For example, she described a child with autism spectrum disorder that impacted her the most and a few experiences where he communicated primarily through his behavior. Her experience working with him changed her perspective and helped her learn different ways of communicating. Further, she hoped that the clients “benefited” in some way because she benefited and learned from them. In other words, she hoped the benefits were mutual and that the sessions brought value not just to her but also to her clients. Similarly, Gail’s work in the school setting made an impact on her. She shared that she thought she might want to work in a neonatal intensive care unit for a while, but after completing another school placement,

she just wanted to work with “school-age kids” because they have just had her “heart.” She still displays the card they made for her on her refrigerator.

Challenging Clinical Experiences

While participants experienced many positive emotions related to clinical work, the two more experienced students, Harper and Gail, also experienced challenging clinical moments that resulted in negative emotions. These feelings included frustration, confusion, helplessness, disconnectedness, being overwhelmed, nervousness, terror, and almost crying during a session. Most of these strong emotional reactions appeared to be related to unexpected client responses and behaviors during a session.

Gail reflected on her first attempt to provide multimodal stimulation, a music therapy procedure, to her patient in the neonatal intensive care unit (NICU). The patient’s vitals became very unstable, and Gail described it as a “terrifying” moment in her clinical work. She said it was “so scary,” and she worried about what she did to the “poor child.” She was afraid that she had hurt her patient, and she did not know how or what to do in that moment. Similarly, Harper shared that it can be scary when “something comes up” in a session, and she was “not really sure how to respond” to it.

The first time Harper’s supervisor stepped in during a session, she was “confused” because she thought everything was “going fine.” She noted that it felt “not great” because her supervisor had emphasized to Harper that she would not step in “very much.” Harper recalled one of her first clinical experiences, working with children with autism spectrum disorder (ASD), when the group became “disorganized,” and she did not know what to do. The supervisor gave her step-by-step instructions, but it was the “worst

feeling ever to feel... disconnected from the group.” She froze instead of responding, making her feel “helpless.”

When asked if she had experienced intense emotional responses in sessions before and how she managed them, Harper recalled a session with children with ASD where she did not feel like she was “doing well,” and that was very frustrating for her. Her frustration affected how she interacted with the clients. She tried to “hide” her frustrations from the clients because they did not “need to see that,” but their parents expressed sympathy for Harper and said their children were “hard to work with.” Harper did not want the parents to think that “their kids were being bad” and felt she was “hiding it better” than she did. Another challenging moment in the same setting was when one of the clients left unexpectedly very early into the session. Harper had “tried really hard to bring things that week that he was gonna like.” She “almost started crying in the middle of the session.” However, she was able to “hold it together,” but she felt that she did not do as well as she would have if she had tried not to cry.

Harper and Gail expanded on challenging client responses. These responses were challenging because, often, they were unexpected by the participants. Other times, the responses were challenging because the participants lost their client’s attention and engagement. Gail had difficulty “pulling back in, getting attention back on, you know, me and the activity that we’re doing together” during sessions. Harper described a “failed session” as when she “lost control” or when she and her clients were “on the same page sort of,” but then they “were off the rails.” When sessions lacked this cohesion, it felt unsuccessful and presented challenges. For example, Harper described a time in her work with children with ASD when there were multiple client responses that she was not

prepared for, including for her intervention to be above the cognitive level the children could participate in, all her instruments being taken away by one of the clients, and for half the group to be disengaged entirely, running around the room. She said, “that was like a lot, and I don’t really remember what happened.”

Harper also had a difficult time balancing and figuring “out how to include everyone in a positive way” when she had clients who were unable to follow directions and be a part of the group. She described a time when her client became “overstimulated” and laid across the instruments or started disassembling the instruments because “it was too loud for him.” These challenging clinical moments often induced negative feelings in the participants.

Theme Five: Juxtaposition of Feelings

The theme, *Juxtaposition of Feelings*, is defined by the mixed emotions participants experienced related to their clinical work, often in juxtaposition with one another. These opposing feelings were related to the treatment process with clients, such as the beginning and end of treatment, but also their growth as music therapy students and future professionals. This juxtaposition was also present in all songs generated by participants in the songwriting phases; therefore, I explored this pattern during the interview phase. The experience of mixed emotions was evident across all interview participants. At times, participants described these contrasting emotions explicitly, and at other times, their emotions were communicated more implicitly at different points throughout the interviews. This theme includes five subthemes— 1) *starting new clinical work is exciting but nerve-wracking*, 2) *closure is bittersweet*, 3) *the future is scary but*

exciting, 4) permission to fail but make no mistakes, and 5) acknowledging growth but still so much to learn.

Starting New Clinical Work is Exciting but Nerve-Wracking

Participants indicated a juxtaposition of feelings related to starting new clinical work. All participants indicated feeling “excited” while simultaneously feeling varying negative emotions about new clinical experiences. Participants illustrated this dichotomy explicitly through the following comments. Claudia associated new clinical work with feeling “nervous but excited.” Harper stated, “it’s a mixture of like I’m scared, but I’m also excited.” Gail said she was “excited to try something new, even if it’s nerve-wracking.”

Regarding positive feelings, both Harper and Gail felt excited about the novel aspects of a new clinical experience. For example, Harper was “excited to work with somebody new.” Gail was excited about new clinical experiences because “if it’s something new, that means I’m expanding my experience and knowledge of, you know, people and my knowledge of music therapy, and how it can work in these different settings.” Interestingly, Gail shared how she felt before and during her first session in her fifth and final clinical experience. She had “fairly high expectations” going into her last clinical placement, and after meeting the clients and her supervisor, she felt she was “going to do well” in that placement. She felt positive and hopeful as she moved forward to a new clinical experience.

Contrasting these positive feelings, all participants elaborated on their anxieties and fears about new clinical experiences. Expanding on her anxiety related to new clinical work, Gail said she did not like “disappointing people.” As previously

mentioned, she also felt “out of place” when starting new clinical work. Claudia and Gail expressed a fear of failure and making mistakes. Claudia was nervous about potentially making a mistake that could affect her relationship with her client. She commented:

What I’m always nervous about... about doing the wrong thing... kind of... I mean, obviously, you always make mistakes, but I just feel like I’m going to make the worst mistake ever. I’m going to offend this person. This person is never going to want to see me again... I don’t know. I think it’ll be through some small thing. Like, I’ll sing the wrong whatever... and that’s just it. That’s the end of it all. So, I’m a little bit nervous that that’s going to happen.

Similarly, when Gail first started leading music therapy sessions, she questioned her abilities immensely and asked herself, “am I ready for this?” She wondered whether she would “fail” and shared, “it’s not a fun thought to have going through your head like, am I going to fail at this?” Gail acknowledged that she would most likely confront those same feelings again when she began her new clinical experiences at her internship.

Harper and Gail also worried about the what ifs of a session. For example, when asked what concerns she had when she first started leading sessions, Harper shared that she worried about “just like the general, like fears of like, what if like I break a string in the middle of the session, or like what if something else terrible goes wrong.”

Additionally, Harper “sort of always” doubts when starting a new placement and shared that she was concerned about her musical and clinical skills when she first started leading sessions. Gail worried, “what if they don’t like what I bring?” when she began leading sessions.

Another negative feeling associated with starting clinical work was that it was “daunting” or “intimidating.” Harper shared that not knowing “how people are going to respond” was a daunting aspect of starting clinical work. Claudia also felt that her clinical work was “intimidating... at the beginning... when I had to first sing... that was really the only part where I felt intimidated, but obviously, that went away quick.”

Closure is Bittersweet

Participants indicated a juxtaposition of feelings related to closure with clients, often describing their feelings as “bittersweet.” Participants described closure with clients as “sad,” “hard,” and “sweet.” One reason participants felt sad was because of the therapeutic relationship formed with their clients. Claudia shared, “we got to know each other,” and described her clients as “more to me than a grade.” Harper and Gail noted how they enjoyed the clients they worked with. Harper commented, “because they were fun to work with, it [closure] was hard.” It was also difficult for Harper because she felt they were “just getting started” with the therapeutic work.

Another aspect participants shared that contributed to their feeling bittersweet about the closure process was their concern for their clients’ progress. Gail shared that closure with clients was bittersweet because she knew they were “gonna go on to do great things,” and she was sad because she could not “be there to see it.” She will miss seeing their progress and continued growth. Harper indicated that it was “hard to leave” but also “good to look back and see” their progress.

The Future is Scary but Exciting

All participants indicated a juxtaposition of positive and negative feelings about their future. In general, there was a sense of excitement about their future but also

apprehension of the unknown. All participants shared their positive emotions towards their future. For Claudia, there was a sense of hope that she could be ready for any setting. Although she recognized the need for more experience, she was looking forward to internship in a few years. Although she was the least experienced student, she did not express any concerns about internship and said she was not “scared.” She felt “very confident” in her ability to complete the rest of her academic and clinical training. Further, she felt “pretty confident” in her ability to eventually become an effective music therapist.

Gail expressed her excitement for her upcoming internship several times, which was only a few months away. She said she was “super” excited to move on towards internship, even though it would be a “challenging and different experience” from her clinical work. She was “ready to start” the next chapter, especially feeling mentally prepared. She was excited to meet her internship supervisors and the therapists she will be working with. She was also excited to work with young adults and “kids” in the future and felt prepared for her internship, having worked with similar clients in her pre-internship work. Overall, she felt she “could be a really good music therapist.”

Harper said she was “just excited to help or support whoever” in the future. Regarding internship, Harper shared that clinical work had given her experiences of what she’s “going to do” in internship, therefore preparing her for the culminating internship experience. Harper also shared that she knows her weaknesses and developed coping skills by working through her “own personal stuff”—both of which she believed will help her prepare for internship.

Participants also shared negative emotions associated with aspects of their future. Claudia was more concerned about aspects of her coursework, such as worrying when she would learn about music therapy documentation. Both Harper and Gail shared concerns related to internship and becoming a professional. They both expressed negative feelings about moving away for internship and questioned whether they were ready. Harper described moving away as “scary,” and Gail said it was “big.” Gail also questioned her ability to finish her internship and stated, “if I fail at this internship, then what do I have... after?” She was concerned about the what ifs and expressed anxiety about the unknown. Even though she previously stated that if she failed, it would be “okay,” the stakes appear to be higher for internship because of the move across states. Highlighting the juxtaposition between their feelings about internship, Harper shared that she did not feel ready mentally but “skill-wise” knew she “could do it.” Similarly, Gail also felt worried but “hopeful.”

Harper tried not to “think about” herself as a professional music therapist because it “freaks” her out to know how soon she would graduate. She shared various reasons for feeling freaked out, such as feeling more supported and more accepting of making mistakes as a student compared to a professional. Also, the thought of moving away for internship and working with people with different philosophies contributed to her not wanting to think about herself as a professional. She noted that becoming a board-certified music therapist is “scarily close” but also “so far” when thinking about her confidence in her knowledge and ability.

Permission to Fail but Make No Mistakes

All participants indicated the sentiment of giving themselves permission to fail, yet they feared making mistakes or expected themselves not to “mess up.” After singing in front of clients and her supervisor many times, Claudia realized that her singing “doesn’t have to be perfect.” She learned she could sing in front of her clients or supervisor, and it would be okay if she made a mistake. While Harper placed unrealistic expectations on herself to not make any “mistakes” musically, she was simultaneously trying to learn to give herself “permission to fail.”

When Gail was asked what she would think about as she prepared for a first session in a new clinical setting, she said she would remind herself to give herself “grace to make mistakes” because she would be nervous. She acknowledged that “mistakes are a part of life.” She said if “mistakes happen and if I fail a couple times... that’s fine.” She would remember that “it’ll be okay” and “what happens, happens.” She also believed it was important to acknowledge mistakes. For example, when she made a mistake in a session, she was “not gonna stop and start over” but acknowledged the mistake and recognized “it’s going to be fine.” She shared, “I think demonstrating that is important.”

Harper and Gail also indicated feeling like they could not make mistakes. Even though both tried to give themselves “permission to fail,” they sometimes felt the opposite. For example, Harper expected to know the music well enough to play it at a “level that’s decent, which means no mistakes.” Gail believed she should be able to “play songs” on the guitar “fairly easily without, you know, flubbing up.” Additionally, she felt responsible for not making mistakes when working with real clients. Gail shared:

As a student, I don't think that's something that we allow ourself—ourselves is that—that grace to mess up, especially when we're dealing with—when we're dealing with, you know, real people with real problems, real issues, real situations. And they're coming to us for support. They're coming to us for encouragement. They're coming to us to be in therapy.

She suggested the gravity of working with real people instills a sense of perfection from some unspoken anxiety about what will happen if they do “mess up.”

Part of this dichotomy of making mistakes depended upon the setting and clients. Gail noted that mistakes were inconsequential in the school setting and private practice. She might acknowledge a mistake and then “just kind of move on, whatever.” By comparison, in the hospital's neonatal intensive care unit, “that small mistake could be, not small at all. It could be absolutely huge, and that is terrifying.” Further, if she caused “something,” it would take her a “very long time to get over, especially if it was something bad.” She said, “it's a lot bigger than my little ‘I'm starting music therapy now brain,’” implying a small mistake could have detrimental repercussions on the patient's health by causing music-induced harm.

Acknowledging Growth but Still So Much to Learn

Participants acknowledged growth in clinical skills, music skills, knowledge, and confidence. Yet, they recognized there was still “so much” to learn, including music skills, flexibility, general clinical skills, confidence, and communication skills.

Participants also indicated needing more knowledge and more experience.

Harper noted how she had improved her musical abilities, going from “I don't know how to do anything” to “I can do stuff.” She acknowledged that growth was slow

but that she was growing. For example, she initially rated her confidence in her musical abilities very low but currently rated herself higher. Harper felt that she had grown in her vocal and guitar skills, and her ability to “like approach percussion” was “definitely better.” She acknowledged that she had grown in her music skills, yet she still felt “very limited in what” she could do, more than feeling like she did not “know how to do anything.” Despite improving on voice, guitar, and percussion, she lacked confidence in her music therapy repertoire, feeling it was not extensive enough.

Gail felt she had improved her guitar and songwriting skills, yet noted that her guitar skills were still not where they needed to be. Writing songs for clients was still hard but “definitely not as difficult.” When Gail was asked how prepared she felt to meet the needs of her clients through music, she acknowledged that there was still “so much” that she could learn, including skills and knowledge she was “not aware of” and “fully aware of, like improv[isation].” Gail insightfully stated she will “always be in a learning spot.” The least experienced student, Claudia, appeared to have the broadest musical needs. Claudia felt her greatest need in leading music therapy experiences was related to her musicianship, including her guitar, voice, and piano skills, and she acknowledged needing to improve in these areas before going off to internship. She did not view herself as a “singer” but stated that she was still learning and that becoming a singer was something she would “have to be.”

All participants indicated a growth in their clinical skills. Claudia and Harper felt they had developed their interpersonal skills. Clinical work gave Claudia the opportunity to interact with clients, such as “being able to sit in front of a client and like introduce myself.” Harper felt she improved her “people skills,” such as listening, patience, and

taking other perspectives. She noted that she “eventually got more comfortable” with her clients. In addition, she was broadening the interventions used in her clinical work. She stated she had “seen a lot more stuff”; therefore, she had a lot more in her “toolbox to work with.” Gail noted her documentation skills had improved. The supervisor for her fifth and final placement expected documentation due the night of the session. However, she noted that “at that point, I was used to it, so it worked,” indicating growth in professionalism and documentation skills.

Both Harper and Gail felt they improved on their clinical facilitation skills. Gail reflected on how the “different clients and people” she had worked with affected her facilitation skills because “that changes obviously with each... group... client... supervisor even.” She recognized that in each placement, both the clients and supervisor have helped her learn clinical facilitation skills. After her “terrifying” experience in the hospital with a patient in the neonatal intensive care unit whose vitals became very unstable, she learned how to observe the client’s responses and how to decrease or increase the stimulation to best meet the client’s needs. She was able to make those clinical decisions during a subsequent session and appeared to be much more confident in that she was able to articulate the procedure, what to do, and what she was observing. Harper also recognized the growth of her clinical facilitation skills. She was “getting better” at leading a session, being in the moment, seeing the session as a cohesive whole, and deciding what to do next. Additionally, she learned “how to juggle a lot of different things at once” from her consistent weekly sessions.

While participants noted improvements in their clinical skills, they also recognized the need for more growth. When asked what her greatest needs related to

leading sessions were, Harper said, “maybe intentionality” and “knowing why I’m doing what I’m doing.” She acknowledged the need to work on pacing with clients because sometimes she had difficulty knowing if an experience needed to be “done yet.” Harper was also trying to push herself to be more flexible. She acknowledged she needed to work on changing her plans, using the tools she has if her “plan totally falls apart,” and being more willing to try new things. Harper recognized she needed to be “willing to try new things and... like listen, slash, observe the clients, and try to follow them more.” She was also trying to learn how to cope with the frustrations she might feel in sessions. Both Claudia and Harper shared they were still learning to be more confident. Claudia recognized that a gap in experience and knowledge prevented her from being 100% confident. When Harper was asked what she believed was her greatest need related to clinical work, she responded, “confidence.”

Theme Six: Learning is Multifaceted

The theme, *Learning is Multifaceted*, is defined by how participants acknowledged a wealth of sources of learning, including their clients, peers, professors, and supervisors. They also indicated learning about themselves, their clients, and about the practice and profession of music therapy. This theme illustrates how clinical experiences are a dynamic source of cognitive and affective learning and growth for participants. The theme, *Learning is Multifaceted*, includes the following subthemes— 1) *connecting theory with practice*, 2) *learning from and about clients*, 3) *learning from students’ support network*, 4) *learning from mistakes and challenges*, 5) *learning about themselves*, and 6) *learning about music therapy*.

Connecting Theory with Practice

Participants described connecting theory with practice and shared their perceived benefits from learning through practice. Participants connected what they were learning in the classroom to their clinical work in ways that helped them understand and process their experiences. Clinical experiences gave them the opportunity to learn skills that could best be obtained by doing it themselves through applying theory and practicing it. Claudia shared, “I’m able to make more connections between when I’m learning in the classroom and like actually doing it.” Harper valued her classroom learning from the first two years of her program. She shared that the “background stuff that they sort of front-load” into the first two years of college was in the “back of” her mind, “informing something.” Further, she stated, “information is valuable, and knowing different ways that we practice is valuable.” Information gleaned from readings helped her in her clinical work, as she alluded to gaining ideas from them. She also shared that in supervision, she could process why a technique or method might have worked in her session through the case studies they discussed.

Gail shared being able to “put to use which [*sic*] you’ve been reading out of your textbooks” was surreal. She shared going from “learning from a book” to being able to “go out in the field” puts a “whole new... spin, a whole new perspective on it.” Gail also shared it was “super interesting” to see the differences between her music therapy professor and her first supervisor in a school setting. They had been talking about “different music therapy philosophies” in school, so her observations from her professor and her first practicum supervisor gave her the opportunity to see how different music therapists have different philosophies and how they “view and facilitate music therapy

differently.” She connected ideas she was learning in the classroom with her clinical work “in action.”

Participants also shared how theory was different or unclear until experienced in clinical work. Claudia and Gail recognized how assigned readings in class differed from actual clinical work. As a result of working with real clients, Claudia learned differences exist between the client and what is read about in “papers” on a diagnosis or setting. She commented, “even if they [clients] have the same diagnosis, like they’re still very different.” Gail shared how difficult it was to learn from research articles. She recalled reading research articles to help try and understand a specific music therapy procedure called multimodal stimulation. When she read about multimodal stimulation, she “was like, what, what?” She read research studies, took notes, highlighted text, or wrote a summary of it, but none of it helped her understand the procedure. She did not understand “why” certain procedures were the way that they were, and she felt like she “should understand the reason why” and she “just wasn’t... happy with it.”

Gail shared that applying theory was not so easy. She learned from clinical work that while she may learn “things” in class when she goes to apply them, and she gets her hands “on actually doing it... it’s whoa, hang on.” She said it “sounds so easy written down,” but that was not “most of the time... it is not so easy.” Applying textbook knowledge can “go one way or the other.”

Learning From and About Clients

All participants indicated an awareness of clients as a source of learning. Claudia shared that she learned the most from just making music with her client, whom she met in person, as opposed to her earlier virtual observations. In reflecting on her work with her

client, she shared, “It’s just... I’ve learned so much.” Harper acknowledged that while closure with clients was “hard,” it was good to know that she had “learned something” from her clients. When Gail was asked what she learned from working with real clients, she said it was a “tough question” and wanted to say “so much.” She said it was “less of like a learning, more of... supporting... just how different... music can affect, you know, every person.” Seeing music therapy in action with real clients seemed to strengthen her understanding of how “music can affect people.”

All participants learned about clients and the nuances of working with humans. While participants indicated a variety of concepts learned from their clinical work, a common thread was the recognition of viewing and treating clients as individuals. As a result of working with real clients, Claudia learned that clients have their own preferences, backgrounds, ways of communicating, and ways of “doing things.” She alluded to an understanding that clients are like all humans, with varying preferences and ways of being. As a result of working with real clients, she shared that regardless of what she read about a specific setting or diagnosis, clients like to “have their own thing.” In other words, “you have to see them beyond” their diagnosis and as an individual. Claudia’s clinical experiences also helped her understand the social, vocational, and residential aspects of her clients, such as where they live, what their day is like, and the friends they have. In addition, she learned that clients may want to have a more active role in the music-making process. She remarked, “clients also want to be part of the music, not just like, listen to it.”

While the focus is often placed on the client-to-therapist relationship, clinical work helped Harper realize how vital the client-to-client relationship is and ways that she

could help facilitate those relationships while recognizing that she cannot “control” those relationships. Harper realized from her client with autism spectrum disorder, who is non-verbal, that “there are different ways of communicating.” Working with him changed her “whole perspective” on making assumptions about a client’s behavior, especially when the client is non-verbal and unable to communicate. Gail observed her music therapy professor’s flexibility, trying different techniques in a session due to a client being upset about being unable to play their own guitar. From this, Gail learned that clients’ “feelings and situations” change, and if a client is “having a bad day,” they may not respond as they have in the past.

Learning From Students’ Support Network

Participants acknowledged that learning comes from numerous external supportive sources related to their clinical work, including peers, professors, and supervisors. Taken together, these individuals comprise a student’s support network. Claudia and Harper indicated learning from peers. Claudia benefited from gaining her peer’s perspectives on hypothetical situations and learned from the examples they provided in class because it gave her a glimpse into experiences she might have in the future. The peer she felt was most helpful was an upperclassman, her practicum partner. Observing the upper-level graduate student lead sessions gave her an idea of what to expect and how to prepare for when she eventually starts leading. Harper also felt she learned from her peers, commenting it was “fun” to see what her “classmates pick[ed] up on” that she did not by “instinct.” It was also “fun” and “interesting” to see her peers lead sessions and interact with clients.

Not surprisingly, participants indicated learning from their professors. Professor anecdotes helped Claudia learn that the concepts being discussed will not necessarily work for every client and that people will respond differently to different methods. Harper noted one of the “biggest things” that she had gotten out of her clinical experiences, connecting to the profession, was talking to her professors “either in supervision after or maybe in planning before” about what other music therapists have done. Additionally, when asked if there were any specific theories, techniques, or methods Harper learned from a session, she said no, but she learned from classes. She recalled learning from a professor who “did music therapy stuff” with them. Gail shared that what was most memorable about her first clinical experience was seeing how her professor moved from one intervention to the next but not understanding why. Gail did not “know a ton about music therapy... at the start.” She later learned the professor was being flexible to meet the client’s needs.

All participants indicated learning from their supervisors. Claudia felt she learned more from in-person sessions because she could have a dialogue with the supervising music therapist, which allowed her to ask questions and learn more than observing pre-recorded sessions. When Harper was asked what clinical experiences she had learned the most from, she noted times when she got “stuck,” and her supervisor would step in to provide support. She stated that her supervisor would “teach me basically in the moment when things were valuable or helped me sort of reign the group in or help me get out of like freeze mode.” Later, Harper would debrief with her supervisor to understand why the supervisor responded how she did in the moment. One of her more challenging clinical experiences helped her learn to trust her supervisor, who gave her step-by-step

instructions to respond when she was in “freeze mode.” She valued her supervisors and shared that her ability to talk and be honest with her supervisors was another “huge skill” that she had improved.

Gail felt she learned the most from supervisors who had high expectations, and she worked to “improve on” what she could from the feedback she received in supervision. In her last school-setting placement, she did not always have a clear therapeutic rationale for her sessions; her supervisor would provide suggestions and teach her. Gail said it was not “review per se, because I was learning.” In the same setting, Gail was asked by her supervisor to bring predominantly new original songs into sessions. The supervisor told Gail to “keep it simple, student” by reusing her original melodies with new lyrics to accommodate her different sessions. She also learned to implement multimodal stimulation during her hospital placement by observing and assisting her supervisor during sessions. The supervisor layered the skills and levels of responsibility from observing to assisting to leading so that Gail became more independent.

Learning From Mistakes and Challenges

All participants shared that they learned from mistakes and challenges. A common thread among participants was the realization that mistakes were a part of the learning process. As previously mentioned, they were learning to accept their mistakes and learn from them rather than trying to be “perfect.” Often, mistakes were intertwined with challenging clinical moments. For example, Gail noted that the placements she learned the most from were the ones where she made a lot of mistakes because she “thrive[d]” and “grew a lot.” Both her hospital placement and her last school placement

were experiences she described as making the most mistakes but also felt were the most challenging. She noted that she learned from her mistakes during sessions and the “paperwork half of things.”

Another commonality among participants was the recognition that music therapy can be challenging. Participants valued challenging clinical experiences, and learned clinical skills and how to respond from those experiences. The two participants who led sessions independently, Harper and Gail, recognized that they learned the most from challenging experiences and grew due to those challenges. While Gail described one of her experiences in the neonatal intensive care unit (NICU) as “terrifying,” she was also grateful for the experience. Gail clarified, “I’m glad it happened because I had a learning experience from it.” Further, she described the NICU as a “cool, challenging experience.” When asked what her key takeaways were from her challenging experiences, she shared that she learned that her clinical experiences were “meant to help me grow and be ready for real-life experiences.”

Learning About Themselves

Participants also learned aspects about themselves from clinical work. They learned unique aspects about who they were as a student music therapist, including both strengths and weaknesses, and their expanding clinical preferences. Claudia learned she could do more than she thought due to her clinical work. When Gail was asked what she learned about herself as a result of her clinical work, she shared that she learned she puts “too much on her plate” and still tried to “finish it all,” which could be a “good thing” or a “bad thing, depending on what it is I’m taking.”

When Harper was asked what she learned about herself from her clinical work, she responded, “kind of a lot.” However, she noted that it was also hard to distinguish between what she learned about herself from clinical work and her classes. The same semester she started her “fieldwork,” she also started classes that addressed identity development, where she learned much about herself. In recalling her challenging clinical experiences working with children with autism spectrum disorder, she learned that she had “limits” when the group became “disorganized,” and she did not know how to proceed. She has also learned that it takes her a “long time to learn things” and that she does not listen but talks “all the time.” She was “very, like, not confident” but found that faking confidence “actually works sometimes.”

Harper also shared that she was “a lot more open to working with different people” than she initially believed. She thought she wanted to work with children and that adults were “not for her,” but after working with children, her perceptions of clients have changed. She said, “it’s not always the most fun either” working with children, and she was “a lot more open to trying something different.” Claudia and Gail also indicated that their clinical preferences had changed as well. All participants shared that they initially wanted to work in a medical setting but have since broadened their views of where they believe they would prefer to work. Harper and Claudia indicated they did not have a clinical preference anymore, and Gail found her passion for working in the school setting.

Learning About Music Therapy

Participants learned about the practice and profession of music therapy. Regarding aspects of practice, participants learned about clinical facilitation and

documentation skills. They were learning how to communicate, be flexible, lead sessions, be therapeutically present, and learn about the therapeutic process through their clinical work. All participants indicated that they were learning how to communicate with their clients. Claudia was unsure of how to communicate with her client but was aware of the client's body language. Harper was learning to give clients "a second" to respond instead of being "impatient" and continuing to talk. She learned that patience is needed to "figure out" what people are trying to communicate.

Harper and Gail indicated that they were learning to be flexible. Harper was learning to adapt in the moment, especially in a group setting, trying to meet many different needs. She was working towards being flexible to meet their needs instead of "just like planning stuff." Both Claudia and Harper indicated that they were learning how to lead. Claudia shared that clinical work has given her the opportunity to lead interventions in preparation for internship. Similarly, clinical work has helped Harper prepare for internship by giving her the opportunity to "run a session."

Claudia and Harper were learning to be therapeutically present, requiring attention and focus on the client. Claudia learned that when she begins leading sessions, she will inevitably miss some "things," including "things" she does not notice or observe, so she needs to use her observation skills to be "extra aware." Similarly, clinical work gave Harper the opportunity to learn how to observe clients and respond to them "in the moment." Claudia indicated a growing awareness of the therapeutic process by recognizing the importance of assessment and developing rapport with a client due to her clinical work.

Participants also learned about clinical documentation skills, including session documentation, planning interventions and sessions, terminology, and the treatment process. Claudia found it helpful to observe how documentation “goes during the session.” Clinical work gave Harper the opportunity to learn how to write progress notes, including formatting and content. All participants learned to plan interventions and sessions. Claudia felt that clinical work helped her develop original interventions. Additionally, virtual observations helped her to learn client-preferred songs and to create session plans. Harper noted that “over time,” she began to develop ideas and interventions for sessions more independently as she worked “with people.” Gail shared that she had a “little notebook” of interventions she “created and practiced and watched and seen.” She could use this notebook as a “fallback” when “something happens” and she needed to “switch over to something else really quick.”

Claudia and Gail noted that they had learned about the profession. The common thread between both was the recognition of diversity within the practice and profession of music therapy. Styles, philosophies, approaches, and definitions vary according to the music therapist, their setting, and who they are working with. Gail also noticed in her placements that each supervisor varied in how much they followed or led the client. Even through virtual observations, Claudia observed how different music therapists in different settings could have different values. She recognized that music therapists have different approaches, which affect how they interact with clients and what interventions they implement. Similarly, Claudia learned that different schools might teach concepts differently. Claudia also learned that music therapy is effective. She observed her

supervisor work with a client who responded very well to using preferred music as motivation. Claudia shared, “I was like, okay, so that [music therapy] works.”

Theme Seven: Intra- and Interpersonal Foundations

The last theme, *Intra- and Interpersonal Foundations*, is defined by the multiple qualities of their interpersonal relationships with peers, supervisors, and clients and their intrapersonal relationship with themselves, including a sense of trust, rapport, balance, expectations, and respect. These relationships were essential and formed the foundation for clinical experiences. At times, these aspects were challenging, while at other times, they facilitated participants’ intra- and interpersonal relationships. This theme includes five subthemes— 1) *building trust*, 2) *establishing rapport*, 3) *figuring out the balance*, 4) *differing expectations*, and 5) *respect and value*.

Building Trust

Participants shared aspects of trust with themselves, their peers, and their supervisors. Trust in themselves appeared to be developing but not fully established. Harper was learning to “trust” that she had done “this [sessions]” before. Claudia and Harper indicated that they did not trust their instincts during specific moments of their clinical work. Interestingly, when asked what advice she would give her younger self when starting to lead clinical work for the first time, Gail would have told herself that “it’s okay to make mistakes,” but she did not think that her younger self would have “listened” or “trusted” herself.

Harper discussed aspects of trusting peers, especially related to co-leading sessions. She felt she knew her co-leader well and vice versa, and they were able to help identify each other’s weaknesses, alluding to a trusting relationship. Yet one challenge of

co-leading with a peer was that it was hard to know when Harper should step in and provide support, and feel comfortable doing so. She questioned, “when should I step in? If I see an opportunity that could be, you know, therapeutic for somebody, or when should I just trust my co-leader that she knows what she’s doing too.” Similarly, she relied on her co-leader to “step in if something is wrong” when she was leading. Harper stated, “I just sort of have to trust her.”

All participants indicated building a mutually trusting relationship with supervisors. As noted in the previous theme, *Finding My Place*, trust in supervisors gave Harper and Gail confidence in sessions because they knew their supervisors were there to support them. There was also a sense of trust that the supervisor would help clients continue to progress after the participants’ clinical experience with them ended. For example, Claudia alluded to a sense of trust with her supervisor when asked about closure with her client. She noted that the client still preferred her supervisor and that the supervisor had a longer relationship, having worked with both clients “for years.” Similarly, in sharing her feelings associated with closure, Gail noted that it was bittersweet because she knew her clients were “gonna go on to do great things” knowing “who they are working with,” presumably her supervisor. Participants alluded to a reciprocal sense of trust between them and their supervisors, where their supervisors also trusted them. For example, Gail noted that it was “fun” taking turns with her supervisor to lead individual telehealth sessions with the older adults. She and her supervisor were able to “chat” in between sessions, indicating a healthy, trusting collaboration between them.

Establishing Rapport

Participants described ways in which they tried to establish rapport with clients by being authentic and approachable, and connecting with clients through music. Harper and Gail tried to establish a rapport or connection with clients by being authentic, including being “as genuine as possible,” “following through” in what they said they would do to demonstrate trustworthiness, being “honest” in their responses to clients, having therapeutic presence by “noticing and remembering things,” knowing and pronouncing names correctly, and “listening to what the clients say.” Gail shared how important it was for clients to connect with what she was doing because if they were “not connecting with what you’re doing, it’s kind of kaput.” Claudia acknowledged the importance of rapport to the therapeutic process when she stated an effective music therapist “really connects with the client.”

All participants described their experiences connecting with clients through music and used songwriting, improvising, singing, playing instruments, and using preferred music to elicit desired responses. Connecting with clients musically was important to Harper. She hoped her clients had positive experiences where they could “connect with the music” during music therapy. One way Harper established rapport with clients was to “get them making the music as fast as possible” by involving them in the music or giving them instruments. She preferred to provide them with instruments because “once they use them once, they get more used to using them again,” thus increasing their exposure and comfort in playing instruments. This approach helped to create a sense of structure and routine that promoted familiarity so that the clients were “ready to play, and they’re ready to be with us.” Further, she felt connected with them when they enjoyed music.

Gail and Claudia noted clinical experiences where there was a lack of rapport. For Gail, this was when she provided telehealth services to a group of older adults due to COVID-19 restrictions. Gail said, “we shouldn’t do that with the elderly” because she was not able to see them, they could not see her, and she could not hear their names. Therefore, she could not “connect with them and... create that therapeutic relationship that’s so important.” This experience negatively impacted her. She said it “hurt... like it hurt me” not to be able to connect with her clients through group telehealth. Claudia expressed that she had not yet established a rapport with her client, noting that “they’re not very attached to us.” She felt the client did not notice her or her practicum partner during sessions when the supervisor was leading. She stated, “once my supervisor is making the music, we’re like... not even there. We don’t even exist.”

Figuring Out the Balance

Participants indicated a need for balance related to relationships with themselves, their clients, their peers, and their supervisors. Gail noted challenges with juggling and being able to balance both academic responsibilities and personal life. She shared that during school, she had to “balance time” with all her coursework of general education classes, her music therapy practicum and documentation, research, and practicing. Her time was split among many different responsibilities, and she appeared to have difficulty with time management. During her last semester, she juggled all her coursework and clinical work, which impacted her ability to get enough sleep, as she shared, “I’d be up until, like, 2:00 in the morning” working on her documentation.

Gail recognized the importance of maintaining a healthy personal-clinical life balance. She acknowledged that it was “important to care” about clients, but it was also

important to not let “what happens in sessions” affect her personal life. Gail recognized she could help clients in their progress but could not “bring... home” what she could not fix or change in a single session. However, she noted the challenges of separating her personal life from her clinical life. For example, when asked what kind of music therapy student she was, she said she was very “caring,” and she had to work very hard to create clear boundaries between her personal life and her clinical work. She tried not to bring her clinical work back into her personal life because she did “end up caring.”

While Gail was concerned about bringing her clinical life into her personal life, Harper shared concerns about the opposite. When asked what was challenging or daunting about clinical work, Harper shared her experiences with burnout, how it had affected her and her sessions, and how it did “not help.” Burnout from school affected her ability to be “present” and “fun or energetic or involved” in sessions because she was “tired” or “emotionally drained.” She felt “bad” when her burnout affected how she interacted with clients in sessions.

Both Gail and Harper recognized the importance of figuring out the balance when co-leading with others, which at times was challenging. When asked what clinical experiences she learned the most from, Harper shared that co-leading with her peer had been “really interesting to sort of figure out that balance.” She discussed how they balanced their strengths and needs regarding who led which music experiences in the sessions. Sometimes, they led a music experience because they needed to work on a specific music or clinical skill. However, they also determined when it was best to let the stronger co-leader in that skill area lead the experience because it would be more beneficial for the clients.

Harper and her co-leader consciously challenged each other by giving each other opportunities during sessions to practice the skills they needed to improve rather than relying only on each other's strengths and doing what they were "comfortable with." Balancing her interactions with her peers was also important to Harper. She noted that she and her co-leader were all in the same classes, so they wanted to "give each other space," but they also needed to figure out how to debrief on their co-led sessions together, so "finding that balance" was important. She found it difficult to reflect and talk to her co-leader about the session afterward because she was concerned her co-leader would think she was blaming her or giving unwarranted advice.

Gail and Harper shared aspects of figuring out their relationship with their supervisors, including boundaries and being able to have honest communication. Gail's hospital supervisor was her most challenging supervisor. She and her supervisor were initially frustrated and disappointed by her inability to lead sessions with her guitar, and that was a "huge obstacle" they needed to move through together. However, Gail implied that she improved her guitar skills enough and figured out what the supervisor was expecting; thus, they were able to work together. She and her supervisor also discussed the differences between their programs because the supervisor did not seem to understand the academic and clinical training of Gail's program and how it differed from hers. Gail stated, "once we had that talk, it seemed to go a bit smoother."

During Harper's placement in the community group for children with autism spectrum disorder, she noted it was "interesting" to "build that relationship" with her supervisor, where she learned a lot from talking with her during supervision. When asked how her clinical work had prepared her for internship, she noted that she was "still

kind of working on” finding boundaries with her supervisors. She gave the example of knowing what she should share with her supervisor, how she should share it, and what was “clinically relevant versus, like, what do I need to do on my own.” Her ability to talk and be honest with her supervisors was a skill that had improved.

Differing Expectations

Participants discussed their and supervisors’ expectations of their music, clinical, and professional skills. At times, these expectations differed, creating challenges to the supervisory relationship, and at other times, expectations were aligned. Musically, Claudia expected to “benefit the client in some way” by providing her client with new musical experiences. As previously discussed, Harper and Gail placed expectations on themselves to not “mess up.” Similarly, Gail’s hospital supervisor was disappointed in Gail’s guitar skills because she should have been able to play songs on her guitar without making mistakes by her fourth placement. However, Claudia’s supervisor expected her to make musical mistakes. Supervisors also expected participants to grow in their music skills, especially guitar accompaniment skills. Harper shared how her supervisors would “encourage” them to provide the music themselves rather than rely on recorded music. Supervisors also communicated expectations that challenged the participants musically. For example, Claudia’s supervisor expected her to sing in sessions earlier than she expected, and Gail’s supervisor expected her to bring in a large amount of original music, which Gail described as “a huge expectation.”

All participants described the clinical expectations of their supervisors, especially the expectation for therapeutic intent. For example, Claudia’s supervisor expected her to “put thought into what intervention I bring.” Similarly, Harper’s supervisors expected

her to be “working intentionally” during sessions by responding in the moment and being therapeutically present. In her first placement, Gail’s supervisor expected her to “pay attention,” emphasizing therapeutic presence. Professionally, supervisors expected participants to be punctual, responsible, attentive, respectful, and to demonstrate a positive attitude. Likewise, Gail expected to have effective “time management and organizational skills to the best of my ability” to give herself time to practice as she considered her upcoming internship.

Claudia and Gail noted challenges with their supervisors related to the lack of awareness of their level or needs as students. Claudia’s supervisor did not seem very aware or sure of what Claudia needed to do for her practicum class. Gail mentioned how sometimes supervisors “forget” that students in their first practicum might not be ready to provide music with their guitar or piano, which presents a challenging situation for students. When Gail was asked if clinical work could be intimidating or overwhelming, she agreed because of her “supervisor’s expectations.” Gail shared challenges related to the high expectations of her hospital supervisor in the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU). Her hospital supervisor was the “most, like, strict” and had much higher expectations than her first three supervisors. For example, her supervisor “expected things to be written in a certain way, formatted in a certain way, delivered in a certain way.” In addition, her supervisor wanted session plans two days in advance, followed by revisions and documentation completed at the end of the day. Gail shared that the expectations were “super stressful.” She also shared that she felt “taken aback” because she “assumed” that her hospital supervisor knew she was

in a new music therapy program and, therefore, was limited in what she might be introduced to, indicating a conflict in their expectations.

While the experience was stressful for Gail, when asked if there was a relationship between the high expectations from her supervisors and those being the experiences she learned the most from, she said, “I for sure think so” because those expectations were clear to her. The expectations were “laid out, more or less.” Gail also indicated her desire to rise and meet the high expectations of her supervisors. She demonstrated resilience, willingness to adapt, and a positive attitude, stating that she would meet her supervisor’s expectations and did not mind “adapting to whatever my supervisors needed from me.” She shared, “even if I fall short, I’m still gonna show that I’m, like, pushing to do my best.” For example, once she and her hospital supervisor talked about the expectations for her clinical placement, she got her “butt in gear” and did her “best to reach those expectations.”

Participants also shared their expectations and assumptions about clients and how their perspectives changed from their clinical work. Claudia was “surprised” by how much older her clients were than her. Harper indicated a change in her assumptions, noting that it was “hard to tell from first impressions,” demonstrating an awareness that assumptions made from first impressions may not be accurate. She reflected on her work with children with autism spectrum disorder and her inaccurate assumptions about a client’s awareness and musical preferences. When asked about a client or clinical experience where her initial assumption differed from what it was like, Harper shared how older adults were “funny” and had “personalities.” They were also more engaged than she expected. In her work with older adults, Gail’s assumptions differed from

experience. She expected the older adults to be more like her grandparents, assuming they could remember her name, and engage and respond more.

Respect and Value

Participants strongly valued their relationships with clients and expressed respect and value for them through their music therapy philosophy. Participants viewed clients as equal stakeholders in their own health and wellness. Harper and Claudia thanked their clients for attending music therapy and making music, implying respect and value for clients and their time. Showing gratitude for their presence acknowledged a basic assumption of client choice. Gail noted how she might create goals for or “with” the client, illustrating an implicit aspect of her philosophy, which valued and respected the client as an equal stakeholder in their health and therapy. Gail liked what “they [clients] add to the session” because they “add so much.” Gail’s respect and value for clients were also evidenced through her intentional use of respectful and person-centered language. For example, she addressed her clients as “my friends” in sessions, especially when “softening a statement.”

Participants indicated aspects of their philosophy that acknowledged a shared humanity. Gail laughed at her mistakes with clients to demonstrate her belief that “I’m just as human as you [clients] are. You’re just as human as I am.” This statement highlighted her humanistic philosophy. She acknowledged that she and her clients were equals and viewed them not just from a clinical lens. When starting a new clinical experience, she reminded herself that “they [clients] are people too.” Harper noted how determining rapport for clients and non-clients was the same, indicating an implicit understanding of a shared humanity. Further, when asked how she thought she was

similar to clients, if at all, she responded, “humans at any age sort of can have their— their own needs or whatever.” Harper also considered clients contextually, outside the clinical setting. She said, “as I got to know my clients, I felt like I could understand them a lot better, just like as a person.”

Similar to the original song “Foundation” from the songwriting phase, participants shared how they and their clients had a shared love of music. For example, Claudia noted how she and her client “both like to sing” and “experiment with instruments.” When asked how she felt similar to her clients, Harper noted that she felt connected and related to them when she saw them enjoying music because “it’s just like something that I can relate to in that way because I love music, too.” In addition, Gail explained how she had similar instrument interests and musical preferences as her clients.

Interview Results Summary

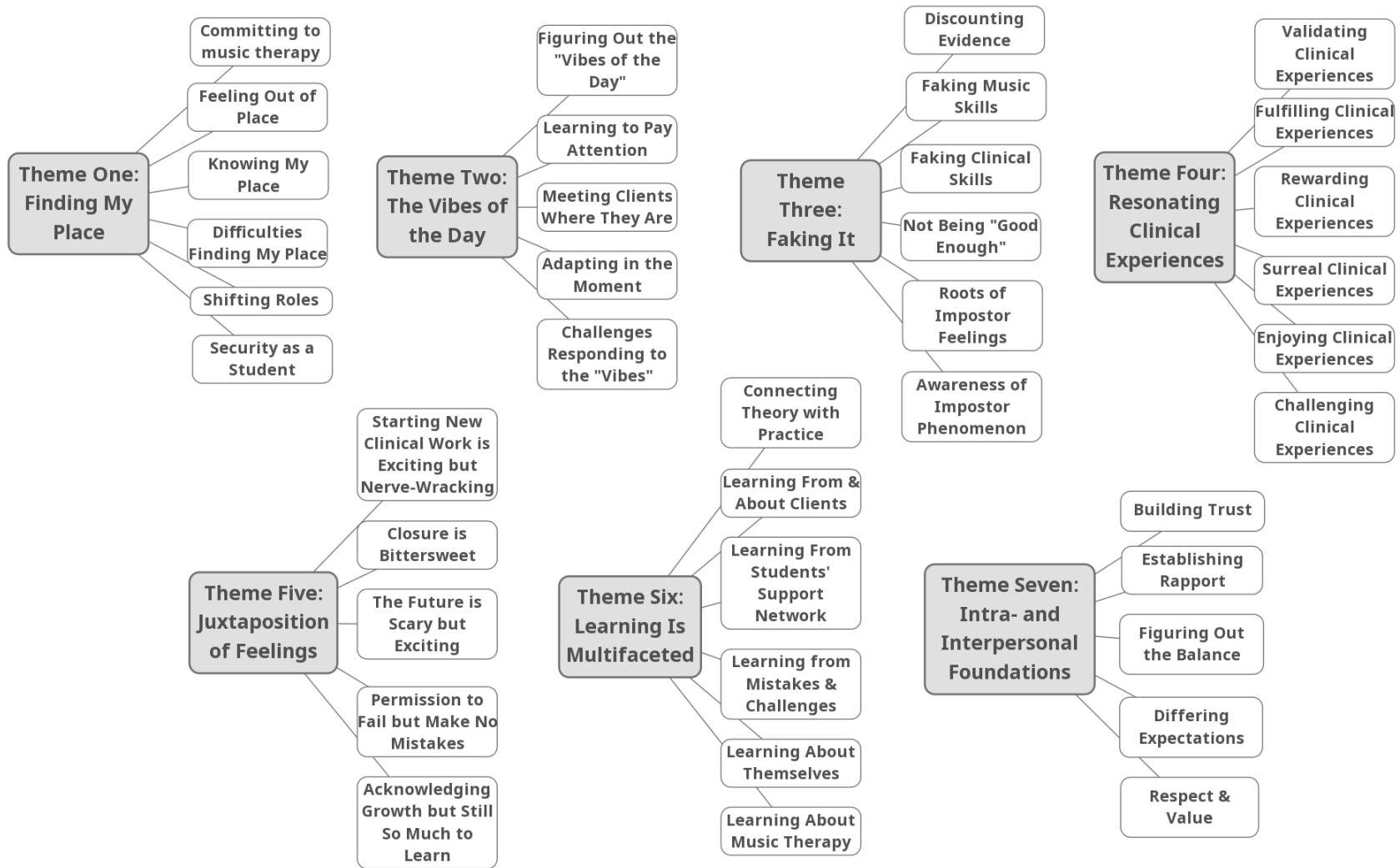
The second data analysis phase included the six phases of Braun and Clarke’s (2022) reflexive thematic analysis (RTA)— 1) familiarization, 2) generating codes, 3) generating initial themes, 4) developing and reviewing themes, 5) refining, defining, and naming themes, and 6) producing the report. Three pre-internship undergraduate music therapy students, recruited from the previous second and third songwriting workshops, self-selected to participate in multiple in-depth interviews— “Claudia” a second-year student, “Harper” a third-year student, and “Gail,” a fourth-plus-year student.

The intensive interviews provided an opportunity to highlight the unique experiences of each interview participant. Additionally, the interview phase allowed me to explore patterns across the data related to the themes I constructed from the participants’ original songs. This sequential analytic process gave me an opportunity to

dig deeper into the themes generated from the songwriting analysis. The influence of the songs on the interview analysis is apparent, as several themes from the songwriting analysis are represented thematically in the interview results. For example, I generated the interview theme, *Faking It*, by exploring songwriting participants' experiences with impostor phenomenon. In the individual interviews, I explored another songwriting theme, *Juxtaposition of Feelings*, which was evident in all the original songs.

I constructed seven themes from the three participants' interview responses—*Finding My Place*, *The Vibes of the Day*, *Faking It*, *Resonating Clinical Experiences*, *Juxtaposition of Feelings*, *Learning is Multifaceted*, and *Intra- and Interpersonal Foundations*. See Figure 3 for a comprehensive visualization of each interview theme and its subthemes. In the next chapter, I provide an in-depth exploration and interpretation of the themes generated from the songwriting and interview phases in relation to the research questions and existing literature.

Figure 3
Overview of Interview Themes and Subthemes



Chapter VI

DISCUSSION

Clinical training is a requirement for all undergraduate students enrolled in a nationally approved music therapy degree program in the United States (AMTA, 2017). However, there exists a lack of understanding of how these foundational pre-internship clinical experiences contribute to a student's evolving development from their perspective. Many researchers have focused either on the perceptions of educators and clinical supervisors (Brookins, 1984; Eggerding, 2023; Jenkins, 2013; Tanguay, 2008; Wheeler, 2000) or student perceptions during their culminating internship or last two years of coursework (Alley, 1978; Clements-Cortes, 2015, 2019; Grant & McCarty, 1990, Madsen & Kaiser, 1999a; McClain, 1993). Pre-internship students are often just beginning to develop skills related to music therapy competencies and experience fewer client interactions than interns. Further, issues of maturity, independence, and flexibility influence how students will process these pre-internship experiences and, therefore, necessitate more empirical research in the literature (de l'Etoile, 2008; Clements-Cortes, 2015; Goodman, 2011).

Many studies related to students' perceptions included both undergraduate and graduate equivalency students who were taking undergraduate classes after obtaining a previous music degree (Baker & Krout, 2011; Dvorak et al., 2017; Gooding & Standley, 2010; Pitts & Cevasco, 2013; Wheeler, 2012). Only a few researchers have solely explored undergraduate music therapy students' perceptions of their pre-internship

clinical work, including their earlier pre-practicum experiences (Abbott, 2017, 2018; Gao et al., 2013; Warren, 2020; Wheeler, 2002). Additionally, many researchers have tended to focus on students' fears, stress, and anxieties related to their clinical experiences (Clements-Cortes, 2015, 2019; Grant & McCarty, 1990; Madsen & Kaiser, 1999a; Moore & Wilhelm, 2019). I found no researchers who had specifically explored undergraduate music therapy students' pre-internship clinical experiences through collaborative songwriting and intensive interviews.

In this chapter, I reiterate the purpose of the study and the guiding research questions and then synthesize the key findings from the songwriting and interview phases to answer my research questions. I highlight the most salient implications for clinical training as it relates to music therapy program directors, educators, and supervisors. I also reflect on my experience using the SLMA method and its perceived value for education, clinical work, and research. Finally, I provide recommendations for future research.

Purpose and Research Questions

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. I implemented a basic qualitative research study, combining an arts-based approach with reflexive thematic analysis methods, to better understand undergraduate music therapy students' perceptions of their pre-internship clinical work. The following research questions guided this inductive design:

1. How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?

2. How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?
3. How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?
4. How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?

Qualitative Research Approach

I collected and analyzed data from pre-internship undergraduate music therapy students through two sequential phases—a virtual songwriting phase and a virtual interview phase. Using purposeful sampling, during the first phase, I invited pre-internship undergraduate students from my current teaching institution to participate in a pilot workshop where they collaborated with peers to create an original song about their clinical experiences. Subsequently, I recruited participants nationwide to attend one of the two songwriting workshops. A total of 15 undergraduate students participated during the songwriting phase, resulting in five collaborative original songs reflecting their pre-internship clinical experiences (see Appendices M, N, O, P, Q, R).

Songwriting participants presented their original songs and provided verbal reflections on the meaning of their songs to clarify their expressive intentions and musical decisions. I analyzed the original songs and verbal reflections using reflexive thematic analysis (TA) (Braun & Clarke, 2022). Additionally, I used two types of music analysis tools to analyze the original songs—the Synchronous Lyric and Music Analysis

(SLMA) developed for this study and a modified version of Grocke's (2007) Structural Model of Music Analysis (SMMA).

With separate analyses for each of the five songs' data sets, I constructed 15 themes, 23 subthemes, and 14 categories (see Figure 2). "Experiences" included two themes—*Conflicting Thoughts and Feelings* and *Process Orientated*. From the song "Foundation," three themes were developed— 1) *Music is the Foundation*, 2) *Cognitive Appraisal*, and 3) *Feeling Lots of Feelings*. From the song "Growth, Not Goodbye," four themes were generated— 1) *Internal Foci*, 2) *External Foci*, 3) *Valuing Clinical Work*, and 4) *Roles*. "On My Way" included five themes— 1) *Juxtaposition of Feelings*, 2) *Starting Out*, 3) *Finding One's Place*, 4) *We're On Our Way*, and 5) *Connecting with Peers*. Finally, "On Track" featured one theme, *Conflicting Thoughts and Feelings*.

During the second data collection and analysis phase, three self-selected songwriting workshop attendees from the second workshop participated in multiple intensive virtual interviews to highlight their individualized voices. Participants included a second-year, a third-year, and a fourth-plus-year student. The individual interviews allowed for greater analytical insight into the clinical experiences of pre-internship undergraduate music therapy students and resulted in seven interviews across 10 hours and 39 minutes. Following the six phases of reflexive TA, I constructed seven themes (see Figure 3) to provide a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students— 1) *Finding My Place*, 2) *The "Vibes" of the Day*, 3) *Faking It*, 4) *Resonating Clinical Experiences*, 5) *Juxtaposition of Feelings*, 6) *Learning is Multifaceted*, and 7) *Intra- and Interpersonal Foundations*.

Trustworthiness is foundational to any constructivist study (Merriam & Tisdell, 2016). I employed numerous strategies to increase my finding's credibility and dependability, including triangulating the data, member checking, peer verification, prolonged engagement with the data, collecting rich data, practicing reflexivity, and maintaining a reflexive research journal. The reflexive research journal provided a clear audit trail of my research methods and analysis. The reflexive journal also allowed me to reflect on the research process, my subjectivities, and the developing analysis. I reviewed the quality of my research methods and analysis for both the songwriting results and interview themes according to Braun and Clarke's (2022) "15-point checklist for good *reflexive TA*" (p. 269) (Appendix S).

Discussion of Findings

As discussed in Chapter Two, the conceptual framework guiding this study was Kolb's (2015) Experiential Learning Theory (ELT), which posits that learners make meaning and construct knowledge from experience through a recursive cycle of concrete experience, reflective observation, abstract conceptualization, and active experimentation. These four modes of ELT are further conceptualized as two dialectical dimensions, "grasping experiences" and "transforming experiences" (Kolb, 2015, p. 51). Grasping experiences include concrete experiences, where learners are "experiencing" through their senses, and abstract conceptualization, where learners are "thinking" about and making sense of those experiences (Kolb, 2015, p. 51).

Transforming experiences include reflection, where learners are "reflecting" on their concrete experiences, and active experimentation, where learners are "acting" upon the previous doing, reflecting, and conceptualizing modes in the ELT cycle (Kolb, 2015,

p. 51). Kolb (2015) asserted that “learning arises from the resolution of creative tension among these four learning modes” (p. 51). In this section, I answer each of the research questions, drawing upon the findings from the songwriting and interview phases, and discuss in context with previous research and experiential learning theory. While I discuss the findings in clear sections related to the specific research questions, many of the themes are connected and may encompass multiple research questions.

Research Question One: Meaning-Making

The first research question was, “How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?” The answer to research question one is that participants made meaning from their clinical experiences through their intrapersonal and interpersonal interactions among themselves, the music, their clients, and their academic support network, namely their supervisors and peers. These meaningful interactions formed the foundation for concrete experiences and active experimentation. In contrast, reflective observation and abstract conceptualization were experienced through the interactions among themselves, their peers, and their supervisors. The role of interactions between the learner and their environment is supported in ELT, whereas Kolb (2015) described learning as a “transaction” between the internal “subjective and personal” and the external “objective and environmental” worlds of the learner (p. 46).

Through this framework, I assert that participants made meaning from their clinical experiences in several substantial ways, each of which I discuss in more detail in the following sections. First, the interactions with themselves, the music, and their clients resulted in resonating experiences that profoundly impacted student learning and

provided the impetus for learning through experience. Second, the interactions among the participants, their peers, and supervisors supported the participants' progression through all modes of ELT by facilitating reflection and conceptualization of those resonating clinical experiences through supportive and trusting relationships. Third, the intrapersonal interaction with themselves was crucial to the learning process, where participants accepted their internal ambivalent feelings related to their clinical experiences. These key findings are evidenced through the themes of *Resonating Clinical Experiences*, *Connecting with Peers*, *Learning is Multifaceted*, and *Intra- and Interpersonal Foundations* and their subthemes.

Resonating Clinical Experiences: A Negotiation Between the Rewards and Challenges

Resonating clinical experiences were created from the interactions with the participants, their clients, and the music through the ELT modes of concrete experience and active experimentation. These types of real-world experiences profoundly impacted the participants, allowing them to derive a deeper meaning from their clinical work. Resonating experiences encompassed both positive and negative feelings associated with their clinical work. However, the commonality was the long-lasting impact of these experiences with clients, whom Gail, a fourth-plus-year interview participant, described as “real people with real problems, real issues, real situations.” Meaning was derived by participants' perceived contributions to the music therapy session, how their clients responded to them, and the music that acted as a mediator between them and their clients. These resonating clinical experiences with clients were rewarding but also challenging, yet participants learned from and valued both divergent experiences.

Rewarding Clinical Experiences. Participants described working with clients as rewarding and enjoyable using words such as “fulfilling,” “rewarding,” “surreal,” “fun,” “awesome,” “cool,” and “exciting.” The terms “resonating,” “surreal,” “fulfilling,” and “meaningful” were first identified during the songwriting phase. Participants from the first- and second-year song, “Foundation,” were inspired to write their song by reflecting on clinical experiences that resonated with them, including the interaction among themselves, the music, and their clients. Cheri, a second-year songwriting participant, explained:

We started talking about like, specific experiences that we’ve had in our, like, in our clinical experience. And like things that, like, resonated with us, and we decided to go like in the direction for the song. Like, music is like what brings us [students and clients] together, and music is like why we’re there.

Further highlighting the role of music in connecting the participants with their clients, Lily, a second-year songwriting participant, shared:

It’s so, like, tense and kind of scary... for I feel like both parties when you first come into music therapy. But with music as the—but like automatically, you and the client have that commonality of being there because you love music, and we all kind of came to that conclusion.

Additionally, in the fourth-year song, “Growth, Not Goodbye,” participants expressed the powerful, positive impacts of the “thrill” and “joy” of working with their clients and seeing their growth. Their clinical experiences were “super fulfilling,” “super rewarding,” meaningful, and felt “surreal.” They also felt excitement about building rapport with their clients and reported, “mostly, it’s just a happy experience.”

These rewarding experiences were explored more deeply in the interview phase, and several related subthemes were generated— 1) *fulfilling clinical experiences*, 2) *rewarding clinical experiences*, 3) “*surreal*” *clinical experiences*, and 4) *enjoying clinical experiences*. In these positive resonating experiences, clients made an impact on the interview participants that was long-lasting and “meaningful.” The positive emotions associated with these resonating clinical experiences were often due to the connection participants made with clients through their musical interactions with them, which they described as exciting, “actually fun,” “fulfilling,” “rewarding,” “really cool,” and “awesome.” Similar to the songwriting participants, the interview participants felt fulfilled when they saw their client’s growth and perceived the clinical experience as personally enjoyable. Their work was intrinsically rewarding when they connected their client’s growth with their own therapeutic actions during clinical work. Participants took ownership of the positive change in their clients and the progress they “made together,” as Gail described.

Rewarding Clinical Experiences and the Literature. Evidence of rewarding clinical experiences is well-supported in the literature (Baker & Krout, 2011; Ballantyne & Baker, 2013; Dvorak et al., 2017; Gao et al., 2013; Jang, 2020; McClain, 1993; Pitts & Cevasco, 2013; Silverman et al., 2018; Smyth & Edwards, 2009; Wheeler, 2002). Wheeler (2002) described students’ clinical experiences as “gratifying” when they saw their clients progress due to their work together and when clients responded positively to them (p. 290). Baker and Krout (2011) reported that music therapy students acknowledged how rewarding music therapy can be when they are able to see their clients “grow and change” (p. 82). Likewise, Dvorak et al. (2017) reported “powerful

moments” experienced by music therapy students when positive client responses made an impact on them as a result of their evolved and more mature relationship with music and because they were the ones to help their clients progress (p. 215). Students described these experiences as “awesome” and “amazing,” mirroring the responses from the participants in this current study (Dvorak et al., 2017, p. 215).

In another study, music therapy students leading and assisting in an intergenerational choir felt accomplished after their collaborative performance, where students conducted, sang, and accompanied the choir (Jang, 2020). One participant shared that the experience was “rewarding,” and another commented it “changed my life a lot” (Jang, 2020, pp. 417-418). Similarly, Silverman et al. (2018) found music therapy students serving as camp counselors for individuals with autism spectrum disorder found their experiences to be “rewarding” (p. 438) and “life changing” (p. 440). In a study of music therapy and music education students, Ballantyne and Baker (2013) reported one student described the experience of working with older adults as “amazing” (p. 77). Smyth and Edwards (2009) reported that graduate music therapy students found their clinical experiences to be a “highlight” because “it’s real and it’s what you’re aiming for,” describing their experiences as “interesting,” “fascinating,” “rewarding,” “affirming,” and “enjoyable” (Enjoyment section).

Challenging Clinical Experiences. While not necessarily associated with positive feelings, participants were also impacted by challenging clinical experiences that sometimes resulted in positive effects and learning. This finding was evident in the subtheme, *learning from mistakes and challenges*. Participants used a myriad of negative words to describe clinical work, such as “hard,” “intimidating,” “daunting,” “scary,”

“terrifying,” and “nerve-wracking.” Yet these experiences contributed to the participants’ meaning-making due to the interactions among themselves, their clients, and the music. The challenging aspects of clinical work were first identified by the songwriting participants who described their clinical work as “intimidating,” “daunting,” “scary,” “tense,” and “stressful,” and pushing them out of their “normal box of musicality.”

Many of these intrapersonal challenges were created from the participants’ internalized feelings about the unknowns of starting a new clinical placement. In four of the five original songs, participants reflected on the feelings associated with starting new clinical work, including fear, stress, and intimidation. For example, in the fourth-year song “On My Way,” participants sang about being “fearful of mistakes.” Moreover, in the song “Growth, Not Goodbye,” participants acknowledged closure with clients was sad, that clinical work was “daunting” and scary, and that they felt “pressed” when there were changes in their clinical work.

Negative feelings associated with clinical experiences were explored more in-depth during the interview phase. Intra-personally, Claudia, a second-year interview participant, and Harper, a third-year interview participant, felt musically insecure and limited in their musical abilities—their musical skills and repertoire were one of their primary and initial concerns related to clinical work because it impacted how they were able to interact musically with clients. Interpersonally, participants shared unique, challenging clinical experiences related to their interactions with clients. These challenges were often related to unexpected client responses, losing client engagement, or not knowing how to respond musically or clinically to clients. These experiences

resulted in several different emotions ranging from terror at the thought of causing harm to a client to feeling frustrated at their difficulty regaining a group of clients' attention. Gail captured the intense, negative feelings that can result from a very challenging clinical situation. She reflected on the first time she provided multimodal stimulation for a patient in the neonatal intensive care unit (NICU):

So, like, the first time was scary... I was doing too much, and the [patient's] heart rate increased dangerously. Oxygen levels were going down. Like, everything was like, completely—the screen was flashing. I was like... what do I do? Like, and it was—it was genuinely terrifying, because literally worse, like worst nightmare. And [the supervisor] was just like, okay, hands—hands out of the thing. Back away. I'm going to go get the nurse, and I was—what did I do? What did I do? So, that was—Oh God, that was terrifying.

Fortunately, the patient's vitals stabilized, although the experience was harrowing for Gail. While not all clinical experiences elicited such heightened emotions, it is clear participants felt a plethora of negative feelings before, during, and after these powerful and challenging clinical experiences.

Additionally, as evidenced in the subtheme, *learning from mistakes and challenges*, participants valued their challenging clinical experiences as a source of learning and self-growth. They recognized that they learned the most from challenging experiences and learned clinical skills, and how to respond to clients in the moment. In reflecting on her experiences in the NICU, Gail noted, "I think at least for—for NICU, that my experiences and placement are—or were meant to help me grow and be ready for real-life experiences." When Harper was asked what clinical experiences she learned the

most from, she said, “probably the times where I would get stuck, and then—especially the ones where my supervisor would do something and then I would have to ask her later about why she did something.” Although Claudia was in an observational and assisting role, she learned that when she begins leading, she will need to be “extra aware” by using her observation skills because she will inevitably miss some “things” in sessions. Further, she learned that music therapy “can be hard.”

Challenging Clinical Experiences and the Literature. Challenges experienced by music therapy students have been reported in the literature. Researchers noted challenges related to students having the necessary musical skills (Smyth & Edwards, 2009; Wheeler, 2002), challenges with their relationship with music (Dvorak et al., 2017), and with learning client repertoire (Gao et al., 2011; Nix, 2015). Researchers also reported student concerns and difficulties in communicating with clients (Baker & Krout, 2011; Ballantyne & Baker, 2013), responding flexibly to clients (Ballantyne & Baker, 2013; Wheeler, 2002), responding to “disruptive” clients (Gao et al., 2011, p. 123), maintaining professional neutrality (Pitts & Cevasco, 2013), establishing rapport with clients, and concerns about their own safety (Baker & Krout, 2011). Researchers also noted the anxiety students experience related to starting new clinical work (Baker & Krout, 2011; Gao et al., 2011; Wheeler, 2002).

Rewards and Challenges in the Literature. Similar to the findings from this study, several researchers have reported on the complex and dichotomous nature of clinical training as being both rewarding and challenging. McClain (1993) concluded, “practicum training can offer exciting, challenging, rewarding, and beneficial learning experiences” (p. 112). Similarly, Baker and Krout (2011) reported music therapy

students were able to express both their “rewarding” and “challenging” experiences from their clinical work (p. 79). Researchers have found students perceived their challenges as “rewarding, particularly as they got to know some older people through the musical experience” (Ballantyne & Baker, 2013, p. 77) and as “immensely rewarding and challenging in a good way” in hospice and palliative care settings (Pitts & Cevasco, 2013, p. 149). Additionally, Dvorak et al. (2017) shared students benefited from their challenges by critically reflecting on them.

Similar results have been found in studies that have included only graduate music therapy students. Smyth and Edwards (2009) noted, “overcoming challenges was satisfying, rewarding and ultimately enjoyable for the student,” including their clinical experiences (Enjoyment section). In a qualitative study of six graduate music therapy students, Miller (2012) explored students’ perceptions of their musical interactions with children and adolescents. Miller (2012) described “breakthrough interactions” as moments where students experienced doubts and anxieties in their clinical work but then experienced moments where their clients responded in “new and positive ways,” resulting in positive emotions for the students (Breakthrough section). According to Miller (2012), breakthrough interactions were “defining moments” for the students because they positively impacted their developing confidence, pre-professional identity, and understanding of music therapy (Breakthrough section). Miller (2012) stated, “it is clear that at certain points in a music therapy student’s fieldwork experience, certain interactions with clients help shape a student’s sense of identity and confidence as a music therapist” (Conclusion section).

These resonating experiences confirm clients' impact on participants through their rewarding and challenging concrete clinical experiences. This finding also aligns with Kolb (2015), who asserted that "learning is by its very nature a tension-and conflict-filled process" (p. 41). These resonating experiences provide the impetus for learning through the musical interactions participants experienced with clients, their own internalized feelings about those experiences, and the negotiated rewards and challenges of clinical work.

Learning Through Supportive Relationships

Participants made meaning from their clinical experiences through the interactions between the self and their support network through all modes of ELT—concrete experiences, reflective observation, abstract conceptualization, and active experimentation. The participants' support network included academic support, such as clinical supervisors, peers, professors, and the clients' support team. Although there were a few interview questions about peers and only one question about their supervisors, participants frequently mentioned their relationships and interactions with their peers and supervisors throughout the interviews. Peers and supervisors facilitated meaning-making by supporting participants during concrete clinical experiences and prompting reflection and analysis of those clinical experiences, allowing participants to experiment actively with their newly constructed knowledge. This finding is evidenced in the themes *Connecting with Peers, Learning is Multifaceted, and Intra- and Interpersonal Relationships*, and the following subthemes—1) *learning from students' support network*, 2) *building trust*, 3) *figuring out the balance*, and 4) *differing expectations*.

Peer Relationships. The importance of peer relationships was first evident

during the songwriting phase, within the theme *Connecting with Peers*, from the fourth year's song "On My Way." Mallory shared how helpful it was to connect with other students in the same part of the academic journey as them and remarked:

We all were discussing before... we're all—because we're all looking at internships right now, and how that felt. And... how stressed we were... we were all, um, I think it was Gail that said like it felt nice to talk to other people that were like in this process. Because, again, all of our programs are very small, so not all of us like have like, seniors that are going through the same thing we are. So, it feels like, very isolated, and so it can be lonely like working towards this goal that you feel like you're working towards alone. So it's actually really nice I talk to them and like see like oh! Hi, you're doing what I'm doing.

While not a separate theme, the participants who co-wrote the song "Growth, Not Goodbye" made similar positive remarks about being able to connect with other participants across the country during the songwriting workshop. These findings support Baker and Krout (2013), who asserted that collaborative peer songwriting provides students the opportunity to normalize their feelings related to clinical work and suggested that collaborative songwriting could serve as a coping skill for the anxiety experienced by students.

As reported in the subthemes, *learning from students' support network*, *building trust*, and *figuring out the balance*, interview participants also shared aspects of their interactions and supportive relationships with peers. Peers were often a part of participants' concrete clinical experiences either by co-leading together or leading sessions where participants were observing or assisting to some extent. Common threads

included observing and learning from upper-level students, as Harper and Claudia suggested. Peers functioned as mentors by modeling how to lead music therapy sessions, giving participants an idea of what they might expect in their future clinical work. Other times, peers functioned more as colleagues through shared clinical experiences, which helped participants reflect on and understand their own strengths and needs. Highlighting this shared experience, Harper noted:

Being in fieldwork, because it's like such a vulnerable thing, has really like, been like a shared thing that me and my classmates have been able to have. So that's like helped me build like that support which is gonna—hopefully my friendships last after—after school.

Further, peers provided support during sessions, and while they may encounter communication challenges while co-leading with peers, such as knowing when to step in and provide support or debriefing on the session afterward, it was also a beneficial and enjoyable experience.

Peers often facilitated reflection and conceptualization of clinical experiences. Peers provided encouragement and feedback, supported each other's growth, and provided a platform for sharing ideas. The need to be supported was very important, as Harper noted she did “worse at supporting others” when she was not in a place where she felt supported. Harper shared how she and her peers would “talk” and “bounce ideas” off each other. Similarly, Gail had “one music therapy peer” to whom she “would constantly throw” her ideas at to get her opinion and feedback. Gail would seek input on “ideas” and “songs” and tried out session plans on her peers, though she recognized that what her peers sometimes thought the clients would “attach onto” differed from what happened in

the session. Peer relationships also extended past their own music therapy programs and included peers pursuing music degrees in other areas or pursuing music therapy in other degree programs. While participants compared themselves to other students at times, overall, peers were a great source of support for students.

Peer Relationships and the Literature. Several researchers have explored the role of peer support in the training of music therapy students through collaborative learning groups (Luce, 2008), music therapy peer support groups (Lin, 2014; Milgram-Luterman, 2000), collaborative peer songwriting (Baker & Krout, 2012), study abroad experiences (Keith, 2017), and through the lens of student development (Dvorak et al., 2017). Dvorak et al. (2017) noted student growth through interpersonal experiences, especially shared clinical experiences with peers. Keith (2017) described students' expansion of knowledge about the practice and profession of music therapy through peer learning.

Milgram-Luterman (2000) found participation in a music therapy peer support group helped senior music therapy students grow personally, professionally, and academically and created a more supportive learning environment. Additionally, Lin (2014) explored the benefits of participating in an Asian music therapy peer support group. Lin (2014) reported several benefits, including opportunities for resource sharing in preparation for their clinical work and building social connections despite the challenges they experienced as international students.

As noted in the literature and through the findings of this study, peers are a vital source of support for students, and they can enhance students' abilities to make meaning and learn from their clinical experiences. Peers offer unique interpersonal relationships

because of their shared clinical and academic experiences. Peers can facilitate reflection and conceptualization through dialogue, feedback, and experimenting together.

Moreover, peers can support each other's strengths and weaknesses when co-leading, while more experienced students can mentor beginning students.

Supervisor Relationships. The most influential academic-based interactions discussed by participants were their relationships with their clinical supervisors, which were both supportive and challenging. Clinical supervisors provided support throughout all modes of the ELT cycle. During concrete clinical experiences, supervisors provided a sense of security for participants by assisting in the moment when participants did not know how to proceed due to a client's unexpected responses. Harper recognized how valuable this support was by noting that the moments when her supervisor needed to assist her during a session were essential teaching moments for her. Gail recalled how she learned to provide multimodal stimulation for infants in the neonatal intensive care unit through a scaffolded approach by her supervisor, where she learned different aspects of the procedure incrementally. This hands-on experience with her supervisor helped her learn and understand the procedure more effectively than when she tried to understand the procedure through readings alone.

Supervisors also provided opportunities for reflective observation by leading sessions while the participants observed or assisted. Supervisors facilitated reflection through verbal debriefing after music therapy sessions. Supervisors asked questions, prompting participants to recall what they observed, what they were assessing, and what thoughts they had during the session. Supervisors prompted higher-level analysis and conceptualization of participants' clinical experiences through discussions prior to

sessions and by giving them feedback on session plans, which sometimes required participants to think very quickly about adjustments that needed to be made right before a session. Supervisors provided verbal feedback on participants' sessions and asked questions that prompted them to evaluate their clinical decisions and consider what they would do differently, facilitating abstract conceptualization.

Participants were given the freedom to actively experiment by developing their own music therapy goals for clients and by taking on leadership roles during sessions. Through receiving support from supervisors throughout all modes of ELT, participants learned specifically about clinical facilitation skills, clinical decision-making, the therapeutic process, differing styles of music therapists, music therapy concepts, documentation, and using music as a therapeutic tool. Essentially, supervisor support allowed participants to learn more about the practice and profession of music therapy.

Participants also noted challenges to the supervisory relationship in the interview subtheme, *differing expectations*. Participants implied there was a disconnect at times between their clinical and music skills and what the supervisors expected the participants to be able to do. For example, in Gail's first clinical experience, she felt the supervisor "threw" her into the assisting role. Similarly, in Harper's first clinical experience leading sessions, she described how her supervisor "chose not to" actively support her, and she faced difficulties being able to "find" her place to keep the session flowing. Harper shared:

There were very few sessions where I did all of it. My supervisor tended to have to support me—actively support me through a lot of my sessions. So, the times that she chose not to... were difficult to like, sort of like, find my place again

almost. And like, make it—make the session continue to move somewhere because that was sort of like one of the challenges she gave me, was like, make sure things are connected, and there's like, something is happening so that it can work.

The same supervisor told Harper she needed to “take charge” when the clients’ parents became disruptive. She was being asked to be assertive in that situation, and it is interesting that her supervisor did not provide more support for her, considering it was Harper’s first clinical experience leading sessions.

Claudia and Gail indicated that supervisors might not be aware of music therapy students’ needs and skill levels. In Claudia’s case, the music therapist was new to supervision. Claudia appeared to feel overwhelmed when asked by the supervisor if she had any ideas for goals for her client because she did not know “what the client wants or anything.” Claudia was not sure “what else” to do except play songs for her client. Determining the client’s therapeutic priority was difficult for Claudia, especially without supervisor support.

Additionally, Gail mentioned how supervisors can “forget” that a first-time practicum student may not be able to play an accompanying instrument yet, but their supervisor might ask them to provide some music. The student then must navigate that situation. Gail alluded to similar experiences in later practicum work when she stated she did not “mind... adapting to whatever” her supervisor needed, but the supervisor seemed to think that Gail should have already obtained a certain level of knowledge or skills that she did not have and that was “a difficult thing” they had to “work through together.” Further, Gail noted instances where her “strict” hospital supervisor gave her feedback in a

way that was not “nice,” and she questioned the supervisor’s judgment while reflecting on a specific moment in her clinical work.

Despite these challenges, participants indicated a sense of developing trust with supervisors, which gave them confidence and security in their clinical work. For example, participants felt safer and secure in their work, knowing that their supervisors were there to provide support when needed. These findings highlight that supervisor responses and behaviors can support and challenge students in their clinical work. Gail illustrated the need for a balance between support and challenges from supervisors. She stated:

When we met our supervisor, it was just like... I’m going to do well here. This is going to be good for me because the challenges weren’t things that could potentially, you know, put—put me in a—in a negative mental state. But they were things that were going to, you know, test me and my abilities, my skills, and that was like, yes, yes!

Supervisor Relationships and the Literature. Summer (2001) discussed the need for supervisors to balance challenging students while ensuring they can succeed in their clinical work. This balance requires supervisors to turn first-time practicum students’ inevitable mistakes into learning opportunities through prompted self-reflection and “self-evaluation” (Summer, 2001, p. 80), which highlights the role of supervisors in facilitating ELT modes of reflective observation and abstract conceptualization. Summer (2001) wrote, “as their teachers, it behooves us to ensure that self-reflection allows our students to learn and mature, not to make them feel inadequate” (p. 85). Forinash (2019) defined music therapy supervision as:

A relationship, one in which both supervisor and supervisee actively participate and interact. It is a process of unfolding, with twists and turns and missteps along the way. Hopefully, both supervisee and supervisor will leave the relationship transformed in some way. We must take care to develop a relationship that can allow and encourage questions and challenges from both participants. (p. 3)

Forinash's (2019) definition of supervision mirrors Kolb's (2015) model of ELT, whereby learners interact with their environment through transactions—meaning both the supervisor and the student are irrevocably changed. Kolb (2015) used the term “transaction” intentionally to connote that in ELT, both the learner and their environment, “once they become related... are essentially changed” (p. 47).

Given the complexity of supervision in clinical training, it is not surprising that supervision in music therapy has been written about extensively from the viewpoint of educators and supervisors (Eggerding, 2023; Forinash, 2019; Gooding & Rushing, 2022; Silverman, 2014). However, several researchers have investigated music therapy student perspectives on supervision (Imeri & Jones, 2022; McClain, 1993; Wheeler, 2002; Wheeler & Williams, 2012), graduate student perspectives (Miller, 2012; Nix, 2015; Pollard, 2018), and several have researched pre-interns or interns and clinical supervisors in the same study (Kahler, 1998; Knight, 2008; Lim & Quant, 2019; Novak, 2016; Peebles, 2020). Several researchers have indicated that music therapy students value their supervisors' feedback (Wheeler, 2002; Wheeler & Williams, 2012) and have acknowledged the crucial role of supervisors in helping students develop their skills (Kahler, 1998) and process their “intense and memorable” clinical experiences (Smyth & Edwards, 2009, Discussion section).

The ability of supervisors to facilitate and hinder the learning process by supporting or challenging students was reported by McClain (1993), where students wanted supervisors who were supportive and genuine and met their needs by demonstrating respect. Yet students acknowledged a supervisor's lack of ability and personality could result in a "negative experience" (McClain, 1993, p. 84). Similar to the findings of this study, McClain (1993) reported students felt they benefited from supervisors who modeled techniques and approaches, helped them learn more about themselves, and provided feedback after sessions.

Similar sentiments were echoed by Miller (2012), who asserted that graduate music therapy students appreciated their supervisors when they supported them. While the participants in this current study did not indicate feeling judged by supervisors, Miller (2012) also found that supervisors influenced a student's sense of efficacy by increasing doubt and anxiety among students at times, especially when the student felt judged. However, Miller (2012) reported that supervisors can help students feel safe and secure in their clinical work by clarifying their intentions for stepping in during a session.

In a more recent study, Peebles (2020) confirmed the role of supervisors in hindering or supporting student learning by examining the relationship between supervisor and intern personality traits and the perceived quality of the supervisory relationship. The results indicated a correlation between a higher NEO-Five Factor neuroticism score in interns and supervisors and the perception of feeling less safe in the supervisory relationship. In contrast, Peebles (2020) reported that supervisors who scored high in "conscientiousness" (p. 126) and "openness to experience" (p. 127) personality traits were positively correlated with supervisors' perception of commitment

to the intern and their needs. In other words, supervisors who created a safe and trusting environment and were committed to being attentive, open-minded, and supportive of interns' needs increased the perceived quality of the supervisory relationship and experiences.

While personality traits may impact supervisory relationships, researchers have also investigated the experiences and perceptions of music therapy students identifying within a marginalized community (Imeri & Jones, 2022; Warren, 2020). Imeri and Jones (2022) explored the supervision experiences of five Black music therapy students related to discussions around race and racism. Researchers reported the majority of Black students were uncomfortable and fearful of discussing race with their supervisors and experienced “racism, retaliation, and harm” from their professionally and racially privileged supervisors (Imeri & Jones, 2022, p. 178). Imeri and Jones (2022) stressed the urgency of which supervisors must be aware of their privilege and the need for supervisors to validate Black student’s experiences, take genuine action, and become an ally by “listening to marginalized voices, not listening to defend, but listening to *understand*” (p. 180).

In an exploratory survey study, Warren (2020) reported that 25% of music therapy students with invisible disabilities or invisible illness (II/ID) did not disclose their condition to supervisors for “fear of discrimination and judgment” (p. 213). These findings are concerning, given that supervisors and educators have an ethical responsibility to develop and advocate for cultural responsiveness in music therapy training and within the profession (Bain, 2023). Supervisors must create a safe, respectful, and supportive learning environment for students to learn and benefit from

supervision and their work with clients. Yet, Imeri and Jones (2022) and Warren (2020) shed light on additional barriers and challenges faced by Black music therapy students and students with II/ID in feeling safe and supported in their supervisory relationship.

While one interview participant in this current study identified as Hispanic and nonbinary, and another participant disclosed having a diagnosis of cerebral palsy, these facets of their identities were not explored. More research is needed regarding the intersection between supervision, clinical training, music therapy students, and varying racial identities, gender identities, sexual orientations, religious beliefs, and abilities. A supportive supervisory relationship is vital for music therapy students, as evidenced in this current study and further supported in the literature. The supervisory relationship can have detrimental or empowering impacts on student growth and is built upon mutual trust and respect.

Accepting Ambivalence

Participants made meaning through the intrapersonal interactions within themselves through an internal awareness and acceptance of the ambivalent feelings they experienced related to their clinical work. This experience of contradicting feelings was first identified as a recurring thread throughout the several original song themes— 1) *Juxtaposition of Feelings*, 2) *Conflicting Thoughts and Feelings*, and 3) *Feeling Lots of Feelings*. Songwriting participants consistently described their experiences in terms of opposing emotions. These conflicting feelings were often related to starting new clinical work or closure with clients—the beginning and end of the therapeutic process. For example, in the song “Growth, Not Goodbye,” participants described clinical experiences as “exciting, but also daunting” and closure with clients as “bittersweet.” Participants

were aware of these ambivalent feelings and indicated an acceptance that it was an inherent part of the process.

For example, in the song “Experiences,” participants shared that working with new clients can be intimidating, but feeling a “bit on edge is normal” in clinical work. In the song “Foundation,” participants shared that starting new clinical experiences can be “tense and kind of scary,” but that music was there to help alleviate their fears, implying music was a healthy coping mechanism. In the song “On My Way,” participants expressed feeling excited but also scared, uncertain, and “ready to create, but fearful of mistakes.” While they acknowledged these opposing emotions, they also expressed, “I’m ready, I’m on my way,” conveying a readiness to move forward, even if anxieties exist. Vanessa, a first-year songwriting participant, illustrated the inherent nature of clinical work to produce such dichotomous emotions when she shared, “[we] really wanted to convey that while it’s also a scary thing, and it can be maybe out of your comfort zone or out of your normal box of musicality... sessions are also super fulfilling, super rewarding.”

The two distinct types of clinical experiences that elicited strong, ambivalent feelings, starting new clinical work and closure with clients, were explored more in-depth during the interviews. These were evident in the interview theme, *Juxtaposition of Feelings*, and the following two subthemes— *starting new clinical work is exciting but scary*, and *closure is bittersweet*. All interview participants felt excited and anxious about starting new clinical work. By exploring the source of these conflicting feelings, participants shared they were excited to work with new people and to expand their knowledge and experience in music therapy, but they were anxious about failing, making

the “worst mistake ever,” “doing the wrong thing,” “disappointing people,” and offending their client, and worried about “what if” scenarios. Claudia hinted at catastrophic thinking (Winston & Seif, 2022) in that she worried “some small thing” would be the “end of it all” and noted that she tried to “ignore” those feelings. Participants also elaborated on how closure with clients felt bittersweet because they had built a therapeutic relationship with them, yet they would not be able to see their clients progress in the future.

Other ambivalent feelings also became apparent during the interview phase in the subthemes— 1) *the future is scary but exciting*, 2) *permission to fail but make no mistakes*, and 3) *acknowledging growth but still so much to learn*. For example, participants felt both positively and negatively about their futures. While there was a sense of excitement about the future, they expressed concerns, especially Harper and Gail, as they considered their culminating internship. Participants also felt ambivalent about making mistakes. They recognized that mistakes were a part of the process and were trying to give themselves “permission to fail,” but they all worried about making mistakes. The gravity of working with “real people with real problems” appeared to contribute to these ambivalent feelings. Additionally, while they recognized growth in their clinical and music skills, knowledge, and confidence, they felt there was still so much to learn.

While Claudia hinted at ignoring her more negative feelings, overall, participants implicitly indicated acceptance of their ambivalent feelings. For example, they engaged in strategies to help them prepare mentally to cope with the anticipatory anxiety of starting new work, such as reassuring themselves that “what happens, happens,”

reminding themselves that mistakes happen, and acknowledging that clients are “people too.” Harper illustrated this awareness and acceptance of her ambivalent feelings about starting new clinical experiences.

It definitely makes me anxious sometimes, and I sort of always doubt. But then I also am excited to work with somebody new, and I’m like learning to, like, trust that I have done this before. So, it’s definitely less scary now to start somewhere new than it was the very first time that I started. And—and knowing that I can trust my supervisor as well, and... sort of lean into that. So, it’s a mixture of, like, I’m scared, but I’m also excited.

Regardless of their conflicting feelings, interview participants felt they had the ability to complete the rest of their training and become effective and professional music therapists, indicating their ambivalent feelings did not have long-lasting negative impacts on them. Rather, they remained positive and goal-oriented.

Ambivalence and the Psychology Literature. Growing interest within “second wave” positive psychology is the role of both positive and negative emotions in promoting well-being, including the dialectical experience of affective ambivalence (Lomas & Ivztan, 2016, p. 1753). Affective ambivalence is defined as the “simultaneous experience of oppositely valenced emotions, such as happiness and sadness” (Leunissen, 2023, para. 1) and has been referred to in the literature as “mixed emotions,” “emotional complexity,” “dialectical emotions,” and “emotional ambivalence” (Oh & Tong, 2022, p. 283). While affective ambivalence is less researched compared to specific emotions, there has been a surge of interest in the topic of affective ambivalence, with many researchers exploring whether individuals experience emotions simultaneously or

whether they “vacillate” between multiple emotions (Larsen & McGraw, 2011, p. 1098). Interestingly, affective ambivalence has been established as a universal experience (Vaccaro et al., 2020), though there may be variations among cultures in how ambivalent feelings are conceptualized (Lomos, 2017).

Compounding evidence suggests people can experience conflicting emotions simultaneously (Larsen et al., 2001; Larsen & McGraw, 2011; Oh & Tong, 2022). For example, researchers have confirmed the co-occurrence of contrasting emotions such as happiness and sadness (Larsen et al., 2001), anxiety and love (Trampe et al., 2015), and joy “tinged with sadness,” which is often labeled as nostalgia (Leunissen, 2023, p. 3). Furthermore, in a study of emotions in daily life involving 11,572 participants, Trampe et al. (2015) reported participants experienced mixed emotions (33% of the time) with more frequency than only negative emotions (16% of the time). Most relevant to the findings in this current study is the evidence that mixed emotions are thought to occur in “emotionally complex situations” and may have adaptive attributes (Larsen et al., 2001, p. 685).

Larsen et al. (2003) proposed the coactivation model of healthy coping, which posits that confronting and accepting negative emotions, as well as positive ones, is part of coping with stress or adversity in a way that promotes well-being. Specifically, Larsen et al. (2003) asserted that for stressors to result in a beneficial health outcome, there is an “optimal balance” of positive and negative emotions (p. 218). Interestingly, there is a relationship between the severity level of a perceived stressor and the optimal level of positive emotions. More severe stressors are associated with more negative emotions, whereas mild stressors are associated with more positive emotions. However, all

stressors include experiencing both the “good with the bad” (Larsen et al., 2003, p. 220). Larsen et al. (2003) stated, “coping depends not only on grappling with the stressor, but also on coming to grips with and gaining insight into it” (p. 221).

In other words, the coactivation model of healthy coping suggests that positive emotions help individuals confront and accept negative emotions experienced in stressful situations, thus promoting resilience. Wang et al. (2024) defined psychological resilience as “the capacity for recovery and ‘bouncing back’ from adversity or significant sources of stress... a personal trait that can be developed” (p. 2). Support for the coactivation model of healthy coping through ambivalent emotions includes a number of research studies suggesting ambivalence may facilitate meaning-making (Berrios et al., 2018), promote psychological well-being (Adler & Hershfield, 2012), increase creativity (Fong, 2006), increase judgment accuracy (Rees et al., 2013), and is associated with dialectical thinking and decreased cognitive biases (Schneider et al., 2021). Berrios et al. (2018) found mixed emotions positively affected participants’ “eudaimonic wellbeing,” which is associated with an individual’s sense of purpose and meaning in life (p. 841).

Rothman et al. (2017) suggested that the positive benefits of ambivalence result when individuals do not try to avoid or “quickly resolve” their ambivalent feelings but rather accept them (p. 43). Rothman et al. (2017) asserted that ambivalence elicits better decisions and outcomes by promoting “mindful behaviors” such as a “careful questioning of existing assumptions... producing a more nuanced picture of a situation and can thus point to more appropriate eventual action” (p. 45). Ambivalence has the potential to help individuals see the positive of a given negative situation and to make meaning from it by

promoting resilience and thus increasing well-being (Larsen et al., 2003; Miller, 2022; Rothman et al., 2017).

Ambivalence and the Music Therapy Literature. Very few researchers have reported on the mixed or ambivalent feelings experienced by undergraduate music therapy students. Grant and McCarty (1990) found that in months five and six of internship, music therapy interns experienced “mixed emotions... sad yet excited, exhilarated yet exhausted” (p. 115). While not a major theme or category in their results, both McClain (1993) and Baker and Krout (2011) briefly mentioned students experienced mixed feelings related to their clinical work, and Baker and Krout (2013) asserted that collaborative songwriting could help students express “internal ambivalence and conflict” (p. 143). Researchers have also reported that students feel both excited and nervous about starting new clinical work (Baker & Krout, 2011; Wheeler, 2002). Indirectly acknowledging affective ambivalence, Dvorak et al. (2017) reported that students experienced a conflicting “love/hate relationship with music” in their model of music therapy student development (p. 209).

The only researchers to directly report this phenomenon in their findings were Seah and McFerran (2016), in a phenomenological inquiry exploring the lived experiences of five new music therapy professionals. One of the primary findings from their study was “feeling ambivalent,” where new professionals felt excited but nervous and “lonely but not alone” in their transition into professional practice (Seah & McFerran, 2016, p. 360). Similarly, Miller (2012) reported on “breakthrough” music therapy moments, where graduate students experienced initial doubt and anxiety in their work with clients right before witnessing client growth, which elicited positive emotions

(Breakthrough interactions section). However, neither of these studies included undergraduate music therapy students.

There were no identified studies in the literature investigating resilience among music therapy students, but one study reported resilience and persistence as a qualitative finding among undergraduate and graduate students. Dvorak et al. (2017) noted resilience was part of a student's evolving relationship with music within their emerging theoretical developmental model of music therapy student development. Dvorak et al. (2017) asserted, "the path toward success as a music therapist does not always come from enjoyment, but from developing the ability to cope with negative experiences" (p. 208). Additionally, Shah (2022) and Seah and McFerran (2016) both reported on the importance of resilience in their explorations of the transitional experiences of newly graduated music therapy professionals.

The results from this current study suggest music therapy undergraduates are aware of and accept ambivalent feelings related to their clinical work, demonstrating resilience. Moreover, writing songs with their peers gave participants the opportunity to explore their ambivalent feelings related to clinical work in a way that may not have been possible through words alone (Baker & Krout, 2012). These findings and the pervasiveness of which participants experienced a juxtaposition of feelings related to the many different facets of their clinical training bring to light an understudied aspect of music therapy education and training that deserves more attention—ambivalence and the role of resilience.

Research Question Two: Self and Pre-Professional Identity

The second research question was, “How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?” The answer to research question two is evident across two key findings: 1) Becoming a music therapist is an affective process, at times distraught with negative emotions, yet clinical experiences validate and affirm students’ decision to pursue music therapy, and 2) Impostor feelings are prevalent among music therapy students. They experience impostor feelings at all points in their academic journey. Impostor feelings appear to be related to academic and clinical training transitions, the ambiguity of the practice and profession of music therapy, and their own musical insecurities. In this section, I discuss the affective process participants experienced when finding their place as a music therapy student and the prevalence of impostor phenomenon-related feelings and characteristics among the participants.

Becoming a Music Therapist: An Affective Process

A recurring theme among the participants was related to the process of becoming a music therapist, which involved reflecting on their feelings about starting new academic and clinical training experiences, where they were in their music therapy program, and thinking about their future selves. While participants indicated experiencing an affective journey, at times distraught with negative emotions, clinical experiences appeared to validate and affirm participants’ decision to pursue music therapy.

Songwriting Participants and Affective Journey. In the initial songwriting phase, this overarching pattern was evident across academic levels, including two fourth-year student songs, “Experiences” and “On My Way,” as well as the first-year student

song “On Track.” The themes generated related to their academic journey included—1) *Place in the Process*, 2) *Starting Out*, 3) *Finding One’s Place*, 4) *We’re On Our Way*, 5) *Professional Identity*, 6) *Self-Direction*, 7) *Process Oriented*, and 8) *Feeling Lots of Feelings*, and several subthemes— 1) *come this far can’t go back*, 2) *lost*, 3) *getting there*, 4) *victory in the end*, 5) *on track*, and 6) *I can’t see me in the real world*. Students expressed their feelings related to their place in the process across four subthemes— 1) *I’ve never felt so stressed*, 2) *feeling overwhelmed*, 3) *upward looking*, and 4) *feeling hopeful*.

In the songs “Experiences,” “On My Way,” and “On Track,” the participants expressed their negative feelings but also communicated a sense of hope through positive affirmations towards the end of their songs, portraying a musical emotional arc. For example, in the song “On My Way,” Gail shared how the “first steps” into anything can be “scary,” including at any level of academic and clinical training. While they noted “feeling out of place” when starting new clinical work, they indicated a sense of moving forward at the end of the song, singing, “I’m ready, I’m ready, I’m on my way.” Participants also expressed an emotional arc in the song “On Track.” Participants indicated feeling stuck, lost, and overwhelmed by the “mountain left to climb” in their academic journey. However, the song title, “On Track,” connoted that the participants felt they were headed in the right direction and affirmed this verbally when Claudia named the song, “‘on track’ to have like a plan from... train tracks, but also like musical tracks... and then also I’m on the path.”

Similarly, in the song “Experiences,” students expressed feeling stressed and pressured, indicating they felt like they were in “another test.” Further, they shared that

they could not envision themselves “in the real” world. In reflecting on the song, Chad stated, “I mean... kind of the whole degree major is a process... kind of the whole field is a process, so if it’s always different or it feels... like you’re a bit on edge, like just, just know that’s normal.” The participants also attempted to convey a positive outlook when ending the song with the lyrics, “I’m moving on, I’ve never felt so thrilled.” These songs indicated that participants initially felt intense negative emotions, yet, in the end, they felt positive and hopeful about the next part of their academic journey.

Interview Participants and Affective Journey. The affective journey was explored during the interview phase. As evident in the theme *Finding My Place* and its subtheme, *committing to music therapy*, two interview participants, Claudia and Gail, shared moments where they felt like leaving the major, which was initiated by negative feelings at different points in their academic journey. While Claudia did not go into depth into why she considered changing majors, it appeared to be related to her feelings about her voice and guitar skills, which she described as “terrible.” Gail also considered other career paths when she encountered difficulties obtaining an internship, which caused her to question her musical abilities.

Gail mirrored the sentiment of feeling stuck in the song “On Track,” noting that music therapy majors in her program were “scared” to do clinical work because the sequencing of the curriculum did not give students the opportunity to observe and experience sessions consistently during their first two years of coursework. Instead, her peers felt they had “signed... [their] life away into the music therapy program.” Similarly, participants expressed some anxiety and difficulty imagining their future professional selves but ultimately found their place with a sense of moving forward and

optimism about the future. For example, Gail was “excited” about her upcoming internship, Harper was “excited to help or support whoever” in the future, and Claudia was “looking forward” to her eventual internship.

There is little in the music therapy literature examining the affective journey undergraduate music therapy students experience during their pre-internship clinical training; instead, the literature has focused on internship experiences. Grant and McCarty (1990) conducted a quantitative study on the emotional stages of internship and asked 59 students to rate their feelings on 20 different pairs of words throughout their internship. Data revealed interns experienced a transformation throughout their internship from initially experiencing many negative emotions, including “self-doubt, frustration, inadequacy or insecurity,” to experiencing a sense of achievement and growth from their increased independence as their internship progressed (p. 114). Interns experienced an emotional struggle throughout months one to four, but by month five, they began to gain a sense of achievement, as indicated by an increase in ratings during the last two months.

Congruent with the findings from Grant and McCarty (1990), Pollard (2018) identified a developmental transition from negative emotions (i.e., lack of confidence, fear of failure, etc.) to one of musical and therapeutic freedom from emotional tensions experienced during internship. Similarly, Clements-Cortes (2015) found internship experiences boosted musical skills and self-confidence, as students indicated that “simply being immersed in clinical work fostered their skills and contributed to reduced anxiety about clinical work and increased confidence” (p. 230).

Validating Clinical Experiences. Similarly, the results from this current study suggest clinical training elicited a wide range of emotions, from feeling lost and unsure to

feeling hopeful and “on track.” These hopeful, optimistic feelings were often a result of their clinical work with clients where they encountered *validating clinical experiences*, a subtheme under *Resonating Clinical Experiences*. Participants were affirmed in their choice of pursuing music therapy because they saw that it “works” and was something they enjoyed doing. When Gail was asked about a client who had made an impact on her, she described an early practicum experience and how her client’s progress was a validating and affirming experience for her. Gail shared:

The one [client] that I created the verb song for in my second placement, because not only was that my first full semester of participating in music therapy, but that was very... it was—it was an important moment for me in my music therapy journey because it—it kind of solidified the I can do this. I enjoy doing this. This is fun. Like, look at the progress we’ve just made.

Claudia also experienced a similar level of validation from her clinical work. She shared:

Like last semester... and the summer... I was like maybe I need to change my major. Like, maybe this just isn’t for me and stuff like that. But like, getting to like an actual clinical experience, I was like, no, this is definitely what I want to do... like even if... I’m terrible at guitar... terrible at singing. This is definitely what I want to do.

These findings suggest that students may question their choice to pursue music therapy, but clinical experiences clearly contribute to students being able to commit to becoming a music therapist despite the emotional challenges experienced throughout their training by validating and affirming their choice in music therapy.

The findings from this study support previous research by Silverman et al. (2018), where students felt validated in their choice to pursue music therapy after recognizing their personal growth from serving as camp counselors for children with autism spectrum disorder. This result is important to note, as previous researchers have reported this benefit of clinical work only minimally in their research and lacked in-depth analysis and discussion regarding these unique validating experiences (Baker & Krout, 2011; Galerstein, 2005; McClain, 1993; Wheeler & Williams, 2012). Further, there is not much in the literature concerning why music therapy students consider changing their major but then decide to continue their programs. Only one study related to the topic was identified (Dvorak et al., 2017). Dvorak et al. briefly mentioned some of the music therapy students in their research questioned whether to continue pursuing music therapy when they experienced challenges with their musical development.

Feeling Like an Impostor

Impostor phenomenon (IP) was an extensive thread throughout both data analysis phases. While IP is not a clinical diagnosis, it is a very real psychological phenomenon and can be defined as “the situation in which highly accomplished, successful individuals paradoxically believe they are frauds who ultimately will fail and be unmasked as incompetent” (American Psychological Association, n.d., Impostor phenomenon section). Impostor phenomenon was first coined by Clance and Imes (1978) in a seminal study of 172 women, including undergraduate students, graduate students, faculty, and professionals encompassing a variety of disciplines such as law, nursing, counseling, teaching, and occupational therapy.

Clance and Imes (1978) wrote, “women who experience the impostor phenomenon maintain a strong belief that they are not intelligent; in fact, they are convinced that they have fooled anyone who thinks otherwise” therefore, they often discount evidence to the contrary and feel like a fraud (p. 241). Characteristics associated with IP were prevalent among the songwriting and interview participants, including feelings of inadequacy, a lack of self-confidence, comparing themselves to peers, and a fear of failure (Clance & Imes, 1978; Sims, 2017).

Songwriting Participants and IP. During the initial songwriting phase, IP became apparent in two of the songs generated by participants—the first- and second-year song, “On Track,” and the fourth-year song, “Experiences.” Participants explicitly connected their songs to IP during the verbal reflections, and this was also evident in the theme of *Self-Confidence* and its subtheme, *doubting self*, where participants experienced feelings of inadequacy and lack of self-confidence. Participants began with the lyrics, “college has made me feel so inadequate.” Chad, a fourth-year songwriting participant, described the influence of impostor feelings in creating their song “Experiences.”

I know I think a lot of us agreed, like impostor syndrome. So definitely that feeling like you can hear it in the minor and major [sections of their song], you’re like... oh I’m not, you know, I’m not confident in my abilities, are like, you know... I don’t feel like I’m actually like [a] music therapist in the setting. But then, also the kind of the major section where it’s like no, like, really you are and like you’re doing great and everything’s going fine and sort of that, like, duality of like feeling confident... but um...also not. And I mean that’s just kind of the distinction... kind of in this major is, it’s not like others where it’s just you’re told

like do this one thing, and that's how you do it the rest of the time. It's always going to be different, so.

Chad's explanation is interesting because they alluded to the diversity and ambiguity of the field of music therapy and the perception that there is not just "one" way of approaching and implementing music therapy.

Another fourth-year participant in the group, Cara, noted that their IP feelings were related to the "chaos of applying" to internships, often an emotional and transitional stage for music therapy students (Madsen & Kaiser, 1999a). Sims (2017) found similar associations between music therapy students and these two IP constructs— ambiguity and transitions. Sims (2017) found that undergraduate music therapy students experienced IP feelings related to the "uncertainty" of transitions such as starting college, starting clinical work, and starting internship (p. 66). Sims also found graduate music therapy students experienced IP feelings related to the ambiguity of the profession, similar to Chad's remarks.

Interestingly, first- and second-year students also experienced IP and spoke about these feelings explicitly in their verbal reflections on their song "On Track." Harper shared, "we use like the story of the little engine that could as like a metaphor for like impostor syndrome basically and sort of those feelings of like 'am I really good enough to do this?'" Lance, a second-year songwriting participant, clarified that their impostor feelings were related to "the bar set for musicians, especially music therapists... that's where like the impostor syndrome thing came from." While the participants described the source of their impostor feelings as being related to their college experiences, the uncertainties of the profession, and the musical expectations set by others, it is important

to note IP was expressed among students throughout the academic levels from first-, second-, and fourth-plus-year students, indicating a prevalence throughout all academic levels.

Interview Participants and IP. These initial findings related to IP were explored during the interview phase and resulted in the theme *Faking It* and each of its subthemes— 1) *discounting evidence*, 2) *faking music skills*, 3) *faking clinical skills*, 4) *not being “good enough,”* 5) *roots of impostor feelings*, and 6) *awareness of impostor phenomenon*.

Lack of Confidence. Participants experienced a lack of confidence in their clinical skills, including their ability to respond to clients during sessions in the subtheme *faking clinical skills*. The fourth-year interview participant, Gail, experienced impostor feelings related to the difficulties she experienced in obtaining an internship position. Gail felt she was not “good enough” and heavily questioned her abilities. Harper mirrored these feelings in the subtheme, *not being “good enough.”* These findings are supported by the literature. Similarly, feeling like a phony and not feeling “good enough” was a shared experience among the participants in Clance and Imes’s (1978) original study (p. 241).

Additionally, participants from both analytic phases indicated musical insecurities and doubts about their musicianship, and this was a pervasive finding throughout the study. For example, all the interview participants experienced doubts about their guitar and piano skills in the subtheme, *faking music skills*. This finding mirrored Lance, a second-year songwriting participant, who also expressed musical insecurities around the perceived expectations of music therapy students in the subthemes, *doubting self* and

feeling overwhelmed. While IP is not a clinical diagnosis, Clance and Imes (1978) asserted that a lack of self-confidence was often a reported “symptom” (p. 242).

Comparing Self to Peers. Interview participants also compared themselves to their peers. Claudia, a second-year interview participant, described how she compared her music skills to those of an upper-classman and her peers from “musical families.”

Claudia shared:

One thing that I often think about, especially with music students... I feel like it has a lot to do with if your family is musical or not, because, especially... well, I mean not especially, but in high school, I started to notice it... how often all the top musicians in my band, and stuff like that... their families were very musical and stuff like that. And, meanwhile, I was the only musician in my house, and so I wasn't, you know, a terrible player, but obviously I wasn't... I wasn't being guided by anyone outside of my private lesson teacher and my band director and stuff like that. And like, even now in college, I can notice, like, some people that oh, yeah, my dad was like, you know, played this, or whatever, or my grandma, or whatever and stuff like that. And so I'm like, okay... I don't know. I don't think it makes a great of an impact, but I think it definitely has... you know... some kind of impact.

Harper, a third-year interview participant, compared herself to her peers as well. She shared:

I also look at my fellow students, and I'm like, they're so much more gifted than I am, or they know so much more, or they like seem to have better instincts than me. And so... yeah, I definitely have impostor syndrome, and I know it.

Comparing oneself to peers is another documented IP-related characteristic (Clance et al., 1995; Sims, 2017). In a phenomenological exploration of IP among undergraduate and graduate music therapy students, Sims (2017) reported the highest average score item on the Clance Impostor Phenomenon Scale was related to the item asking participants to rate how often they compared themselves to others, indicating the prevalence of comparisons among music therapy students.

Discounting Evidence. All three participants, Claudia, Harper, and Gail, discounted evidence of their skills, a common facet of IP (Clance & Imes, 1978). This was evident by their questioning of how they passed some of their classes and rejected praise from others. For example, Claudia questioned how she passed her vocal class. Harper noted that she doubted herself even though others did not. Gail also discounted praise from her friends and professor.

Fear of Failure. Another characteristic of IP is the fear of failure (Clance & Imes, 1978; Sims, 2017). The fear of failure and making mistakes was first evident in the songwriting phase, in the theme *Juxtaposition of Feelings*, generated from the fourth-year participants' song, "On My Way." Their lyrics expressed the fear of making mistakes when they wrote, "ready to create, but fearful of mistakes." This theme was explored during the interview phase and was evident in two subthemes—*permission to fail but make no mistakes* and *starting new clinical work is exciting but nerve-wracking*, both organized under the larger theme of *Juxtaposition of Feelings*. While all three interview participants, Claudia, Harper, and Gail, recognized mistakes as part of the learning process, they still worried about failing and making mistakes. These feelings were especially prevalent before starting a new clinical experience, where they experienced

excitement, as well as anxiety and fear. Another interesting connection to the fear of failure was a comment by Harper. She shared:

I sort of like trash talk myself a lot for no reason other than it's like a really bad coping mechanism, because if you set yourself up to fail and then you succeed, it's a lot better than if you success [*sic*]... set yourself up to succeed and then you fail. And, like, I don't ever want it to sound like I'm, like, bragging or anything, so I'll just like trash myself. My classmates yell at me for that a lot.

Harper's comments are reminiscent of Clance and Imes's (1978) observations of the self-perpetuating behaviors of high-achieving women experiencing IP. They wrote that the high-achieving woman fears her "stupidity will be discovered"... consequently the woman studies or works very hard to prevent the discovery... she develops an unstated but vaguely aware belief that if she were to think she could succeed, she would actually fail" (Clance & Imes, 1978, p. 244). The fear of failure has also been reported in the music therapy literature (Madsen & Kaiser, 1999a; Pollard, 2018), with Baker and Krout (2011) and Sims (2017) drawing clear connections between the fear of failure and IP among music therapy students.

IP and the Literature. Feelings of inadequacy and self-doubt have also been reported in the music therapy literature. Baker and Krout (2011) found students were concerned about their abilities and felt inadequate in their clinical work. Consequently, students felt like impostors to their clients, believing they had to outwardly portray confidence to them, while they inwardly felt "like 'a fake'" (Baker & Krout, 2011, p. 83). Pitts and Cevasco (2013) found music therapy students worried about being "good enough, or perfect" (p. 150) in their hospice placement. Researchers have also found

students felt inadequate musically and compared their music skills to their peers (Dvorak et al., 2017; Sims, 2017; Wheeler, 2002) and experienced feelings of inadequacy and self-doubt early in their internships (Grant & McCarty, 1990). These findings are concerning, considering Kahler (1998) reported self-confidence was a strong predictor of student success in music therapy practicum.

Music therapy researchers also reported that emerging professional music therapists (Seah & McFerran, 2016; Shah, 2022) and graduate students practicing as music therapists still questioned whether they were good enough (Sims, 2017) or specifically reported experiencing IP (Byers & Meadows, 2021). Shah (2022) explored their direct personal experiences with IP as a new music therapy professional and asserted that their impostor feelings may have resulted from feeling inadequate due to their lack of a strong classical training background in voice and piano skills, mirroring Claudia's musical insecurity of coming from a non-musical family.

In short, participants in this study reported feeling inadequate, discounted evidence of their abilities and accomplishments, lacked self-confidence, felt they faked their music and clinical skills, compared themselves to their peers, and expressed a fear of failure. These IP-related characteristics appeared to be associated with the ambiguity of the music therapy profession and clinical training-related transitions, such as starting new clinical work or applying for internships. These findings are supported by Sims (2017), who concluded that music therapy students experienced IP due to "education-related transitional situations" (p. 73), such as entering college, starting a new clinical experience, or beginning internship.

The participants in this study also expressed IP feelings related to not having a strong musical background or family, which has not been previously reported in the undergraduate music therapy literature but was reported at the professional level (Shah, 2022). As previously mentioned, participants reported IP feelings related to the “bar that’s set for musicians, especially music therapists,” which has yet to be documented and explored in the music therapy literature. The breadth of IP and IP-related feelings and characteristics at all levels of academic and clinical training, well into the professional setting, indicates a concerning pervasiveness of the phenomenon within the field of music therapy.

Research Question Three: Clients

The third research question was, “How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?” The answer to the third research question is evident across three key findings: 1) Students highly value and respect their clients, who are the center and focal point of their clinical work. Their emerging client-centered music therapy philosophy is connected to how they perceive and experience working with real clients; 2) Students acknowledge clients as a source of learning and hope their clients benefit as much from them as they do; and 3) Student perceptions and assumptions about different clinical settings are malleable, and clinical experiences can profoundly shape those perceptions and clinical preferences. In this section, I discuss the emerging client-centered philosophy described by participants, the recognition of clients as a source of learning, and the hope for mutual benefits. I also discuss the changes in the participants’ perception of clients as part of their pre-internship clinical experiences.

Developing a Client-Centered Philosophy

Reflecting on clinical experiences provided the opportunity for participants to develop and articulate their emerging music therapy philosophy. A recurring thread among participants was the interconnectedness between their emerging music therapy philosophy and how they perceived and experienced working with real clients.

Participants highly valued and respected their clients, and this was the center and focal point of their work. This focus was evident in the theme *External Foci* and its subthemes *focusing on clients* and *positive aspects of clinical work*, the theme *Internal Foci* and its subtheme, *feelings about clients*, and the theme *Roles* and its subtheme, *roles within sessions*.

Although all five original songs focused on the participants' internal feelings, a focus on how the clients impacted them was evident in the first- and third-year song, "Growth, Not Goodbye." The participants conveyed the optimism and joy experienced from working with their clients through the lyrics and music. They explored their feelings around closure with their clients and imagined the growth their clients would continue to have. Their verbal reflections further highlighted this client-centered focus, which appeared to be their natural inclination. Leah, a third-year songwriting participant, illustrated this incognizant focus on the client.

I don't know if it was conscious. I mean, at least for me... I think I have this idea that like as a therapist... um, my job is to like, you know, client first... like client... um, centered care and person first everything. So it's like, it's my duty as a therapist to help them achieve their goals and like that is my number one priority, and I think that was just kind of second nature to like speak first of the

client and then... um, I guess like maybe my own feelings next. But yeah, I guess, I never like realized that consciously.

Interview Participants and Emerging Client-Centered Philosophy. Interview participants were asked to share their music therapy philosophy, and all participants indicated a philosophy that placed clients at the center in a holistic or humanistic way. Participants valued their clients, viewed them as equals, and recognized their shared humanity, which was evident in the subthemes *respect and value* and *establishing rapport* within the theme, *Intra- and Interpersonal Foundations*. Though Gail was the only interview participant who clearly defined her philosophy as “humanistic,” the responses from Claudia and Harper indicated similar philosophies.

Harper described her current music therapy philosophy as “client-centered,” “supporting the clients,” and she provided the tools to help clients “overcome” or “get rid” of obstacles. She believed in supporting the clients to help them achieve “as much as they can regardless of whatever they have going on,” including their developmental, emotional, or social needs. She focused more on “using music to support people where they are” and was less focused on checking off “boxes” and being very outcome-focused. Part of her philosophy was hoping that the skills learned and the progress made by clients would transfer or “generalize to the rest of their life.” She also noted that her own music therapy philosophy had changed and evolved by being influenced by her professors, who were more “client-centered and humanistic.”

Participants indicated the importance of viewing clients as individuals, as evident in the theme *Learning is Multifaceted* and one of its subthemes, *learning from and about clients*. For example, Gail described herself as a “humanistic music therapist.”

Elaborating on her philosophy, she believed both music and therapy were not “one size fits all,” meaning that music therapy should be individualized to the client rather than dictated by their diagnosis. She noted that music could help others in their own lives in a way that “works best for them” and helps them be “independent as an individual.” Claudia echoed this sentiment and stressed the importance of seeing clients as individuals “beyond” their diagnosis. Participants also recognized the importance of responding flexibly to their clients’ needs. For example, when Harper was asked what an effective music therapist does, she said they do their best to meet clients where they are and try to engage them musically, alluding to a client-centered philosophy. In illustrating her humanistic music therapy philosophy, Gail shared how she liked to have the “freedom to do whatever,” depending on what the “clients can bring in” because it varied daily. Therefore, she needed to be flexible.

MT Student Emerging Philosophy and the Literature. While two researchers reported a shift to a more client-centered focus of attention throughout music therapy student development (Dvorak et al., 2017; Pollard, 2018), to date, there are no known systematic inquiries into students’ emerging music therapy philosophy. However, several researchers briefly discussed music therapy students’ philosophy in relation to their research findings. Milgram-Luterman (2000) proposed a music therapy student development model with five phases—1) novice music therapy student, 2) immersion through observation, 3) immersion through experience, 4) immersion through reflection, and 5) integration of experience into self (p. 20). Milgram-Luterman (2000) asserted that as students gain more self-awareness through observing, experiencing, and reflecting, they begin to formulate their music therapy philosophy in the final, fifth phase. In this

model, reflective practice is fundamental to facilitating a student's development; therefore, reflection should be encouraged and supported throughout a student's training.

Offering a unique perspective on the self-experiences of music therapy students studying abroad, Keith (2017) thematically analyzed the interviews of eight students from six different music therapy programs. Through interacting and learning with their peers, students developed a deeper and broader understanding of music therapy and of their own developing music therapy philosophy. Researchers have also noted that students recognize their clients as individuals (Silverman et al., 2018) and value their shared humanity (Baker & Krout, 2011), core components of the client-centered philosophy communicated by the participants in this study.

Participant Philosophy and Integral Thinking in Music Therapy. Participants also shared aspects of their music therapy philosophy that aligned with Integral Thinking in Music Therapy (ITMT). Tracing the roots and development of ITMT, DiMaio and Winter (2023) described three primary orientations, or "ways of thinking," in music therapy: outcome, experience, and context thinking (p. 4). In outcome thinking, the music therapist focuses on observable client outcomes to improve the quality of life of an individual based on an assessment of their needs (DiMaio & Winter, 2023). In experience thinking, the client's needs are explored and addressed through the unfolding musical interactions between the client and the music therapist (DiMaio & Winter, 2023). In context thinking, the music therapist considers the client's external world, including culture, community, and social structures, and how these ecological factors impact the client's needs (DiMaio & Winter, 2023).

For some participants, integral thinking was the explicit way in which they described their philosophy, and for others, it was more implicit. For example, Claudia described her philosophy as “integral thinking,” which consisted of thinking of “everything that makes up the client.” Both Claudia and Gail shared aspects of context thinking about their clients. Claudia put “more emphasis on context” because context “influences a lot of the client’s behaviors.” Gail alluded to context thinking when she considered her future clients in internship. She noted that it would be important for her to find out about the “environment” or “location” and “surrounding area” because the environment can “affect a lot of, you know, reasons and situations,” possibly with the “kids” that she will be working with during her internship. She was thinking about the client’s world beyond the clinical setting to consider their larger lives and how it might affect therapy. Further, it illustrated her client-centered music therapy philosophy because she noted the interaction between the client and their ecological surroundings.

Claudia and Harper also indicated aspects of outcome thinking. Claudia initially gravitated towards the hospital setting “because it’s outcome thinking... goal based like treatment... in my mind it was easier.” Similarly, Harper noted that during her first and second years, she focused more on goals and outcomes, reflecting this idea of outcome thinking earlier in her development. She also hinted at experience thinking, sharing that music therapy should be a place where clients will have a positive experience and “connect with the music.” These findings are interesting, given that all ways of thinking (outcomes, experience, and context) are needed to serve the client fully and wholly (DiMaio & Winter, 2023).

It is clear from the participants' responses they were still developing their music therapy philosophy. Yet, they were implicitly drawing upon aspects of integral thinking, with a focus on clients and meeting their needs "in the moment." In sum, participants viewed and described their clients as individuals and acknowledged their shared humanity. These tenets formed the lens through which they identified their own music therapy philosophy, with a focus on the client as central to their clinical work.

Mutual Learning and Benefits

Participants acknowledged clients as a source of learning and hoped their clients benefitted as much from them as they did. In the song "Growth, Not Goodbye," the participants implied that their clinical experiences were valuable for them and their clients, as evident in the theme *Valuing Clinical Work* and its subthemes, *personal growth* and *client growth*. Vanessa stated, "there's so much to get from it, and there's so much joy in helping your client as well." Leah supported this sentiment by saying, "it really just is bittersweet that you know... clients like, we help them... you know, with their goals and stuff like that... um, and it's very meaningful, it's very fulfilling and not just to us, but to them."

The idea of clients as a source of learning and the hope for mutual benefits was explored during the interview phase and is supported by the theme *Learning is Multifaceted* and its subtheme, *learning from and about clients*. All interview participants acknowledged learning "so much" from their clients. Musically, participants expressed that by working with real clients, they developed a deeper appreciation of how music can affect their clients differently and recognized that clients want to make music, not just listen to it. While participants indicated a variety of concepts learned from their

clinical work, a common thread was the recognition of viewing and treating clients as individuals with their own unique needs, preferences, and life experiences.

All participants indicated a growing awareness of the importance of learning to communicate with clients and understanding their cognitive needs. They also valued their client's unique preferences and client-to-client relationships and recognized that clients' feelings change and can be unpredictable, as evidenced in the theme *Finding My Place* and its subtheme, *figuring out the "vibes of the day."* All participants grew in their clinical skills, including interpersonal and clinical facilitation skills. Interpersonally, participants improved their comfort and ability to interact with clients, listen to them, and be more patient and empathetic. Improved clinical facilitation skills included knowing better how to respond to clients, leading sessions in the moment, and improving clinical decision-making, as evident in the theme *Juxtaposition of Feelings* and its subtheme, *acknowledging growth but still so much to learn.* Participants also grew in their confidence. For example, Claudia's performance anxiety related to playing in front of clients decreased after leading songs in a session. Harper acknowledged more confidence in working with clients and believed experiencing a semester of clinical work before starting her work with older adults helped her to feel more comfortable in her current nursing home placement.

In the theme, *Resonating Clinical Experiences*, and its subtheme, *enjoying clinical experiences*, participants also hoped the clients benefited from their time together. Claudia wanted her clients to be in a better place after music therapy with her and to improve on their individualized needs. Claudia shared:

I hope that any client that I meet... leaves the session better than they came in. So whether that means like they're just simply in a better mood or... they somehow changed and like they improved through their goals and stuff like that. Or they have a better relationship with people around them or whatever that—that means for them. That I hope I—I made a little- a little change at least.

Harper hoped the progress made by the clients would transfer or “generalize to the rest of their life.” In other words, she hoped that the gains made in music therapy would extend beyond the sessions into their overall life. Gail noted a challenging telehealth session where she still tried to “make it beneficial for the group,” implying she was trying to still meet her client’s needs and have therapeutic intent despite the challenges of meeting virtually. In reflecting on closure with her clients, Harper shared, “it’s hard to leave, but it’s good to look back and see the progress and to know that you’ve learned something from them and hopefully they’ve benefited from the therapy in some way.”

Mutual Learning and the Literature. Few music therapy researchers have acknowledged clients’ contribution to the learning and development of music therapy students. Baker and Krout (2011) reported that their participants learned from clients and provided the most direct support for acknowledging client contributions when they asserted, “perhaps as music therapy supervisors and educators, we need to be reminded that clients are a resource for our students’ learning” (p. 81). Jang (2020) identified “mutual learning” as a major theme in a phenomenological inquiry into the lived experiences of music therapy undergraduate and graduate equivalency students and older adults participating in an intergenerational choir (p. 414). Music therapy students learned leadership, communication, and directing skills, while the older adults learned music

skills. Further, music therapy students valued and appreciated the older adult choir members' "presence, time and effort, humor, and reaching out to them" (Jang, 2020, p. 417). Highlighting the relationship between music therapy and music education students and older adults during a field placement, Ballantyne and Baker (2013) noted, "the mutual respect and rapport that formed between the retired participants and the young students is certainly something that enhanced the quality of the experience and the students' learning" (p. 80).

In a thematic analysis of music therapy students volunteering as camp counselors, students acknowledged learning from the campers with autism spectrum disorder, including learning to implement therapy skills and becoming more aware of the camper's strengths and abilities (Silverman et al., 2018). Graduate music therapy students also expressed they benefitted from working with clients and hoped that their clients benefitted as well (Smyth & Edwards, 2009). Galerstein (2005) offered a perspective as a music therapy practicum supervisor, describing the realization that clients can become a "teacher" to the students and noted students appreciated the clients they worked with (p. 136).

While the findings do not suggest educators place the role of teacher upon clients, as that would clearly violate ethical boundaries (AMTA, 2019), it is important to recognize client contributions to the learning and development of music therapy students since this has been largely neglected in the literature. As the findings in this study suggest, clinical experiences can provide the platform for a beneficially reciprocal relationship between students and clients. Reciprocity is an ethical hallmark of the

service-learning model (Rich, 2003). According to leading scholars in the field of service learning, Bringle et al. (2017) defined service learning as:

A course or competency-based, credit-bearing educational experience in which students (a) participate in mutually identified service activities that benefit the community, and (b) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility. (p. 10)

In the field of music therapy, each academic program has the unique advantage of structuring pre-internship clinical training according to the needs of its students, institution, and community (AMTA, 2018; Goodman, 2011). One such structure may be through a service-learning or community-based learning model (Goodman, 2011; Krout, 2015). Regardless of how a music therapy program labels pre-internship clinical experiences, it is important to consider ethical issues for both students and clients, including the ways in which both parties may benefit from the experience (Rich, 2003).

Challenging Assumptions, Changing Perceptions

Another key finding is how participants' perceptions of clients changed due to interactions with clients during their clinical work. Anthony, a first-year participant who co-wrote the first- and second-year song, "Foundation," noted how their initial assumptions and expectations were challenged, as evident in the theme *Cognitive Appraisal* and its subtheme *challenged assumptions*. Anthony shared:

A couple of us had a bit of a similarity and having, I guess... expectations that it was going to be more intimidating than what clients might have ended up being

that when we actually started doing it... it wasn't as intimidating as we might have made it out to be beforehand.

These implicit assumptions and perceptions were explored during the interview phase by prompting participants to reflect on their expectations related to their clients and their clinical work. As evident in the theme *Learning is Multifaceted*, and its subtheme, *learning from and about clients*, and the theme, *Intra- and Interpersonal Relationships*, and its subtheme, *difference expectations*, participants made assumptions about a number of facets related to clients, including their age, musical preferences, level of awareness, personalities, and level of engagement.

Each participant's assumptions and expectations were highly individualized and even contradicted each other in some instances. For example, Harper expected the older adults she was working with to be less engaged than they were, while Gail expected the older adults she worked with to be more engaged. Their expectations were derived from their previous life experiences, as Harper's expectation was discussed in relation to a previous class experience where the older adults did not respond very much to them. Likewise, Gail shared how her expectations were built around thinking her clients would be more like her grandparents, implying aspects of countertransference.

Uncovering the implicit assumptions of interview participants was difficult. Of the interview participants, Claudia appeared to be the least aware of her own assumptions and biases when she stated that she did not "really make assumptions" and then proceeded to share she was "surprised" by how much older her clients were than her. However, Gail and Harper both acknowledged that their assumptions had changed. When asked if any clients or clinical experiences differed from her initial assumptions,

Gail said “all of them” because of her tendency to “overthink about things.” Harper shared that “it’s hard to tell from first impressions,” indicating an awareness that assumptions made from first impressions may not be accurate. She also was “surprised” that it was “fun” to interact with the “kids” in her first clinical experience.

All the interview participants’ clinical preferences changed and evolved since entering the program, as evident in the theme *Learning is Multifaceted* and its subtheme, *learning about themselves*. An interesting thread among the three interviewees was their initial preference for the medical setting. However, Claudia shared that her initial preference for working in a hospital had broadened to include hospice and school settings, and she did not “really have a preference,” though she expressed reservations about working in the neonatal intensive care unit (NICU), perceiving infants as fragile. Harper indicated several changes in her clinical preferences. Initially, she wanted to work in a hospital but felt she was not “flexible enough.” Then she thought she might want to work in a school, but after experiencing “sort of” working in a school and learning more about the medical setting, she was “open to anything.”

Like Claudia, Harper did not have a preference anymore. She previously would have said working with children was her preference and adults were “not for her,” but after working with older adults, Harper thought they were “just as good” and that children were “not always the most fun.” Gail also initially wanted to work in a hospital setting, but after completing her practica, she realized she really liked the school setting. Many of the settings that participants felt the least comfortable working in or believed were more challenging included hospice, neonatal intensive care unit, individuals with substance use disorders, and those experiencing trauma. They perceived settings that

might have a high “emotional impact” or a lot of psychological work as more challenging and requiring more advanced skills.

An unexpected finding was that both Gail and Harper felt it would be more challenging to work with their same-age peers, finding it difficult to navigate their role as a competent clinician and someone who is relatable but not a friend. For Gail, working with clients close to her age would be “odd” because of her role as their therapist, not their friend, and she worried she might relate to their experiences and have “too much in common” and therefore push her own advice on them. Harper would also not be as comfortable working with “normal” age adults because she would “find it hard to not feel like a kid.” She also imagined that she would have a harder time working with teenagers because she “wasn’t a normal teenager.” Harper shared:

It’d be hard to like... find that balance between I’m a kid, but I’m also an adult.

Like... and so... just yeah like... find where the balance is between I’m somebody who knows what I’m doing, but also I’m a person that I want you to relate to.

The findings from this study indicate that participant’s perceptions and assumptions about different clinical settings are malleable, and clinical experiences can profoundly shape those perceptions. Participants appeared to perceive clinical settings as more difficult when they had not yet had experience working in those settings, indicating a possible reason students experience such anticipatory anxiety before starting new clinical work.

Assumptions and Perceptions in the Literature. There is some support in the literature for students’ assumptions to be challenged as part of their clinical experiences. Summer (2001) asserted first-time practicum students often have “prejudices about how

music can be therapeutic, with peremptory views about what therapy itself means, and... popular misconceptions about various client populations” (p. 71). These biases and misconceptions can hinder a student’s development because they affect students’ perceptions and understanding of their clients and the therapeutic process. For example, these habits of mind have been found to influence the preference of client populations among students. In a survey of 297 incoming music therapy students, Clark and Krantz (1996) reported that 57% of students preferred working with children, compared to 18% of those who preferred working with individuals with mental disabilities. Although the 1993 analysis included data from both undergraduate and graduate music therapy students, it is clear that music therapy students entered their programs with clinical preferences (Clark & Krantz, 1996).

However, researchers have suggested that music therapy students’ comfort increased when working with clients in their clinical work (Wheeler, 2002). Students also reportedly felt more comfortable working with older adults after participating in an intergenerational choir (Jang, 2020) and an older adult choral music wellness program (VanWeelden & Whipple, 2004). Jang (2020) remarked, “seemingly, older adults used to be a hard population to work with due to lack of experiences communicating with them and age-related stereotypes,” yet participation in the intergenerational choir experience changed music therapy students’ perceptions, increasing their comfort in working with adults (p. 421). Additionally, Ballantyne and Baker (2013) found music therapy and music education students were more open to working with older adults and those in hospice and palliative care after their experiences rewriting lyrics to songs with them and

then performing together. Students developed an appreciation for older adults and felt they understood them better through their challenged assumptions.

Noting a change in perceptions, Silverman et al. (2018) shared how music therapy students serving as camp counselors realized campers with autism spectrum disorder could do more than they initially thought. McClain (1993) also reported a positive change in music therapy students' perceptions of individuals with disabilities and those with mental health conditions. The findings from this study suggest that undergraduate students enter music therapy programs with initial preferences and assumptions, yet these preferences and biases are subject to change. Moreover, Pitts and Cevasco (2013) stated that “students tend to dislike or avoid clinical populations with whom they are not familiar and which require them to think outside of their comfort zone” (p. 144). The findings from this study, as supported by the literature, highlight the importance of educator support in identifying the preferences and biases of students newly entering a music therapy program. Clinical experiences, paired with reflective observation, can broaden a student's preferences and assumptions about clients and different clinical settings.

Research Question Four: Practice and Profession

The fourth research question was, “How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?” The answer to the fourth question was evident across two key findings: 1) Students connect theory with practice by learning skills they can “only get from experience” and seeing music therapy “works.” Students value clinical work at every level—even at a very low level of involvement, such as

observation, there are skills and knowledge that can be learned through clinical work; and

2) Students demonstrate an emerging therapeutic presence in their clinical work by assessing and responding to the “vibes of the day.” The ability to be therapeutically present with clients appears to be associated with academic development, music skills, and previous clinical experience. In this section, I address the key findings related to the fourth research question in more detail.

Connecting Theory with Practice

While the songwriting participants did not convey connecting theory with practice through their original songs, how participants connected theory with practice through their clinical work was explored due to the findings from previous research. Smyth and Edwards (2009) recommended that researchers investigate how clinical experiences are related to classroom learning. Goodman (2011) suggested junior, senior, and graduate-level students operating in Perry’s multiplicity position of intellectual and ethical development often begin to make connections outside the classroom (de l’Etoile, 2008). Concerningly, Clements-Cortes (2015) found that pre-internship students feared putting “theory to practice” (p. 244). In light of the previous research, this topic was delved into during the interview phase.

All interview participants developed a deeper understanding of the practice and profession of music therapy as a result of applying and observing concepts in action. These findings are supported by the theme *Learning is Multifaceted* and its subtheme, *connecting theory with practice*. For example, clinical work gave Harper, a third-year interview participant, the experience of what she is “going to do,” presumably when she becomes a professional. Thus, it has given her the opportunity to learn how to run a

music therapy session, write progress notes, respond in the moment, observe clients, and understand inter-client relationships. She believed her clinical experiences “really helped” her learn skills that she can “only get from experience,” as opposed to in the classroom. Participants also learned that applying theory is not necessarily easy. Concepts learned in class, when applied in a music therapy session, may be much more complex or challenging than was anticipated.

Interestingly, participants viewed class readings differently. Harper felt she gained ideas from readings. In contrast, Claudia, a second-year interview participant, acknowledged that class readings were not always the most representative of actual clients, and Gail, a fourth-plus-year interview participant, had difficulty understanding music therapy procedures by just reading research articles. Gail shared that going through the process of implementing multimodal stimulation, with her supervisor’s support, helped her understand the procedure in a way that made “so much more sense.” “Going through the process together” with her supervisor multiple times, with more responsibility each time, to eventually leading on her own, helped her understand multimodal stimulation and how to provide it. Additionally, Gail valued clinical work at every level. She noted that there is so much that someone can learn “just from going to do like observations,” indicating that even at a very low level of involvement, there are skills and knowledge that can be learned through clinical work, as evident in the theme, *Finding My Place*, and its subtheme, *committing to music therapy*.

Participants also realized that music therapy “works” through their clinical work, connecting them with the reality of using music as a therapeutic tool in a real-world

setting. Claudia described one of these moments where she connected theory with practice:

So, one time, my supervisor was working with... the client that I— I'm not assigned to. And I don't remember what they were doing exactly... but... the—the client was not engaged... like at all... like she was—she kept getting distracted and stuff like that. And then my supervisor was like “you're gonna love this song.” And so, she just played it on... on her phone... immediately the client was like so excited, and like she started to like play with the percussion instruments... like play along and stuff like that... my supervisor kept like pausing the music in order for her to like... So like... so basically one of her goals is to cross her midline with her arms. And so it was like, “you got a drum over—like, you gotta play the drum over here,” and so the client would immediately do it when she started realizing that the music would play if she, like, played the drum... so like that was very, very effective. And... yeah, just kind of seeing that... I was like, okay so... that works.

Connecting Theory with Practice and the Literature. Several researchers found evidence of music therapy students connecting theory with practice within the music therapy literature. Silverman et al. (2018) reported music therapy students were able to practice techniques learned in the classroom during their experiences as volunteer counselors for campers with autism spectrum disorder, including behavior management techniques. McClain (1993) found that music therapy students acknowledged the connection between their classes and their clinical work and felt practicum experiences

helped them better understand the profession because they had the opportunity to work with real clients.

Additionally, students have made connections about their clinical work through reflections in practicum class (Wheeler, 2002) and journal writing (Barry & O’Callaghan, 2008). These reflective practices were also evident in the current study. Harper felt she connected theory with practice the most during her supervision, either reflecting on a previous music therapy session or discussing an upcoming session, hinting at Kolb’s (2015) ELT modes of reflective observation and abstract conceptualization. All modes of ELT were accessed when participants connected theory with practice—concrete experiences, reflective observation, abstract conceptualization, and active experimentation.

The “Vibes” of the Day: Emerging Therapeutic Presence

A key finding was the extent to which participants implicitly shared aspects of their emerging therapeutic presence in their clinical work. Although the songwriting participants shared that their song, “Growth, Not Goodbye,” was inspired by discussing their “gut feelings,” hinting at an aspect of therapeutic presence, the connections between specific characteristics of therapeutic presence were predominant among the interview participants. This specificity may be due to the opportunity the in-depth interviews provided, allowing participants to describe in detail their individualized rewarding and challenging clinical experiences. Conversely, the original songs were created from a collective voice and communicated less descriptive but more affective information.

Interview participants did not explicitly label or identify their thoughts and actions as therapeutic presence; however, in considering the results from the interview

theme, *the “Vibes” of the Day*, and its five subthemes— 1) *figuring out the “vibes of the day,”* 2) *learning to pay attention,* 3) *meeting clients where they are,* 4) *adapting in the moment,* 5) *challenges responding to the “vibes,”* participants’ responses can be interpreted and discussed within the framework of the concept of therapeutic presence. Further, the theme, *Learning is Multifaceted*, and its subtheme, *learning about music therapy*, and the theme, *Finding My Place*, and its subtheme, *difficulties finding my place*, provide additional evidence of participants’ developing therapeutic presence.

Therapeutic Presence in Music Therapy. According to Eggerding (2023), therapeutic presence in the field of music therapy is defined as:

A simultaneous state of being and action. The present therapist possesses an internal state of calmness, curiosity, humility, confidence, openness, authenticity, and deep self-awareness that allows them to attend, respond to, engage with, integrate, and support the client’s verbal, nonverbal, and musical experience. (p. 95)

Aspects of therapeutic presence among music therapists in their work with clients have been addressed in the music therapy literature (Bruscia, 2014c; Gelfand, 2021; Muller, 2008), but only recently has it been explicitly researched from a pedagogical perspective (Eggerding, 2023; McGuigan, 2020). In a first-person heuristic inquiry, McGuigan (2020) explored the ways in which music therapy students develop therapeutic presence. Based on the findings, McGuigan (2020) advocated for the use of experiential learning to develop tacit knowledge and applicable techniques related to therapeutic presence.

Several years later, in an arts-based phenomenological inquiry, Eggerding (2023) explored the perspectives of eight music therapy supervisors and educators to determine

how therapeutic presence was defined and taught to music therapy students. Through an analysis of two focus groups and six improvisation recordings, Eggerding (2023) identified two specific ways in which music therapists embody and communicate therapeutic presence to clients— “states of being” and “states of action” (p. 51).

States of being included personal characteristics such as internal self-awareness and external client awareness, dimensions of time and space including “being ‘in the moment’” (p. 53), intuition, and demeanor. Demeanor included eight characteristics, which included confidence, authenticity, empathy, “go with the flow,” and “good feeling inside” (p. 55). States of action were techniques that music therapists used to convey their therapeutic presence to clients. These techniques included attentiveness, responding to clients, engaging with clients musically, verbally, and nonverbally, integrating theoretical approaches, supporting clients in the moment, and music-centered actions.

Interview Participants and Therapeutic Presence. The participants in this study implicitly described ways in which they embodied therapeutic presence (states of being) and ways in which they conveyed their therapeutic presence to their clients (states of action). Yet, the lack of awareness of therapeutic presence in their thoughts and actions, paired with the challenges participants experienced related to varying components of therapeutic presence, indicates an emerging therapeutic presence rather than a fully established one, supporting Eggerding’s (2023) findings that therapeutic presence is a developmental process.

Claudia and Therapeutic Presence. Claudia, a second-year interview participant in her first semester of in-person clinical work, did not have very many coded segments reflecting characteristics of therapeutic presence compared to the third- and

fourth-plus-year students, Harper and Gail, respectively. Additionally, there appeared to be aspects of therapeutic presence that she had not yet developed. Although she acknowledged her confidence was growing, she was not confident in her abilities as a student music therapist, which impeded her ability to respond in the moment. In particular, she shared a challenging moment in her clinical work when the client did not respond the way she anticipated when she brought a visual aid to the music therapy session. She appeared to know what to do but did not follow her instincts and adapt accordingly. Claudia shared the following experience:

I had brought in head, shoulders, knees, and toes, and I had brought in like, a little picture of a person to point, and thankfully, the client recognized the song... but it was hard for her to like, kind of understand the body parts... and like where her body parts were... and like the picture and stuff like that. And I wasn't really sure—I was like... I was like I wanted—in my mind I was like, I should probably model this, but I didn't. And so the client kept like, also grabbing the picture and like crumpling it up. And I was like, “okay, that's fine.” We don't need the picture anyway. But then my supervisor was like, “okay, how about you model?” And then we—we modeled and everything, and it worked. Obviously, not perfectly. But it did work. And so I just kind of... I don't know. I guess I didn't deal with it. But my supervisor helped.

Despite challenges with confidence and not yet having many opportunities to lead interventions, she appeared to be developing an awareness of the need for therapeutic presence from observing her practicum partner during clinical work. In thinking about her leading music therapy sessions in the future, she acknowledged, “there are things I'm

going to be missing when I'll lead at some point and... I need to be extra aware." She also demonstrated a growing awareness that music therapists need the ability to be attentive and responsive to clients and to engage them musically, which are several aspects of states of action. Claudia stated:

You really have to come up with your own things and like... just like keep going... like no matter how much you plan ahead like... it might not work, so you just have to come up with stuff and like... see if you find a song that she likes.

Harper and Therapeutic Presence. Harper, a third-year interview participant, appeared to have a more developed therapeutic presence, which could be a result of having more observational, assisting, and leading opportunities than Claudia.

Harper shared some of the difficulties in her clinical experiences, which often related to aspects of therapeutic presence. She described moments when her clients responded in unexpected and challenging ways. She shared that she would go into "freeze mode," not knowing how to proceed or respond to the client, to reconnect and engage with them during those difficult moments. She also recalled a time when she knew what her client was trying to communicate and had an idea for how to respond, but she did not follow her instinct, which she regretted. During these challenging clinical moments, she would have difficulty bringing her awareness externally towards the clients, as she would get "stuck inside" her own head. Harper shared:

I... especially struggled... when my... like plan would go off the rails or like... I would come in and I could tell that what I had planned for that day wasn't going to work for the group that was there, um... I would like... freeze and then I would have a really hard time just like doing something... I can remember one specific

time where the group was very like not together, very disorganized, and I had um... like a Tubano or something... a big drum. They [the clients] were just sort of playing... um... and my supervisor was like “do something, like... play something.” Um... and I just, like couldn’t do it. And so finally she was like, just play like a four pattern, and just... like... change the dynamics... and... like... literally was like sitting there like, feeding me... what I should do to like... get back on track, and that was like the worst feeling ever to feel very like... disconnected from... the group, and... like stuck inside of my own head and... like... it made me feel very helpless, so I did not enjoy that.

Despite Harper’s challenges with managing her awareness, intuition, attention, and ability to respond in the moment, she was aware of these needs in her development. A pivotal moment in her development appeared to occur when she realized the importance of being attentive to her clients and then adapting in the moment to meet their needs. She shared her insights when asked to clarify what she meant by “trying to figure out the vibes of the day.” Harper shared:

I guess just like seeing the energy in the room and the response of the clients. I mean, it’s also about me, too, because... some days I just don’t want it—I’m not ready to do something new and hard. So, just trying to... sort of see what they’re [the clients] going to be open to. I mean—it’s because I messed up so many times and like... done the wrong thing so many times, is to start like paying attention to... basically like, are they ready for a challenge today or are we just gonna to stick to like doing the things that I know they can do well?

Harper's statement is important for two reasons. First, she demonstrated an understanding of the importance of attending to and responding to her clients. Second, and more complex, is her insight into being aware of her internal state by recognizing the need to figure out her own "vibes," in addition to the clients'. Harper appeared to be in the process of developing her therapeutic presence with a growing awareness of her own clinical and musical needs to be more present with her clients. Illustrating this growing awareness, Harper described an effective music therapist as someone who pays "attention to the needs of the client" and does their "best to meet [them] where they are and try to engage them in music."

Gail and Therapeutic Presence. Gail appeared to have the most firmly established therapeutic presence among the three interview participants, which is unsurprising given she had the most experience leading or co-leading sessions and had completed all her coursework at the time of the interviews. While she shared that she still struggled with regaining the client's attention at times, especially during transitions, she often shared characteristics indicative of having developed a stronger sense of therapeutic presence. Like Harper, she used the word "vibes" to describe her clients' energy, which she also felt needed to be assessed at each session. She appeared to be more comfortable assessing the vibes at the start of the session and then acting flexibly to meet the needs of the clients "in the moment." She illustrated her ability to be aware and in the moment with clients to attend, respond, and engage them when she shared one of her later practicum experiences:

The first session in my fifth placement that we led was so much fun, and I did not

go into that one prepared. That was more... I was doing my hello song, and then I had a couple of plans here and there, but because I was co-leading, I couldn't solely like, map out every step I wanted to take because I didn't know what my co—my—my classmate was gonna do, because she kind of had the same idea that I did... we'll—we'll see what the vibes are when we get there, which for these groups made total sense to do because you really never knew. You could walk in, and one of them would be so excited for music therapy... soooooo excited. But then the next day one of the other students would come in and, um, we had—we had one non-verbal—or not—not like fully non-verbal. But they did not speak most of the time—it was very selective, and that was one of the things that we were working on. And so when... this client would come in and be, you know, sitting there with his head kind of like down, fists are on the table... you knew it was like, all right, the vibes are off today. We're gonna go a different route.

Gail also described moments in her clinical work in the neonatal intensive care unit that required a great deal of therapeutic presence, including the ability to attend to the infant's needs instantly while being aware of the environment, including the equipment monitoring the infant's vitals.

Therapeutic Presence and the Literature. The findings from this current study support the results of Eggerding's (2023) dissertation research, based on educators' and supervisors' perceptions that therapeutic presence is a developmental skill affected by maturity and clinical musicianship. Eggerding (2023) posited that as students improve clinical musicianship, they can focus more on their therapeutic presence and less on “learning repertoire and playing their music correctly” (p. 70). This was the case with the

interview participants, Claudia and Harper, who had less clinical experience leading music therapy sessions than Gail, as they expressed that their primary concerns about clinical work were related to their musicianship. Having completed all her coursework and pre-internship clinical training, Gail was more confident in her musical and clinical abilities. She appeared to be more confident, flexible, and comfortable being in the moment with clients, indicating a more established therapeutic presence.

Evidence for music therapy students' growing therapeutic presence in the literature can also be found in Abbott's (2018) qualitative study of undergraduate students' practicum logs. Abbott (2018) identified several teaching and learning concepts that aligned with findings from this current study and Eggerding's (2023) characteristics of therapeutic presence—awareness, managing consciousness, therapeutic impulse, musical presence, and interpersonal presence. These teaching concepts were generated through an inductive analysis of students' subjective assessments of their clinical work and demonstrated a growing awareness of TP characteristics, though it was not explicitly described as such.

Key Findings

Participants made meaning from their clinical experiences by experiencing all four modes of ELT—reflecting, observing, thinking, and acting. Participants' relationships with themselves, their clients, and their support network, namely peers and supervisors, are key to the meaning-making process. Through their rewarding and challenging pre-internship clinical experiences, undergraduate music therapy students experience a plethora of feelings as they find their place as a student music therapist. Students recognize the benefits of working with clients, and place clients front and center

in their developing music therapy philosophy. Pre-internship clinical experiences also allow undergraduate students to develop skills and construct knowledge related to the practice and profession of music therapy. Table 9 summarizes the research questions, key findings, themes, and subthemes. In Table 9, an asterisk designates original song themes and subthemes; the lack of an asterisk designates interview themes and subthemes.

Table 9

Research Questions, Key Findings, and Themes and Subthemes

Key Findings	Supporting Themes and Subthemes
Research Question 1: How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?	
Resonating clinical experiences with <i>clients</i> provides the impetus for learning through the negotiated rewards and challenges of clinical work.	Connecting with Peers* Resonating Clinical Experiences: enjoying clinical experiences fulfilling clinical experiences rewarding clinical experiences “surreal” clinical experiences Learning is Multifaceted: learning from mistakes and challenges
<i>Peers</i> and <i>supervisors</i> facilitate meaning-making by supporting participants during concrete clinical experiences and prompting reflection and analysis of those clinical experiences, thereby allowing participants to actively experiment with their newly constructed knowledge.	Connecting with Peers* Intra-and Interpersonal Foundations: building trust differing expectations figuring out the balance Learning is Multifaceted: learning from students’ support network

Key Findings	Supporting Themes and Subthemes
Research Question 1:	
How do pre-internship undergraduate music therapy students make meaning from their pre-internship clinical experiences?	
Students are aware of and accept ambivalent feelings related to the intersection between <i>themselves</i> and their clinical work, demonstrating aspects of resilience.	Juxtaposition of Feelings* Conflicting Thoughts and Feelings* Feeling Lots of Feelings* Juxtaposition of Feelings: acknowledging growth but still so much to learn closure is bittersweet permission to fail but make no mistakes starting new clinical work is exciting but nerve-wracking the future is scary but exciting
Research Question 2:	
How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?	
Becoming a music therapist is an affective process, at times distraught with negative emotions, yet clinical experiences validate and affirm students' decision to pursue music therapy.	Feeling Lots of Feelings:* feeling hopeful* feeling overwhelmed* I've never felt so stressed* upward looking* Finding One's Place* Finding My Place: committing to music therapy Place in the Process:* come this far, can't go back* starting out* Process Oriented:* getting there,* victory in the end* Professional Identity* Resonating Clinical Experiences: validating clinical experiences Starting Out* Self-Direction:* lost* on track* We're On Our Way*

Key Findings	Supporting Themes and Subthemes
Research Question 2:	
How do pre-internship undergraduate music therapy students perceive and describe themselves and their pre-professional identity?	
<p>Impostor feelings are prevalent among music therapy students. They experience impostor feelings at all points in their academic journey. Impostor feelings appear to be related to academic and clinical training transitions, the ambiguity of the practice and profession of music therapy, and their own musical insecurities.</p>	<p>Faking It: awareness of impostor phenomenon discounting evidence faking clinical skills faking music skills not being “good enough” roots of impostor feelings Feeling Lots of Feelings: * feeling overwhelmed* Juxtaposition of Feelings: permission to fail, but make no mistakes starting new clinical work is exciting but nerve-wracking Juxtaposition of Feelings* Self-Confidence: * doubting self*</p>
Research Question 3:	
How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?	
<p>Students highly value and respect their clients, who are the center and focal point of their clinical work. Their emerging client-centered music therapy philosophy is connected to how they perceive and experience working with real clients.</p>	<p>External Foci: * focus on clients* positive aspects of clinical work* Internal Foci: * feelings about clients* Intra- and Interpersonal Foundations: establishing rapport respect and value Learning is Multifaceted: learning from and about clients Roles: * roles within sessions*</p>

Key Findings	Supporting Themes and Subthemes
Research Question 3:	
How do pre-internship undergraduate music therapy students perceive and experience working with clients in a real-world setting?	
<p>Students acknowledge clients as a source of learning and hope their clients benefit as much from them as they do.</p>	<p>Finding My Place: figuring out the “vibes” of the day</p> <p>Juxtaposition of Feelings: acknowledging growth, but still so much to learn</p> <p>Learning is Multifaceted: learning from and about clients</p> <p>Resonating Clinical Experiences: enjoying clinical experiences</p> <p>Valuing Clinical Work: * personal growth* client growth*</p>
<p>Student perceptions and assumptions about different clinical settings are malleable, and clinical experiences can profoundly shape those perceptions and clinical preferences.</p>	<p>Cognitive Appraisal: * challenged assumptions*</p> <p>Learning is Multifaceted: learning about themselves learning from and about clients</p> <p>Intra- and Interpersonal Foundations: differing expectations</p>
Research Question 4:	
How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?	
<p>Students connect theory with practice by learning skills they can “only get from experience” and seeing music therapy “works.” Students value clinical work at every level—even at a very low level of involvement, such as observation, there are skills and knowledge that can be learned through clinical work.</p>	<p>Finding My Place: committing to music therapy</p> <p>Learning is Multifaceted: connecting theory with practice</p>

Key Findings	Supporting Themes and Subthemes
Research Question 4:	
How do pre-internship undergraduate music therapy students perceive and understand the practice and profession of music therapy from their pre-internship clinical experiences?	
Students demonstrate an emerging therapeutic presence in their clinical work by assessing and responding to the “vibes of the day.” The ability to be therapeutically present with clients appears to be associated with academic development, music skills, and previous clinical experience.	Learning is Multifaceted: learning about music therapy Finding My Place: difficulties finding my place The “Vibes” of the Day: adapting in the moment challenges responding to the “vibes” figuring out the “vibes” of the day meeting clients where they are learning to pay attention

Note: Themes are written in title case, and subthemes are written in lower case. An asterisk designates which themes and subthemes were generated from the original song data set.

Implications for Clinical Training

In considering the key findings (see Table 9) of this study and the previous body of literature, in this section, I highlight several practical implications for the clinical training of undergraduate music therapy students, namely cultivating students’ intra- and interpersonal relationships that help promote learning and positive outcomes. I include recommendations for the structure of clinical training, considerations for supervision, suggestions for identifying and supporting students experiencing impostor phenomenon-related feelings and affective ambivalence, and advocate for the use of collaborative peer songwriting to connect peers and facilitate healthy emotional expression related to the unique, but shared experience of being an undergraduate music therapy student.

Implications for Clinical Training Structure

As several participants suggested, I recommend that music therapy students begin clinical training early in their academic program by observing their professors, peers, or

professional music therapy supervisors. Furthermore, students should be consistently involved in clinical work each semester leading to their practicum. As one of the participants of this study suggested, “having that exposure as early as possible, even if you’re just like a freshman tagging along and watching a session... even if you have no clue what’s going on for most of it, it’ll be helpful later.” McClain (1993) found similar results, and the findings of this current study affirm that 21 years later, students still desire more opportunities to observe. Additionally, previous researchers have reported higher confidence among music therapy students with more clinical experience (Gooding & Standley, 2010; Kahler, 1998), providing support for earlier and consistent clinical experiences.

Eighty-eight undergraduate programs in the United States are approved by the American Music Therapy Association (AMTA, n.d.-c). While AMTA stipulates specific training criteria, such as students completing at least 180 pre-internship clinical training hours across three different client populations, 40% of which a credentialed music therapist provides direct supervision, each program has the flexibility to structure clinical training differently, including the onset of clinical training, among other components (AMTA, 2017). A unified clinical training model has not been implemented across the music therapy undergraduate programs, but the most recent report by the Commission on the Education and Clinical Training of 21st Century Music Therapists (2024) recommended increased consistency across university programs’ clinical training structure to increase consistent student outcomes. The results from this current study provide support for the onset of clinical training to occur in the first semester of coursework and to continue consistently throughout a student’s music therapy program.

Participation in clinical work may also have implications for student retention. According to the National Center for Education Statistics (2022), the retention rate for first-time, full-time degree-seeking undergraduate students beginning in the Fall of 2019 was 82%, which means that 18% of undergraduate students did not return to the same institution in Fall 2020. While Branson (2023) offered a view into why music therapists leave the profession, music therapy student retention and dropout rates and factors have not been reported in the literature. That is concerning, given two of the three interview participants shared that they considered changing their major at some point in their education.

While the findings present a limited view of student retention, it is worth noting and discussing because clinical experiences appeared to affirm and validate their choice to pursue a music therapy degree despite their challenges. This finding is supported by a recent survey of undergraduate and graduate music therapy student satisfaction (Umeda, 2022). Umeda (2022) reported that the most enjoyable and beneficial aspects of student's education and training were their diverse clinical experiences and the courses they took related to practicum work, implying the important role of clinical work.

Implications for Supervision

Another implication of the findings of this study relates to the *quality* of clinical training experiences. Simply engaging in earlier and consistent clinical experiences throughout a student's education does not guarantee that they will have a positive experience and outcome. A student's ability to make meaning and learn from their clinical work is facilitated by their interpersonal relationships with their supervisors. While participants described receiving support from their peers and educators, they

described the interactions and relationships with their supervisors most frequently throughout the study. Therefore, I provide recommendations for supervisors in this section.

As supported in multiple studies, the results suggest that supervisors have the potential to hinder or facilitate student learning (McClain, 1993; Miller, 2012) and diminish or cultivate a safe, trusting, and supportive supervisory relationship (Imeri & Jones, 2022; Peebles, 2020; Warren, 2020). Challenges to the supervisory relationship occurred when students were asked to assist during sessions but felt unprepared. Challenges also occurred when supervisors “chose” not to provide support “in the moment” during sessions and when student and supervisor expectations differed substantially in terms of students’ abilities and prior knowledge.

In considering the findings, students feel supported and secure when supervisors engage in the following 10 practices—1) provide “in the moment” assistance during challenging clinical moments, 2) model and scaffold techniques and methods, 3) provide constructive feedback, 3) debrief with students after sessions, prompting reflection and deeper thinking, 4) meet with students before sessions to discuss the therapeutic rationale for session plans, 5) communicate clear and realistic expectations, 6) hold expectations which align with the student’s expectations, 7) allow for mistakes, 8) explain their own therapeutic rationales, 9) provide adequate time for students to prepare for sessions, and 10) challenge students to reach their potential. While I did not explore the intersection between supervisor and student identity in this study, it is vital that supervisors also examine how their own identity, privileges, and position of power might influence the

supervisory relationship, thus causing harm or cultivating trust (Imeri & Jones, 2022; Warren, 2020).

Implications Related to Impostor Feelings

An unexpected finding from the study was the prevalence of impostor phenomenon (IP) related feelings among students at all academic and clinical training levels. As previously noted, impostor phenomenon is not a clinical diagnosis, but it is a very real phenomenon that impacts students and professionals from a wide variety of fields (Clance & Imes, 1978; Fleischhauer et al., 2021), including medical students, librarians, music education graduate students, and college professors (Camara et al., 2022; Clark et al., 2014; Hutchins & Rainbolt, 2017; Sims & Cassidy, 2020).

Recently, researchers have reported on the experiences of IP among new music therapy professionals (Shah, 2022) and music therapy undergraduate and graduate students (Sims, 2017). Sims (2017) provided an emerging conceptual framework of IP development in music therapy students, which may be helpful for educators to consider. Through this model, Sims (2017) proposed an optimal level of IP characteristics (i.e., self-esteem, anxiety, fear of failure, etc.) can facilitate therapeutic effectiveness; however, experiencing very high or very low levels of these characteristics may hinder therapeutic effectiveness.

The findings from this study suggest that students experience IP-related characteristics, including feelings of inadequacy, discounting evidence of their abilities and previous accomplishments, lacking self-confidence, feeling like they fake their music and clinical skills, comparing themselves to their peers, and expressing a fear of failure. Moreover, researchers have found statistically significant associations between IP and

lower resilience (Camara et al., 2022), higher socially prescribed perfectionism and lower self-esteem (Fleischhauer et al., 2021), higher neuroticism (Bernard et al., 2002; Fleischhauer et al., 2021), and higher perfectionist thinking (Tigranyan et al., 2021). Interestingly, Aldinger et al. (2014) found that neuroticism peaked around the age of 20, and it can be postulated these “neuroticism values” (p. 9) are at an all-time high when most students are just beginning their undergraduate degree.

In this current study, students attributed the source of their impostor feelings to the ambiguity of the music therapy profession and academic and clinical training-related transitions, which supports the findings by Sims (2017), and musical insecurities, which were only vaguely mentioned by Shah (2022). Considering the findings from this study, which indicate a prevalence of impostor feelings among undergraduate students at every level of training, paired with negatively associated psychological constructs from the literature, it is imperative that program directors and educators become aware of IP, and learn how to identify and support students who may be experiencing impostor feelings.

Given the association of IP with academic and clinical training transitions (Sims, 2017), it may be helpful to make students aware early in their academic programs about IP, as researchers have suggested that becoming aware of IP feelings can help address IP-related characteristics (Hutchins & Flores, 2021; Sims, 2017; Sims & Cassidy, 2020). Researchers have also suggested creating an open atmosphere for discussing IP feelings, where peers can share their feelings and experiences related to IP, thereby normalizing and validating their own experiences with IP (Hutchins & Flores, 2021; Joshi & Mangette, 2018; Sims, 2017; Sims & Cassidy, 2020).

Educators and program directors should consider implementing peer mentor programs or peer support groups to increase opportunities for music therapy students to connect with each other outside of coursework. Milgram-Luterman (2000) suggested the clinical training component of music therapy adds a layer of stress for students and advocated for implementing peer support groups early in academic programs as a form of support. In a study of self-care habits of music therapy students, Moore and Wilhelm (2019) found students highly valued their social interactions and relationships over other forms of self-care, indicating a preference for peer support among students. One way to provide opportunities for peer support is through collaborative songwriting, which will be addressed in a subsequent section.

Another consideration is the impact of social structures on impostor feelings. Rather than assuming that impostor feelings are a result of internalized feelings, researchers have recently been exploring the intersections between individuals with marginalized identities, IP, and structures that empower and benefit groups of individuals over others, such as those who are white, Christian, cisgender, and/or nondisabled (Cokley, et al., 2013; Cokley, et al., 2017). Cokley et al. (2013) found impostor feelings predicted increased psychological distress and reduced psychological well-being among African American, Asian American, and Latino/a American undergraduate student populations, with Asian Americans reporting the highest IP feelings. Strachan (2023) offered a unique view as a Black woman in the legal profession and asserted that “intersectionality can double impostor feelings,” noting the barriers Black women experience, such as implicit bias, which contribute to impostor feelings (p. 1). Educators and program directors must examine their biases and privileges (Bain, 2023) and the

culture intentionally or unintentionally created at the program and institutional levels because these systems and behaviors can impact students' perceptions of themselves (Strachan, 2023).

Finally, given the positive correlations between depression and anxiety symptoms with IP (Tigranyan et al., 2021), and the highest reported invisible illness/invisible disability impacting music therapy students was mental illness ($n = 59.2\%$) (Warren, 2022), it is prudent for program directors to consult with their university's counseling services. During seminars or classes, counseling services could provide the student body with informational presentations about IP and IP-related characteristics. Further, program directors could work with counseling services to identify resources available for students, such as tools to help identify and challenge IP-related thoughts (Hutchins & Flores, 2021), on-campus peer groups "for individuals to air out their worries and their feelings" (Joshi & Mangette, 2018, p. 6), or in the case of individuals experiencing severe levels of IP, individual counseling services may be warranted (Joshi & Mangette, 2018; Shah, 2022).

Implications Related to Ambivalence

Another unexpected finding was the extent to which students described experiencing contrasting feelings. These opposing, or ambivalent, feelings were related to their clinical work, such as starting new clinical work or closure with clients, and related to how they perceived and felt about themselves, such as making mistakes, their perceived clinical and musical growth, and thinking about their future. As previously noted, ambivalence is defined as the "simultaneous experience of oppositely valenced emotions, such as happiness and sadness" (Leunissen, 2023, para. 1). Researchers have

provided strong evidence for the existence of the co-occurrence of emotions in both experimental (Larsen et al., 2001; Larsen & McGraw, 2011; Oh & Tong, 2022) and naturalistic settings (Adler & Hershfield, 2012; Trampe et al., 2015), and with a variety of co-occurring, or mixed, emotions (Lomas, 2017).

Most relevant to this study is the possibility for both negative and positive outcomes of ambivalence and the possible sources. Rothman et al. (2017) identified personal and organizational changes as a major antecedent of ambivalence, similar to one of the root causes of IP feelings (Sims, 2017). Individuals can respond to ambivalence along two dimensions—inflexibility-flexibility and disengagement-engagement (Rothman et al., 2017). Along the inflexibility-flexibility dimension, individuals can respond more rigidly or flexibly at cognitive, behavioral, emotional, and physical levels. Negative outcomes could include psychological constructs such as response amplification, confirmation bias, hindered decision-making, inability to change or take action, and reduced physical and psychological well-being (Rothman et al., 2017). Conversely, positive outcomes include openness to considering divergent ways of thinking, contemplating multiple perspectives, the ability to change and adapt, accepting the unknown, questioning prior assumptions and behaviors, and enhanced psychological and physical resilience and well-being (Rothman et al., 2017).

Rothman et al. (2017) provided three suggestions for facilitating acceptance of ambivalent feelings, leading to positive outcomes and healthy, flexible behaviors. First, Rothman et al. (2017) proposed that “guidance and interventions from outsiders such as boundary spanners” (p. 48) can help individuals respond flexibly to ambivalence and the antecedent situation. Educators and clinical supervisors can serve as boundary spanners.

Helping students expand their thinking and accommodate new knowledge is fundamental for educators and supervisors. Educators and supervisors can facilitate students' reflections on their clinical work to help alleviate fears and concerns (Abbott, 2018; Pitts & Cevasco, 2013) and to facilitate meaning-making and self-awareness (Barry & O'Callaghan, 2008).

Abbott (2018) reported the use of learning tools such as a client functioning inventory and practicum logs. Other reported reflective practices include journal writing (Ballantyne & Baker, 2013; Barry & O'Callaghan, 2008; Wheeler & Williams, 2012), practicum reports (Bae, 2012), and songwriting (Baker & Krout, 2011, 2012, 2013; Krout et al., 2010). Songwriting as a form of reflection can serve as a process to think in-depth about clinical experiences and related stressors, as a way to create a tangible product for further reflection, and as a method to empower people to "self-reflect, grow, and ultimately transform" (Baker & Krout, 2013, p. 143). Songwriting as a form for exploring ambivalence is discussed in a subsequent section.

A second suggestion for promoting positive outcomes and behaviors due to ambivalence is related to creating "psychologically safe environments" (Rothman et al., 2017, p. 48). Individuals must feel safe to take risks and try new things without the possibility of experiencing shame, fear, or embarrassment. Educators and supervisors should encourage risk-taking when pressure is low, such as during class when grades are not attached to an in-class experience or when trying a music therapy technique with trusted peers instead of clients. Additionally, communicating an acceptance and expectation for students to make mistakes may help cultivate a safe and trusting supervisory relationship. Shulman-Fagen (2001) stressed the fundamental responsibility

of supervisors is to provide a “fertile and safe environment for students” and provided suggestions for arts-based supervision practices that foster students’ intra- and interpersonal relationships (p. 150).

The third and last suggestion to promote healthy processing of ambivalence is for educators and supervisors not to unnecessarily pressure students to choose between the two opposing emotions (Rothman et al., 2017). Rothman et al. (2017) suggested that it is not the experience of conflicting emotions that results in negative outcomes but the stress that an individual feels when confronted with making a choice regarding their ambivalent feelings. Most of the ambivalent feelings expressed by the participants in this study did not involve having to make a choice, with the exception of their ambivalent feelings related to their future, especially internship. Therefore, students’ ambivalent feelings are not necessarily experienced negatively and may result in positive feelings (Rothman et al., 2017).

However, students will need to make a choice about their future, such as where they will apply for internships. The two interview participants in this study who were closest to internship, expressed their anxiety and hope for their upcoming internship, namely because of the geographic move associated with it. This finding suggests that ambivalent feelings related to their future could produce negative outcomes if not effectively supported by educators. Educators can help students confront their ambivalent feelings by helping them see the “big picture” (Miller, 2022, p. 123). Miller (2022) recommended considering different perspectives through “unbiased processing” may help with indecisiveness (p. 96). Educators can facilitate unbiased processing by assisting students to weigh the pros and cons of a given situation, especially concerning

the culminating music therapy internship. For example, helping students consider a variety of factors in choosing internship sites such as short- and long-term consequences, financial means and needs, and the impact their internship choice will have on others, to name a few.

Implications for Collaborative Peer Songwriting

Due to the expressive nature of songwriting and its ability to explore and process ambivalent emotions (Baker & Krout, 2013) and impostor phenomenon (IP) related feelings (Baker & Krout, 2011), it is not surprising that much of the song analysis resulted in examining the affective qualities of the undergraduate music therapy student experience, including impostor feelings and mixed emotions. Baker and Krout (2012) described songwriting as a healthy coping mechanism for complex feelings related to music therapy clinical training. This assertion is not surprising given findings from an earlier study by Clark and Kranz (1996), who found new music therapy students used music to regulate their moods and emotions ($n = 174$), to cope with stress ($n = 108$), and to express themselves ($n = 42$). While Clark and Kranz (1996) did not specify how participants used music (i.e., songwriting, listening, etc.), they demonstrated the strong, natural connection between music therapy students and how music is used and experienced in their personal lives to regulate, express, and cope with their emotions. Pollard (2018) also provided evidence of songwriting as a method to cope with transitions.

Two interview participants, Gail and Claudia, provided their perceptions of the songwriting workshop they attended as part of this current study. They shared how their experience in the songwriting workshop was a validating and helpful shared experience

with peers. Claudia found comfort in connecting with peers who were all “very insecure” and “questioning the same kind of things,” such as whether music therapy was meant for them or whether they would be any good at it. Connecting with peers across the country who felt similar insecurities “helped” to validate her feelings. Similarly, Gail felt like it was easier to write a song with her peers rather than by herself because she was writing a song with other people who “were kind of all going through the same thing.” For Gail, it was “easier to... reflect together.” Gail also found it helpful that they could “bounce ideas” off each other during the songwriting process.

Although their feedback was not included as an interview theme or subtheme because there was not enough data related to their responses, their perceptions are still worth consideration and were mirrored in the songwriting theme, *Connecting with Peers*. In this theme, fourth-year participants expressed how validating it felt to connect with peers across multiple states who were all at the same point in their academic programs. This experience appears to take on more meaning because the participants were enrolled in smaller programs, where they had no other senior music therapy students to talk to about their ambivalent feelings related to their future, namely their upcoming internships.

Based on the findings from this study and the inherent nature of songwriting to express the complexity of human emotion, I highly encourage educators to explore how they can implement collaborative peer songwriting to best support their student body. For example, participants in this study really enjoyed meeting and interacting with students from different universities. Further, the collaborative songwriting workshop helped to connect students from smaller programs who were at the same academic level, allowing them to discuss their shared but separate experiences. Educators teaching in

smaller programs may want to consider reaching out and partnering with another music therapy program and have students work in dyads or triads at the same academic levels to reflect and write a song about their clinical experiences. The use of a web-based digital audio workstation (DAW), such as Soundtrap, can allow students to collaborate musically, regardless of geographic location or access to instruments and recording equipment.

Educators could also consider incorporating collaborative peer songwriting as part of the supervision process for students completing clinical work in the same or similar clinical setting, allowing students to process their shared experiences and feelings. Facilitating collaborative peer songwriting at the beginning, midpoint, and end of their clinical placement may help students become more self-aware of their growth process. In addition, the songs, or musical containers (Baker & Krout, 2013), can become artifacts that provide a snippet into the internal worlds of students that they may not feel comfortable sharing with their professors explicitly. In considering the fears and concerns of Black music therapy students (Imeri & Jones, 2022) and students with invisible illnesses and disabilities (Warren, 2020), students may not feel comfortable sharing their experiences, especially with educators who have a considerable amount of privilege and power (Gombert, 2022) but may feel more comfortable sharing with their peers (Baker & Krout, 2013). In the next section, I outline my recommendations for researchers and educators who may want to use the SLMA method to analyze original songs written by their students, clients, or research participants.

Reflections on the Synchronous Lyric and Music Analysis (SLMA)

After consulting the research on analyzing original songs, I discovered a paucity of methods that allowed researchers to systematically and simultaneously analyze and interpret a song's lyrical and musical content. As previously mentioned, researchers have focused exclusively on lyric analyses (Baker & Krout, 2011; McFerran-Skewes et al., 2011; O'Callaghan & Grocke, 2009). Other researchers have analyzed musical improvisations, focusing primarily on the musical elements and the processes in which these elements unfold (Erkkilä, 2007; Turry, 2010). Viega and Baker (2017) compared two approaches for analyzing original songs created in music therapy. Both approaches, deductive analytical and experiential arts-based research approaches, considered lyrics and music but with limited reporting on how the musical elements were systematically analyzed.

Grocke (2007) developed the Structural Model of Music Analysis (SMMA), a systematic method for analyzing musical elements in pre-composed classical selections. Grocke and Castle (2012) used SMMA to analyze the musical structure of original songs written by individuals with severe mental illness. However, the researchers examined the lyrics and music separately. To date, there is no known method for a systematic analysis of lyrics and music simultaneously, unfolding over time, to render a description and interpretation of the overall meaning conveyed by the songwriters. This lack of guidance necessitated the creation of a method that would allow researchers and music therapists to examine the lyrical and musical elements concurrently; thus, the Synchronous Lyric and Music Analysis (SLMA) was developed. A new coding strategy, phase-by-phase coding,

was created as part of the SLMA method to segment an original song into discrete phrases, thereby assisting in a detailed coding of each phrase.

I reflected on the strengths and weaknesses of the SLMA method as a novel analytic tool while analyzing four of the five original songs created by participants. Feedback obtained through member checking with participants and peer verification also contributed to the reflections on the SLMA's usefulness in analyzing and interpreting the meaning conveyed by the participants. The tool's primary strength included the required immersion level and the resulting detailed analysis. Going through the process of the SLMA method deeply immersed me in the song, focusing my attention on the details of each musical and lyrical component. The method required a discrete dissecting of each phrase's structural elements, working through the song one phrase at a time but also iteratively as each phrase was connected to another.

During peer verification, this level of detail was noted as a strength. The peer verifier remarked that the SLMA method:

... is detailed to a high degree and carefully considers the song's meaning on many levels. I am impressed with the level of detail and accuracy of even minute observation. It really provides an almost note-by-note chronology of each phrase, also with the phrase-by-phrase progression of the song.

The peer verifier, who was an experienced researcher and music therapist, reviewed the songs that were analyzed using both the SLMA method and the SMMA method. The verifier recommended reviewing the SMMA table first, followed by the SLMA phrase-by-phrase matrix second, when both methods are used, as in the case of the song "Experiences." They noted, "in summary, the phrase-by-phrase coding matrix is more

helpful for me than the SMMA and brings the analysis to a new level for review and understanding.”

Another perceived strength of the SLMA method was its ability to facilitate the process of moving from descriptive analysis to interpretation. The columns of the SLMA phrase-by-phrase coding matrix move in progression from describing the lyrical and musical elements in the first three columns (phrase, lyric description, musical description) to an association of musical elements with affective meanings in the fourth column (referential music meaning), and finally the synthesis of meaning column which requires an interpretation of meaning from the first four columns. Compared to the interview phase analysis, I was able to develop higher-level interpretations of the meaning conveyed by participants using the SLMA. Through member checking, I confirmed the interpretations generated by the participants’ songs, as the synthesis of meaning column provided core content in generating themes for each song’s data set.

The level of detail was also a weakness related to the practicality of the SLMA. Analyzing original songs using the SLMA method was a very tedious task. The first phase of SLMA, musical immersion, required me to transcribe each original song onto a score. Then, in the next phase, analysis preparation, I analyzed key harmonic, melodic, and rhythmic features. The score transcription and initial musical preparation analysis could be given to a professional composer or music theorist, saving the researcher a tremendous amount of time. This strategy would be similar to how researchers hire individuals or use software technology to transcribe interviews.

However, I argue that transcribing and conducting an initial musical analysis lent itself to deep thinking about participants’ musical choices, musical meanings, and a better

understanding of the lyrical content, allowing for creative coding and the ability to make connections during the third phase of SLMA, the phrase-by-phrase coding matrix. One might argue that a notated score is not necessary. Yet, I would stress that notating the music contributed to a more robust, richer analysis because each musical element was described and analyzed in detail. Additionally, dictating the instrumental and vocal tracks required repeated listening, aiding in data immersion.

Reflecting on my experience using the SLMA method, I suggest the following modifications and considerations for researchers, educators, and music therapy clinicians. First, I believe using the SLMA method alongside collecting and analyzing verbal reflections was very helpful in ascertaining the meaning of participants' songs. I suggest researchers transcribe the verbal reflections before completing the SLMA phrase-by-phrase coding matrix. Transcribing verbal reflections before the song analysis allowed possible interpretations within the synthesis of meaning column to be more focused. Often, the meaning of the music was ambiguous, and the verbal reflections provided more insight into participants' intentions. Incongruencies could then be addressed in member checking.

Another suggestion is to maintain a reflexive research journal while conducting the SLMA method. Similar to the inherent subjectivities in qualitative research, with the researcher being the primary data collection and analysis method, SLMA requires many analytic decisions to be made. As noted previously, subjectivity in reflexive TA is a hallmark, not a limitation. However, practicing reflexivity by noting analytic decisions and interpretations throughout the SLMA method is good practice and increases the trustworthiness of the findings in later analysis phases.

Last, there are several modifications I would make to the SLMA phrase-by-phrase coding matrix. The peer verifier recommended including the marked-up score, with the harmonic, melodic, and rhythmic analysis of each phrase, rather than a clean copy of the score under the first column of the matrix. Second, I recommend the addition of Grocke's (2007) last structural component, performance. I did not include the performance element in the SLMA phrase-by-phrase coding matrix because I did not want to place value judgments on the quality of the performance of the song, considering the participants were not performance musicians.

However, after reflecting on the process, I believe the performance element would be beneficial to include because one of Grocke and Castle's (2012) "sub-descriptors" (p. 405) relates to the "articulation of feelings and emotions" (p. 411). Additionally, Grocke and Castle (2012) described the "quality of the performance," such as singing in tune (p. 411). They also described "stylistic interpretation—artistic merit," such as the balance between the instrumental and vocal parts or how "well-rehearsed" the song was (Grocke & Castle, 2012, p. 411). This element provides a way to describe how well the songwriters adhered to musicality, such as singing in tune or playing on tempo. Considering that participants were music therapy students with varying levels of music theory, ear training, and songwriting, issues in the performance of the song could affect the overall analysis. Therefore, I recommend including the performance element in the SLMA phrase-by-phrase coding matrix under the referential music meaning column with the other two elements used to associate music with emotion.

Limitations

The songwriting workshop structure presented limitations to the creation of an original song. One limitation of the workshop was the lack of time. While the second and third workshops were extended, compared to the pilot workshop, participants still had limited time to develop a fully completed original song and may have felt rushed (see Appendix I). Participants did not always have enough time to finish their songs or finish recording vocal lines. The time allotted for the workshop and song creation was balanced with the busy schedule of an undergraduate student. If students were allotted more time, such as over the course of several weeks, a more developed song could be created and analyzed.

Issues with technology were also another limitation of the workshop. While Soundtrap allowed participants from across the country to create music together, participants learned new software and experienced technical glitches that inhibited the songwriting process. For example, some participants were unable to save changes made to musical tracks, affecting the outcome of the original song. Another limitation was the variability of music and theory skills needed to create music through a digital audio workstation. Some participants had less experience than others in their musical abilities, which could have impacted their ability to create music that effectively conveyed their ideas and message.

Recommendations for Future Research

This study was the first to highlight specifically pre-internship undergraduate music therapy student perspectives through collaborative peer songwriting and in-depth interviews. Starting with songwriting, the inductive nature of the study led me to

discover several surprising findings, such as the prevalence of ambivalent or conflicting feelings that permeated students' clinical training experiences as well as their musical development and academic work. Another surprising finding was the extent to which students experienced impostor phenomenon (IP) feelings, which was pervasive across all academic levels.

Both IP and ambivalence were evident from the songs students wrote and were explored in-depth during the interview phase. As previously mentioned, collaborative peer songwriting facilitates the expression of ambivalent emotions, as well as feelings that may be more complex to communicate, such as impostor feelings. Although this study presented some unique findings related to the topics of IP, ambivalence, and resilience, I now have more questions than when I began and, therefore, provide suggestions for future research.

Music Therapy Students and Impostor Phenomenon

An interesting and novel finding from this study is that, while Clance and Imes's (1978) original study was situated within a feminist framework and did not include male participants, a songwriting participant from this study who directly identified their experience as being related to "impostor syndrome" was an undergraduate man, Lance. Recent research supports Clance and Imes's original assertion that women experience IP more frequently by comparing correlated constructs, such as self-esteem and neuroticism (Fleischhauer et al., 2021). However, researchers have found men also experience IP (Bernard et al., 2002; Clark et al., 2014). This current study offers the first known evidence of IP feelings among the music therapy undergraduate men student body.

Empirical research on IP and music therapy is fairly recent, and previous researchers have explored IP through qualitative approaches with limited sampling and the inclusion of only women (Shah, 2022; Sims, 2017). While Shah (2022) reported on their experiences as a first-generation Canadian from an Indian family, Sims (2017) did not report on racial and ethnic identity, sexual orientation, or disability. Although several participants in this study identified as belonging to minoritized communities, such as identifying as non-binary, Hispanic, or having a disability, I did not explore these individual facets of their identities. The lack of in-depth exploration of how participants' clinical experiences were impacted by their unique identities and the lack of representation among underrepresented student groups necessitate more research in this area.

At its detriment, the field of music therapy predominately consists of white, non-disabled, cisgender women (AMTA, 2021), and a sense of urgency is growing for cultural responsiveness and an awareness of the extensive barriers students with marginalized identities experience within both music therapy education and practice (Bain, 2023; Bmus & Wong, 2022; Ferrer, 2017; Gombert, 2022). Additionally, researchers have found IP feelings may be exacerbated among individuals with marginalized identities, often related to oppressive social systems (Cokley et al., 2013; Cokley et al., 2017; Strachan, 2023).

I recommend future researchers investigating IP and music therapy students explore the correlations among not just academic levels but also other demographic factors, including race and ethnicity, a gender spectrum rather than genderized classifications, religious beliefs, sexual orientation, and disability while keeping in mind

the limited validity and reliability of traditional IP measures (Mak et al., 2019). With the exception of a few studies related to student's experiences as a Black student (Imeri & Jones, 2022) or students with invisible illnesses or disability (Warren, 2020), very few researchers have investigated how music therapy students' unique identities impact their clinical training. Calls for more research and the centering of silenced perspectives of the diverse range of music therapy students and professionals have been a focus in the most recent report by the Commission on the Education and Clinical Training of 21st Century Music Therapists (2024).

Impostor Phenomenon and Ambivalence

Another area of music therapy research yet to be explored is the connection between IP and ambivalence. Seah and McFerran (2016) made a clear connection between ambivalent feelings and IP, suggesting ambivalence may be a result of impostor feelings and recommended researchers gain a better understanding of the “psychological complexity” of the transition into the music therapy profession as a new graduate (p. 361). In exploring their personal transitions into the profession, Shah (2022) also drew a comparison between their impostor feelings and their experience of ambivalence. Shah (2022) stated:

I continue to explore dichotomies and the “in-between” spaces—times when I feel both shame and pride related to identity and belonging, or times when I feel both insecure and confident as the only music therapist in a team meeting, or times when I feel both vulnerable and resilient in exploring my own fears and self-doubts. (p. 84)

Music Therapy Students and Resilience

Both Shah (2022) and Seah and McFerran (2016) reported on the role of resilience in coping with their transition into the music therapy profession and the complex emotions associated with the experience. Clearly, IP and ambivalence are associated with transitions (Rothman et al., 2017; Seah & McFerran, 2016; Sims, 2017), and both are associated with resilience (Camara et al., 2022; Larsen et al., 2003; Miller, 2022). Given that ambivalence has been shown to promote resilience when experiencing an optimal level of positive and negative emotions (Larsen et al., 2001; Larsen et al., 2003), and the evidence suggesting higher IP is correlated with decreased resilience (Camara et al., 2022), it would be helpful to determine if a relationship exists between resilience, IP, and ambivalence within the music therapy student population. For example, would students reporting little or no impostor feelings also report feeling more ambivalent or indicate higher resilience? Is there an association between resilience and positive responses to ambivalence, such as flexibility and creativity (Miller, 2022; Rothman et al., 2017)? The answers could provide insight into how educators and supervisors can promote resilience within music therapy student development.

Further, what associations exist between resilience and other IP-related characteristics, such as neuroticism and mental health, among music therapy students? Considering that neuroticism tends to peak around the age of 20 (Aldinger et al., 2014), and the highest reported invisible illness or invisible disability by music therapy students was mental illness ($n = 45\%$) (Warren, 2020), it would be helpful to investigate the correlations among the undergraduate student population. Given the prevalence of IP and its association with decreased psychological well-being (Cokley et al., 2013), it is worth

exploring how educators and supervisors might promote resilience by accepting ambivalence as part of the growing process and exercising the responses associated with positive outcomes (i.e., cognitive, behavioral, physical, and emotional flexibility, dialectical thinking, accepting the unknown, considering multiple perspectives, etc.) (Rothman et al., 2017).

Music Therapy Student Retention

Another area of future research relates to student retention. While it would be difficult to empirically explore why music therapy students decide to leave the major, it may be more advantageous to explore why students reach that point in their academic journey but then decide to commit rather than leave the major. As noted in the findings of this current study, students considered changing their major when presented with challenges. However, working with real clients in rewarding clinical experiences validated and affirmed their choice to pursue music therapy. Therefore, exploring the relationship between clinical experiences and retention through both quantitative and qualitative measures would provide more insight into this topic. Additionally, it would be helpful to know if resilience can support student retention. For example, psychology researchers have found resilience positively predicted student retention among students who were previously on academic probation (Caporale-Berkowitz et al., 2022). Is there a connection between rewarding and validating client experiences and resilience?

Synchronous Lyric and Music Analysis

The last recommendation for future research concerns the use of the novel Synchronous Lyric and Music Analysis (SLMA) method that I designed for this study, along with the phrase-by-phrase coding matrix. As mentioned, neither tool has been used

outside this study. I recommend researchers use the SLMA method and the phrase-by-phrase coding matrix to analyze the expressive meaning of the lyrics and music of an original song created by research participants. Increased use of the SLMA method and the phrase-by-phrase coding matrix would broaden researchers' understanding of the practicality and usefulness of both music analysis tools.

Conclusion

The purpose of this qualitative study was to explore how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences. Using reflexive thematic analysis and arts-based research methods, I collected and analyzed data in two sequential phases— collaborative peer songwriting workshops and in-depth interviews. The study included 15 songwriting workshop participants across the United States, three of whom were self-selected to participate in multiple in-depth interviews.

Five participant-created original songs were generated from the songwriting workshops. I used two music analysis methods to analyze and interpret the meaning of their songs— a novel music analysis method developed for this study, the Synchronous Lyric and Music Analysis (SLMA) and phrase-by-phrase coding matrix, and a modified version of Grocke's (2007) Structural Model of Music Analysis. I explored the thematic findings from the songwriting phase more deeply during multiple, intensive, individual interviews with three pre-internship undergraduate students across three different academic levels—a second-year, third-year, and fourth-plus-year student.

I presented ten key findings (see Table 9) as a result of synthesizing the songwriting and interview themes, organized by research questions. I discussed the key

findings in consideration of the study's conceptual framework and related body of research literature. Primarily, I wanted to know how undergraduate music therapy students perceive, describe, and make meaning from their pre-internship clinical experiences, including how they perceive themselves, their clients, and the practice and profession of music therapy. The findings from this qualitative, arts-based study indicate that students have profound clinical experiences with clients that resonate with them, due in part to the rewards but also the challenges of clinical work.

Students learn the most from challenging experiences, yet the rewarding experiences validate and affirm their choice of becoming a music therapist. Further, the results suggest that these positive, resonating experiences help alleviate some of the stressors and challenges experienced in their clinical work. Clinical experiences appear to help keep students motivated and connected to the major despite the rigorous demands of clinical and academic training. Peers and supervisors are instrumental in facilitating the meaning-making process for students but also provide support "in the moment" during clinical experiences. The intrapersonal relationship students have with themselves resulted in the most unexpected findings—namely, their ambivalent feelings and the prevalence of impostor feelings at each level of academic and clinical training.

I also reflected on the practicality and usefulness of the SLMA method and phrase-by-phrase coding matrix, and provided suggestions for modifying and using the method in future research studies, supervision, or clinical work. Finally, I discussed the implications for program directors, educators, and clinical supervisors, and provided recommendations for future areas of research.

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APPENDIX A:

Analytic Decisions Based on Bonde's (2007) Step by Step Guide of Researching Music

ANALYTIC DECISIONS BASED ON BONDE'S (2007) STEP BY STEP GUIDE FOR RESEARCHING MUSIC

Steps and questions provided by Bonde (2007, pp. 257-262)		Analytic decisions
Step 1: The Trace	Is a recording available?	Yes, participants will create and share their original song through Soundtrap (a digital audio workspace). Songs will be accessible as an .mp3 file and as a MIDI track which can be exported to Noteflight for transcription.
	Are verbal comments from the included or available?	Yes, verbal reflections of the participants will be recorded and transcribed for a later stage of thematic analysis.
Step 2: The Scope	Does the analysis address one short segment, several segments or large amounts of segments?	The analysis will include the entire song, segmented into musical phrases. It is important to analyze the entire song to fully understand the meaning of the participants.
	Does the analysis cover part of one session, a whole session, or a series of sessions.	The analysis will include just one songwriting session by participants. Therefore, it is not anticipated the songs will be lengthy or complex.
Step 3: Focus and Purpose	Is a verbal description/ analysis/interpretation of the music needed?	A verbal description will not be necessary. A musical score of the lyrics and music will be created.
	Does the analysis focus on sound, syntax, semantics, pragmatics?	The analysis will focus on syntax and semantics. Syntax will be analyzed by adapting Grocke's (2007) Structural Model of Music Analysis and semantics will be analyzed according to music psychology theorists (Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010).
	Is the focus on the music, on the musical experience, on musical interactions, or on the relationship between the music and the experience?	The focus is on the meaning of the music itself. Musical syntax and semantics will be analyzed and compared to the lyrics in order to code and interpret the overall meaning of each musical phrase.
	Do you have any analytical or theoretical assumptions to guide you?	Songwriting can be a reflective process for participants, whereby the music allows them to express emotions and thoughts not easily conveyed by language alone (Baker & Krout, 2011, 2012, 2013). Music can help convey and enhance the mood or emotion of the lyrics and help the listener understand lyrical meaning (Baker, 2015) or identify

		incongruencies between the lyrics and music (Viega & Baker, 2017).
	Is a (psychological) interpretation of the music necessary or appropriate? If yes, what is the theoretical framework?	Yes, musical meaning (semantics) will be analyzed according to music psychology theorists (Gabrielsson & Juslin, 2003; Gabrielsson & Lindström, 2010).
Step 4: The represent- ation	Is a visual representation of the music necessary?	Yes, a score will be transcribed of each original song to visualize and analyze the lyrics and music simultaneously, phrase-by-phrase, on the same document.
Step 5: The present- ation	Is it an oral or written presentation?	A written presentation will be provided.
	Who is the audience/target group and what is the purpose of the presentation? What types of auditive and visual documentation are relevant and appropriate in the context?	The target group for music analysis will be other researchers and scholars interested in understanding the pre-internship clinical experiences of undergraduate music therapy students, or those interested in incorporating both music and lyric analysis of original songs. A score of each song with music and lyrics will be provided.

APPENDIX B:

Institutional Review Board (IRB) Approval



**Institutional Review Board (IRB)
For the Protection of Human Research Participants**

PROTOCOL EXEMPTION REPORT

Protocol Number: 04251-2022

Responsible Researcher(s): Katie Whipple

Supervising Faculty: Dr. Herb Fiester

Project Title: *Understanding the Pre-internship Clinical Experiences of Undergraduate Music Therapy Students.*

INSTITUTIONAL REVIEW BOARD DETERMINATION:

This research protocol is **exempt** from Institutional Review Board (IRB) oversight under 45 CFR 46.101(b) of the federal regulations **category 2**. If the nature of the research changes such that exemption criteria no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research study.

ADDITIONAL COMMENTS:

- *Exempt protocol guidelines **permit** recording of interviews provided recordings are made to create an accurate transcript. Upon creation of the transcript, the recorded interview session must be immediately deleted from all devices.*
- *Exempt guidelines **prohibit** the collection, storage, and/or sharing of recordings.*
- *As part of the informed consent process, recordings must include the researcher reading aloud the consent statement, confirming participant's understanding, and establishing their willingness to take part in the interview. Participants must be offered a copy of the research statement. For documentation purposes, the transcript must include the reading of the consent statement.*
- *In an effort to maintain participant confidentiality, pseudonym lists must be kept in a separate file from corresponding name lists, email addresses, etc.*
- *Upon completion of the research study, collected data (e.g. transcript, name lists, email lists, etc.) must be securely maintained and accessible only by the researcher for a minimum of 3 years. At the end of the required time, collected data must be permanently destroyed.*

If this box is checked, please submit any documents you revise to the IRB Administrator at irb@valdosta.edu to ensure an updated record of your exemption.

Elizabeth Ann Olphie *01.31.2022*
Elizabeth Ann Olphie, IRB Administrator

Thank you for submitting an IRB application.
Please direct questions to irb@valdosta.edu or 229-253-2947.

Revised: 06.02.16

APPENDIX C:

Academic Program Director Songwriting Workshop Recruitment Letter

ACADEMIC PROGRAM DIRECTOR SONGWRITING WORKSHOP

RECRUITMENT LETTER

Dear AMTA Academic Program Directors,

My name is Katie Whipple, and I am an Ed.D. Candidate at Valdosta State University. I am also the undergraduate coordinator for the music therapy program at Georgia College & State University in Milledgeville, GA. Currently I am conducting a qualitative dissertation study using an arts-based approach, titled *Understanding the Pre-Internship Clinical Experiences of Undergraduate Music Therapy Students*. The primary intellectual goal of my study is to develop a deeper understanding of how pre-internship clinical experiences contribute to the development and learning of undergraduate music therapy students. Through this deeper understanding, the primary practical goal is to provide insights for educators and clinical supervisors regarding how to better support and facilitate students throughout their development, especially during those early, foundational practicum experiences.

In the first phase of this study, I will host a virtual songwriting workshop with undergraduate music therapy students using two web-based applications—Soundtrap and Zoom. The goal of the workshop is to facilitate smaller breakout Zoom rooms where students within similar academic levels will reflect on their clinical work and collaborate to develop an original song about their clinical work using Soundtrap. The workshop will begin with an introduction to songwriting, and the music making and recording capabilities of Soundtrap. The workshop will conclude with a presentation of each group's original song and a brief verbal reflection on the meaning of their song as it relates to their clinical experiences. The student generated songs and verbal reflections will be recorded and analyzed as part of the study.

I received your contract information from AMTA, and your name is being used with permission from the American Music Therapy Association, following a review of the request. I am writing today to ask if you would be willing to post the enclosed flyers to raise an awareness of this opportunity for your students. I will follow up with an email to ask for your support in disseminating an electronic flyer to your undergraduate music therapy students, which will contain a hyperlink to register for the workshop. Participants will also be asked to provide their informed consent through the registration form and at the beginning of the workshop. There are no known risks in participating in the virtual songwriting workshop and the study has been approved by Valdosta State University's Institutional Review board. There is an incentive for participation because students will receive a free Soundtrap account, for a limited time, for participating in the study.

I would greatly appreciate your support in this effort. Thank you for your time and consideration.

Katie Whipple, MMT, LPMT, MT-BC
Ed.D. Candidate in Leadership, emphasis in Higher Education

Valdosta State University
James L. and Dorothy H. Dewar College of Education and Human Services
kgwhipple@valdosta.edu
(478) 445-2647

Questions regarding the purpose or procedures of the research should be directed to Katie Whipple at kgwhipple@valdosta.edu. This study has been approved by the Valdosta State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

APPENDIX D:

Songwriting Workshop Recruitment Flyer



VIRTUAL SONGWRITING STUDY & WORKSHOP

If you are an undergraduate music therapy student, you may be eligible to participate in a research study exploring the pre-internship clinical experiences of students through collaborative songwriting!

[Click Here](#)
to Register
or scan QR code



WHEN & WHERE:

APRIL 9, 2022

12:00PM - 5:00PM EST

VIA ZOOM (LINK SENT AFTER REGISTRATION)

This research study & workshop will give you a chance to:

- Connect with other undergraduate music therapy students across the country through songwriting!
- Learn and apply the basics of recording and music-making through Soundtrap (a web-based music creation platform).
- Share your perspectives on your clinical experiences so educators can learn how to better support you.
- Learn how to use songwriting as a tool for reflecting on your clinical work.

PLUS:

- Participants will receive a FREE Soundtrap account, for a limited time, after registration.
- No previous songwriting experience is necessary!
- Minimal equipment is needed—All you need are headphones with mic and your computer or mobile device.

Are You Eligible?

- Must be 18 years of age or older
- Undergraduate music therapy student attending an AMTA approved music therapy program
- Freshman, Sophomore, Junior, and/or Senior
- Have had a least one semester of pre-internship clinical experiences (or currently in clinical work)
- Have participated in clinical experiences in an observational, assisting, co-leading, or full leadership role
- Are not currently in internship or in an equivalency program

Questions regarding the purpose or procedures of the research should be directed to Katie Whipple at KGWhipple@valdosta.edu. This study has been approved by the Valdosta State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

APPENDIX E:

Academic Program Director Songwriting Workshop Recruitment Email

ACADEMIC PROGRAM DIRECTOR SONGWRITING WORKSHOP

RECRUITMENT EMAIL

Email Subject: Request for support in dissertation research

Dear AMTA Academic Program Directors,

My name is Katie Whipple, and I am an Ed.D. Candidate at Valdosta State University. I am also the undergraduate coordinator for the music therapy program at Georgia College & State University in Milledgeville, GA. Currently I am conducting a qualitative dissertation study using an arts-based approach, titled *Understanding the Pre-Internship Clinical Experiences of Undergraduate Music Therapy Students*. The primary intellectual goal of my study is to develop a deeper understanding of how pre-internship clinical experiences contribute to the development and learning of undergraduate music therapy students. Through this deeper understanding, the primary practical goal is to provide insights for educators and clinical supervisors regarding how to better support and facilitate students throughout their development, especially during those early, foundational practicum experiences.

In the first phase of this study, I will host a virtual songwriting workshop with undergraduate music therapy students using two web-based applications—Soundtrap and Zoom. The goal of the workshop is to facilitate smaller breakout Zoom rooms where students within similar academic levels will reflect on their clinical work and collaborate to develop an original song about their clinical experiences using Soundtrap. The workshop will begin with an introduction to songwriting as a form of clinical reflection, followed by the music making and recording capabilities of Soundtrap. The workshop will conclude with a presentation of each group's original song and a brief verbal reflection on the meaning of their song as it relates to their clinical experiences. The student generated songs and verbal reflections will be recorded and analyzed as part of the study.

I am emailing today to ask if you would be willing to forward the attached flyer about the songwriting workshop to your *undergraduate* music therapy students. The flyer includes details about the workshop, along with a registration link and eligibility requirements. Participants will also be asked to provide their informed consent through the registration form and at the beginning of the workshop. There are no known risks in participating in the virtual songwriting workshop and the study has been approved by Valdosta State University's Institutional Review board. There is an incentive for participation because students will receive a free Soundtrap account, for a limited time, for participating in the study. Also, I received your contract information from AMTA, and your name is being used with permission from the American Music Therapy Association, following a review of the request.

I greatly appreciate your support in this effort. Thank you for your time and consideration.

Sincerely,

Katie Whipple, MMT, LPMT, MT-BC
Ed.D. Candidate in Leadership, emphasis in Higher Education,
Valdosta State University
James L. and Dorothy H. Dewar College of Education and Human Services
(478) 445-2647

Questions regarding the purpose or procedures of the research should be directed to Katie Whipple at kgwhipple@valdosta.edu. This study has been approved by the Valdosta State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

APPENDIX F:

Virtual Songwriting Workshop Registration and Informed Consent

VIRTUAL SONGWRITING WORKSHOP REGISTRATION AND INFORMED CONSENT

Link to digital document can be found accessed here:

https://valdosta.co1.qualtrics.com/jfe/form/SV_1MREwrHP2Mzohuu

You are being asked to participate in a survey research project entitled “Understanding the Pre-internship Clinical Experiences of Undergraduate Music Therapy Students,” which is being conducted by Katie Whipple, a doctoral student at Valdosta State University. The purpose of the study is to gain a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students. You will receive a free Soundtrap account for a limited time for participating in this research study and your responses may help us learn more about how working with clients in a real-world setting is truly experienced and perceived by pre-internship undergraduate students.

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life. The survey should take approximately 5 minutes to complete. The survey responses, and your participation, will be kept confidential. No one, including the researcher, will be able to associate your responses with your identity. Your participation is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. Participants must be at least 18 years of age to participate in this study. Your completion of the survey serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older. You may print a copy of this statement for your records.

Questions regarding the purpose or procedures of the research should be directed to Katie Whipple at Kgwhipple@valdosta.edu. This study has been exempted from Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

1. I am 18 years of age or older.

- Yes
- No

2. I am currently an undergraduate music therapy student, enrolled in an AMTA approved music therapy program. If you are not sure, you can search for your school here:

<https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=amta2&WebCode=OrgSearch>

- Yes
- No

3. I am currently completing academic coursework. I have not started my clinical internship yet.

- Yes
- No

4. What year are you currently in your music therapy program (number of years since acceptance into the program)?

- First-year music therapy student
- Second-year music therapy student
- Third-year music therapy student
- Fourth-year or more music therapy student

5. How many semesters of clinical work have you experienced?

- 0 semesters
- 1 semester
- 2 semesters
- 3 semesters
- 4 semesters
- 5+ semesters

6. Which of the following roles have you experienced most recently in your pre-internship clinical work?

- Observational (no active engagement)
- Participatory (participate in the session but not actively providing support or assistance)
- Assisting (with clients or leading portion of session)
- Co-leading (with supervisor or other MT student)
- Leading Independently

7. Please provide an email address I can use to contact you regarding specifics of the workshop, such as your free Soundtrap educational account. It is preferred that you do not use your school email address, if possible, to promote anonymity.

Thank you for registering for the Virtual Songwriting Study & Workshop! You will receive instructions for activating your Soundtrap Account and for logging into the Virtual Workshop on DATE with the email address you provided.

APPENDIX G:

Songwriting Workshop Confirmation and Instructional Email

SONGWRITING WORKSHOP CONFIRMATION AND INSTRUCTIONAL EMAIL

Dear Songwriting Participant,

Thank you so much for registering for the Virtual Songwriting Study & Workshop being conducted as part of my dissertation research investigating the pre-internship clinical experiences of undergraduate music therapy students. As a reminder, the workshop will be held day Saturday, April 9, 2022 from 12:00pm – 5:00pm (EST) through Zoom. Below are some details to help you participate in the workshop successfully.

Activating Your Soundtrap Account:

- You should receive an email from Soundtrap with an invite code shortly. If not, you can visit [Soundtrap.com/edu](https://www.soundtrap.com/edu) and paste your invite code in the field. Your invite code is: 3MMVN6A and the link to join is: <https://www.soundtrap.com/invite/3MMVN6A>
- You can join the workshop group with an existing account or signing up with a new account.
 - *If you are signing up with a new account*, you can sign up with your Google account, Office 365 account, or an email address. It is recommended you do not sign up any account that includes your first AND last name to protect your anonymity, since this will become visible to the researcher and participants.
 - *If you already have a personal Soundtrap account*, simply log in to Soundtrap, on your profile page click on “Soundtrap for Education,” and then click on “Join with Invite Code.” If your personal account name is your actual name, you may want to consider creating a new account using a pseudonym. The invite code is 3MMVN6A

Logging into the Zoom Meeting: To log into the Virtual Songwriting Workshop on April 9th, click on the Zoom meeting link:

<https://gcsu.zoom.us/j/92904723025?pwd=TTZLVIFjZ0d5SsXNvZDNGcXZqQTQwUT09>

You may also log in by visiting zoom.us and clicking on “join a meeting.” *When you join the meeting, please use the email prefix you provided (the part before the @ symbol).*

You will also need the following information to log in:

- Meeting ID: 929 0472 3025
- Passcode: 528279

Equipment Needed: Access to a computer, speaker, microphone, webcam (optional), and internet connection.

- *Computer:* You can use most of up-to-date operating systems including Mac, iOS, Android, Windows, and Chromebook. If you are not sure if your computer supports Zoom or Soundtrap, reach out to me or view the system requirements [here](#).
- *Speakers:* You can use your computers built-in speaker, but headphones (or ear buds) will work best during the recording process (to eliminate feedback or recording unwanted sounds).

- *Microphone:* You can use your computer’s built-in microphone or an external USB plug-in microphone. The microphone does not need to be an expensive recording mic. A microphone headset or ear buds are good options.
- *Webcam:* You can use your computers built-in webcam or a USB plug-in webcam. A webcam is not required for participation but having video capabilities may help you feel more connected to the other participants (who are also music therapy students!).
- *Internet connection-* You can use broadband wired or wireless (3G or 4G/LTE), however, a wired broadband connection will facilitate a more stable video and audio connection.
- *Recommended browser:* Google Chrome or Microsoft Edge Chromium.

Tips:

- Experiment with Soundtrap by activating your account before the workshop and playing around with the features inside the Studio. Have fun experimenting with the different instruments and loops that are available. You can also watch many of the tutorial videos available at <https://www.soundtrap.com/tutorials>
- Consider downloading both Zoom and Soundtrap to a mobile device or tablet which may help if you have any technical difficulties with your computer. You may choose to use Zoom and Soundtrap with your mobile device or tablet, but it may be easier to work with both platforms through your computer or laptop.

Please call (478-445-2647) or email me if you have any questions, concerns, or difficulties logging in and accessing Soundtrap. I am looking forward to “meeting” you and learning more about your clinical experiences through songwriting. A tentative agenda for the workshop is attached.

“See” you soon,

Katie Whipple, MMT, LPMT, MT-BC
 Ed.D. Candidate in Leadership, emphasis in Higher Education
 Valdosta State University
 James L. and Dorothy H. Dewar College of Education and Human Services
kgwhipple@valdosta.edu
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APPENDIX H:
Interview Recruitment Email

INTERVIEW RECRUITMENT EMAIL

Hi [Workshop Participant Name],

Thank you so much for participating in the Virtual Songwriting Workshop on [DATE]. I enjoyed analyzing the song that you and your peers wrote, [NAME OF SONG]. I am attaching the potential themes developed from this analysis, along with the audio file of the song. I would greatly appreciate if you could review the attached document and share your thoughts with me. Particularly, if there is anything you disagree with or agree strongly about. I want to be sure that I have captured what you were trying to convey through your original song. To provide feedback you can respond to this email and/or insert comments into the attached word document.

I am also writing to ask if you would consider participating in 1 to 3, 60-minute virtual interviews. The interviews will explore your current and past clinical experiences. Some of the questions will ask you to share your thoughts on what you have learned from your clinical work about yourself, about your clients, and about music therapy. The interviews can be scheduled at your convenience.

I know your time is also invaluable... the life of a music therapy student is jam packed with classes, ensembles, lessons, and clinicals! I am happy to compensate you for your time with a \$100 Amazon gift card at the conclusion of the interviews and I would like to mail you a book if you are interested, as a thank you and parting gift. [*Space: A journal for \(future\) music therapists to explore and express through songwriting*](#) by Gabrielle Banzon, MT-BC, is a great resource to continue incorporating songwriting as a reflective practice of your clinical work.

If you are interested in participating in the virtual interviews, let me know some days and times that work best for you. I am honored that you shared your experiences with me during the virtual songwriting workshop and I am excited to continue exploring this topic.

Thank you for your time and assistance,
Katie Whipple, MMT, LPMT, MT-BC
Ed.D. Candidate in Leadership, emphasis in Higher Education
Valdosta State University
James L. and Dorothy H. Dewar College of Education and Human Services
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APPENDIX I:

Virtual Songwriting Workshop Outline

VIRTUAL SONGWRITING WORKSHOP OUTLINE

Schedule:

12:00pm: Welcome, Presentation link: [here](#)

- Check In & Introduce myself (quick bio- my current job, my clinical work, dissertation)
- Review agenda & informed consent
- Go over housekeeping “rules”

12:15pm: Songwriting as a form of clinical reflection

- Few quick ice breaker questions: AHA Slides [link here](#)
- What is clinical reflection & why is it important? How do you reflect on your clinical work? Why specifically songwriting? What students have said about songwriting with peers about clinical work (benefits)

12:45pm: Discussing Clinical Work

- Brainstorm ideas & talk about clinical work (thoughts, feelings, experiences).
 - When I think about my current and/or past clinical experiences, what words, thoughts, or feelings come to mind?
 - What have I enjoyed (or currently) enjoy about my clinical work?
 - What clients have made an impact on me and why?
 - What has been the most challenging part of my clinical work so far?
 - What areas or skills have grown due to my clinical experiences?
- Take notes for participants as they discuss.

1:40pm: 10-minute break (add participants to Twinkle Twinkle tutorial)

1:50pm: Songwriting with Soundtrap Tutorial

- Introduce basic components of soundtrap by writing out the first phrase in Twinkle Twinkle, showing how to create add a music project and set up musical parameters (4/4, C, 70bpm, metronome and click in “on”). Add the drumbeat, harmony, then vocals.
 - Show how to add other instruments, change the sound effects, quantize MIDI instruments, and record voice.
- How to access (via computer and cell phone):
 - Invite participants to join project and add an instrument. This will ensure everyone is able to access Soundtrap and join a project.
- Share my original song, *People Come, People Go*, about my clinical work: show them how to change and add effects to vocals, how to fade in and out, pan the track if wanted, create solo sounds or mute specific sounds, autotune function, and how to undo something! Their song doesn’t have to be so deep or as finished!

3:15pm – 10-minute break

3:25pm- Break Out Rooms- Collaborative Songwriting & Recording

- Provide *Adapted Songwriting Protocol* Steps 1-11 and explain the protocol and purpose. Share the notes taken during the group discussion.
- Make sure everyone can access their groups project and collaborate.
- Participants work on brainstorming, building, and recording their song. Experiment with instrumentation by adding tracks, changing sounds, and finally adding melody & lyrics.
- Visit break rooms to assist students, answer questions, help trouble shoot, etc.

4:40pm: Song presentations and verbal reflections.

- *Verbal Reflection Questions: (try to make sure each participant shares something, share the questions below to breakout rooms BEFORE we come back together, so they have some time to think of their responses).*
 - What is the name of your song?
 - Tell us about the meaning of your song.
 - What were you trying to convey in your song, and how did you do this musically?
 - What was your songwriting process like? How did your group go about creating your song?
 - How does the song convey your clinical experiences?
 - What similarities, if any, did you find among each other's clinical experiences?
 - What differences did you find among each other's clinical experiences, if any?

5:00pm: Thank participants for attending.

- Be on the lookout for member checking.
- Remind them about possible interviews and the free book!
- Let them know how long they will have access to Soundtrap (March 2, 2023).
- Thank them for their time!!!

APPENDIX J:
Songwriting Protocol

SONGWRITING PROTOCOL

Adapted from Baker and Krout (2011)

- Step 1: As a group, discuss your clinical experiences. Suggested questions to consider are: When I think about my current and/or past clinical experiences, what words, thoughts, or feelings come to mind? What have I enjoyed (or currently) enjoy about my clinical work? What clients have made an impact on me and why? What has been the most challenging part of my clinical work so far? What areas or skills have grown due to my clinical experiences?
- Step 2: Considering your groups responses, determine the focus/theme of the song. Identify similarities and differences among the group members as it relates to you and your clinical work. You may try to identify and then explore one or more (but not too many) feelings/issues relating to your clinical work.
- Step 3: Determine what will come first, the lyrics or the music. This can be jointly decided, but lyrics may well come first as a result of your verbal processing around the topic of your clinical experiences.
- Step 4: If lyrics are first, begin to brainstorm lyrics without worrying about exact word rhythm or rhyme. If music is first, consider: Will you establish a melody, chord progression first, or rhythm first? Or will it start with a fun little “hook”? Your group could simply improvise melodically or harmonically together and see what “sticks.”
- Step 5: After brainstorming lyrics and/or music, select a musical style and feel for the song. Identify the time signature and tempo. Set these parameters with the Soundtrap song project.
- Step 6: Craft and design lyric rhythm and rhyme if desired—this step is optional as some participants may desire to rhyme lyrics.
- Step 7: Experiment/explore with different MIDI drum sounds and beats with Soundtrap. When you find one you like, record it and loop it for however long is needed within the project.
- Step 8: Experiment/explore different MIDI sounds within Soundtrap (piano/keyboards, guitar/bass, synthesizer, strings, brass/woodwinds). Explore chords and progression with chosen instrumentation, and use lyrics to talk over chords. Record the progression by adding tracks, looping/slicing/editing them with in the project.
- Step 9: Explore melody and record melody & lyrics over chords using the “voice & microphones” track. You can use your phone or other microphone connected to your computer.
- Step 10: Add any additional accompaniment and stylistic features to make the song unique.
- Step 12: As a group, decide on a name for your song or musical snippet that captures the “essence” of the meaning of the song. Rename your song within the Soundtrap project.

It is okay if you do not have a complete song!

One verse, a chorus, or musical snippet is just fine! It is all about exploring our thoughts and feelings related to our clinical work, and how we can express that musically.

APPENDIX K:
Virtual Interview Guide

VIRTUAL INTERVIEW GUIDE

The purpose of this interview guide is to provide a flexible structure to explore participants' clinical experiences (past and present), and the meaning they make from their experiences. The questions are not meant to be each addressed but rather to be used as a guide to prompt participants to reflect upon and share their clinical experiences. Informed consent will be read prior to starting each interview in the series, with each participant. My dialogue is in italics.

Question Set One: Background

Thank you so much for taking the time to speak with me today about your pre-internship clinical experiences. Currently I am conducting a basic qualitative dissertation study titled, "Understanding the Pre-Internship Clinical Experiences of Undergraduate Music Therapy Students." YOU are the expert in what I am trying to learn more about and I greatly value your experiences and your time. My hope is that I will be able to learn more about how to better support and facilitate students throughout their development, especially during those early, foundational practicum and pre-practicum experiences, and be able to share what I learn with other educators and researchers.

There are a few things I'd like to go over with you before we get started. All the questions are open ended and you can answer as little or as much as you want. You also do not have to answer any questions you do not want to, and you can stop the interview at any time for any reason. Over the course of three interviews, I will explore your current and past clinical experiences. The questions will ask you to share your thoughts on what you have learned from your clinical work as it relates to you, your clients, and your understanding of music therapy. There are no "right" or "wrong" answers. I truly want to know as much as you are willing to share about your pre-internship clinical experiences. I am here to listen.

With your permission, I will record and transcribe the interview so I can code the data as part of my dissertation research. Only me and my dissertation committee will have access to the raw data. You do not need to turn your camera on as I am only interested in your verbal responses. Before we get started I do need to obtain your consent. Let's go over this document briefly. Share computer screen and review informed consent form with participant.

Do you have any questions about the consent form or the interview itself? Answer any questions.

Last, do you have a phone number I can contact you at if we encounter technical difficulties? Your number will only be used for this purpose today and is entirely voluntary. Write down the number on a blank sheet of paper, if provided by participant. Destroy after the interview is over.

Thank you so much. Now, let's get started! And remember, if you have any questions or concerns as we go along, please feel free to let me know. Begin recording—The participant will have to click a prompt on their computer to agree to the recording.

Today, our first interview is to help me learn more about you, your background, and what led you to music therapy, so that I can better understand your clinical work in context.

- *First, can you please share some basic demographic information about yourself? (age, year in the program, major instrument, how many semesters of clinical experiences)*
- *How did you first learn about music therapy?*
- *What did you think about music therapy the first time you heard about the profession?*
- *How do you define music therapy?*
- *What areas of music therapy are you interested in?*
- *When did you first begin playing an instrument(s) or singing? (age, instrument)*
- *Why did you begin to learn to play an instrument or sing?*
- *What experiences have you had with clients with disabilities or illnesses prior to starting your clinical experiences, if any? Tell me about this.*
- *What population of clients do you prefer to work with, if any? Tell me more about that.*
- *Some students believe some client populations are 'easier' to work with than others. What client populations do you believe are easier to work with than others, if any? What populations do you find more difficult, if any?*
- *What clinical populations are you the least comfortable working with, if any? Tell me about that.*
- *What experiences have you personally had with a disability or illness prior to starting your clinical experiences, if any? Tell me about this.*
- *Some students have received music therapy themselves. Have you ever received music therapy services? If so, could you share what that was like.*
- *Is there anything else you would like to share about yourself that we have not already covered today?*

If the participant does not have any more information to share, then stop the recording or move to the next set of interview questions (depending upon the time).

Thank you so much for your time today. I am looking forward to our next interview which is scheduled for DATE.

Question Set Two: Pre-Internship Clinical Experiences

Thank you so much for taking the time to speak with me today. Just as a reminder, all the questions are open-ended and you can answer as little or as much as you want. You also do not have to answer any questions you do not want to, and you can stop the interview at any time for any reason. With your permission, I will record and transcribe the interview so I can code the data as part of my dissertation research. Only I and my dissertation committee will have access to the raw data. You do not need to turn your camera on as I am only interested in your verbal responses.

Before we get started I do need to obtain your consent. Let's go over this document briefly. Share computer screen and review informed consent form with participant. Do you have any questions before we get started? Great, let's get going. Begin recording.

The first set of questions are more general questions about your pre-internship clinical experiences.

- *Tell me about your first clinical experience. What is (was) your role in that clinical experience? What do you remember most?*
- *Can you describe a clinical experience that was very rewarding to you, if any? What was it like? What was your role?*
- *Tell me about a clinical experience that was your most challenging, if any. How did you handle it? What, if anything, did you learn from it?*
- *Walk me through a previous clinical experience you believe will help prepare you for your internship.*
- *Often students will work together to co-lead sessions or interventions. Have you co-led sessions or interventions with peers? What was that like?*
- *There are many decisions to be made when it comes to treatment planning, session planning, and 'in the moment' decisions during sessions. Can you think of a time when you struggled with how to proceed? What was that like?*
- *Sometimes sessions do not go the way we intend for them to. The client might respond differently or external factors outside our control can interfere (like a fire drill). Can you describe a time when something happened in a session you did not anticipate? How did you respond in that situation?*

The next set of questions is to help me understand aspects of your pre-internship experiences that may or may not have influenced your learning and development.

- *Imagine you are leading the first session with a new clinical population. What would be going through your mind as you approach your first session?*
- *What feelings are associated with your new clinical experiences?*
- *What concerns did (or do) you have when you first started leading music therapy sessions?*
- *What concerns do you currently have related to your clinical work?*

- *How do you prepare for a new clinical experience?*
- *How do you provide closure with clients at the end of a clinical experience?*
- *What feelings are associated with ending music therapy with clients (closure)?*
- *What expectations do you have of yourself in your clinical work?*
- *What expectations do your clinical supervisors have of you in your clinical work?*
- *How do you cope with intense emotional responses related to your clinical work, if and when it arises?*
- *What are your responsibilities in your current and past clinical work? How did you know what your responsibilities were?*

The next questions I will ask are related to your specific experiences with clients.

- *What individuals or groups have you worked with since starting your music therapy program?*
- *Please tell me about a client you have worked with that has made an impact on you.*
- *What was it like working with a real music therapy client for the first time?*
- *Some students have expressed moments in a session where they responded on an instinctual level. Can you describe a time when you experienced a gut reaction to a client?*
- *Developing a positive rapport with clients is foundational for providing music therapy. In what ways do you try to develop a rapport, or trusting relationship, with clients? How do you know when a rapport has been established?*

The last few questions I have will help me understand how your understanding of music therapy has been influenced by your pre-internship clinical experiences.

- *What was it like leading a session by yourself? When did that begin for you... pre-practicum or practicum?*
- *How do you develop interventions for use in sessions?*
- *Is there anything else you would like to share about your pre-internship clinical experiences that we have not already covered?*

If the participant does not have any more information to share, then stop the recording.

Thank you so much for your time today. I am looking forward to our last interview which is scheduled for DATE.

Question Set Three: Meaning-Making and Reflection

Thank you so much for taking the time to speak with me today for our last interview. Today's focus is to reflect on your past clinical experiences to see how they have shaped your understanding of music therapy, your clients, and yourself.

Just as a reminder, all the questions are open-ended and you can answer as little or as much as you want. You also do not have to answer any questions you do not want to, and you can stop the interview at any time for any reason. With your permission, I will record and transcribe the interview so I can code the data as part of my dissertation research. Only me and my dissertation committee will have access to the raw data. You do not need to turn your camera on as I am only interested in your verbal responses. Before we get started I do need to obtain your consent. Let's go over this document briefly. Share computer screen and review informed consent form with participant.

Do you have any question before we get started? Great, let's get going. Begin recording.

The first set of questions are more general and ask you to reflect on how clinical work has impacted you personally and professionally, if at all.

- *Considering your clinical work so far, how would you describe yourself as a music therapy student?*
- *What is your music therapy philosophy?*
- *How would you describe your style as a music therapist and future intern in light of your pre-internship clinical experiences?*
- *How do you see yourself as a professional?*
- *Students often reflect on their clinical experiences through journaling, talking with their peers or teachers, and even songwriting. How do you reflect on your clinical experiences, if at all?*
- *In reflecting upon where you are in your program, how confident are you in your musical abilities?*
- *In reflecting upon where you are in your program, how confident are you in your clinical skills and knowledge?*
- *In reflecting upon where you are in your program, how confident are you in your ability to complete the academic and clinical training requirements?*
- *In reflecting upon where you are in your program, how confident are you in your ability to become an effective music therapist?*
- *Many students have indicated they experience "impostor syndrome." Though it is not a medical diagnosis, it is a very real phenomenon and is defined as "Individuals who are high achievers who believe themselves to be less intelligent and less competent than others perceive them to be" (Clance & Imes, 1978). Does this resonate with you, and if so, how? Are there particular skills that you feel you are 'faking'?*
- *If you could go back in time and tell yourself something before your first clinical experience, what would it be?*
- *What skills do you think you have developed from your clinical experiences, if any?*

- *How prepared do you feel for internship right now?*
- *In what ways, if any, has your clinical work prepared you for internship?*
- *What do you believe are your greatest needs as it relates to leading clinical experiences?*
- *What clinical experiences do you feel you learned the most from?*
- *What have you learned about yourself from your clinical work?*
- *Some students have indicated that clinical work is fulfilling. Would you agree with this? If so, how?*
- *Some students have said that clinical work can be “overwhelming” and “intimidating.” Would you agree with this? If so, can you tell me more about that?*

The next set of questions are specific to working with clients.

- *Considering your clinical experiences, what individuals are you most passionate to work with in the future?*
- *Has this preference changed since starting your music therapy program? If so, how?*
- *Some students have noted similarities between themselves and clients. In what ways do you feel you are similar to a client you have worked with? In what ways are you different?*
- *What do you think you have learned as a result of working with real clients in your clinical work?*
- *How well do you feel you understand the clients you have worked with?*
- *How prepared do you feel in meeting the needs of your clients through music?*
- *Often students have an idea or assumptions about what a client or specific setting will be like before starting a new clinical experience. Can you think of any clients or clinical experiences, where your initial assumptions differed from what it was actually like? Tell me more about this.*
- *Some students have suggested that the closure process of working with clients is ‘bittersweet’. Would you agree with this? If so, how?*
- *Students have also indicated that it is a bit “surreal” working with real clients, because they [the students] are not MT’s yet and because they are young. Can you related to this and if so, how?*
- *In reflecting on responses you’ve observed from clients during sessions, how do you know when a client has progressed or grown as a result of MT? What does a successful MT session look like?*

The last set of questions are related to music therapy profession.

- *What, if anything, have you learned about the field music therapy from your clinical experiences? (i.e. specific methods, theories, etc.)*
- *What does an ‘effective music therapist’ like look? Can you describe that for me?*
- *What is your goal as a music therapist?*

- *How has your definition of music therapy changed as a result of clinical work, if at all?*
- *Sometimes students learn concepts in the classroom, but don't fully understand it until they experience it in a session. Describe something you learned in a session that was taught in the classroom. Tell about that connection.*
- *Some students have expressed their clinical work has affirmed or validated their choice in music therapy. Can you relate to this at all?*
- *What types of support have you received so far in your program that you believe has helped to prepare you for your clinical experiences?*
- *What support do you wish you had received and believe would have helped your clinical experiences be more successful?*
- *Often students rely on each other since they are going through the program together and share similar experiences. How have your peers helped with your clinical work, if at all? Can you describe this for me?*
- *Is there anything else you would like to share about your pre-internship clinical experiences that we have not already covered?*

If the participant does not have any more information to share, then stop the recording.

Thank you so much for your time! I cannot thank you enough for sharing your experiences and perspectives with me. I would like to mail you a book if you are interested, as a thank you and parting gift. [Space: A journal for \(future\) music therapists to explore and express through songwriting](#) by Gabrielle Banzon, MT-BC, is a great resource to continue incorporating songwriting as a reflective practice of your clinical work. I will also be sending you a \$100 amazon gift card to your email address.

If the participant would like to receive the book, then ask the participant what mailing address they would like to use and who to address it to and confirm their email address for the digital gift card. This will only be asked after the recording has stopped.

APPENDIX L:

Virtual Interview Informed Consent

VIRTUAL INTERVIEW INFORMED CONSENT

You are being asked to participate in an interview as part of a research study entitled “Understanding the Pre-internship Clinical Experiences of Undergraduate Music Therapy Students,” which is being conducted by Katie Whipple, a doctoral student at Valdosta State University. The purpose of the study is to gain a deeper understanding of the pre-internship clinical experiences of undergraduate music therapy students. You will receive a free music therapy book, “Space: A Journal for (Future) Music Therapists to Explore and Express Through Songwriting” from participating in this research study and your responses may help us learn more about how working with clients in a real-world setting is truly experienced and perceived by pre-internship undergraduate students.

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life. Participation should take approximately 90 minutes. The interview will be audio recorded to capture your concerns, opinions, and ideas. Once the interview recording has been transcribed, the recording will be deleted from recording devices. This research study and your participation will be kept confidential. Your identifiable information will be replaced with a pseudonym in publications or presentations. No one, including the researcher, will associate your responses with your identity. Your participation is voluntary. You may choose not to participate, to stop responding, or to skip questions you do not want to answer. You must be at least 18 years of age to participate in this study. Your participation in the interview serves as your voluntary agreement to participate in this research project and your certification that you are 18 years of age or older.

Questions regarding the purpose or procedures of the research should be directed to Katie Whipple at KGWhipple@valdosta.edu. This study has been exempted from Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

APPENDIX M:
“Experiences” SMMA Table

Structural Elements	Description
1. Style and form	
1.1 Period of composition	n/a
1.2 Form	Intro – ABCB - outro
2. Texture	
2.1 Texture: thick/thin	Thin: piano, percussion (labeled 'vanilla'), violin synth, grand piano synth, voice for 6 measures
2.2 Mono/homo/polyphonic	homophonic
3. Time	
3.1 Metre	4/4
3.2 Complexity/variability	No variation
3.3 Silences/rests/pauses	No true rests, consistent sound throughout the harmonic instruments
4. Rhythmic features	
4.1 Underlying <i>pulse</i>	Duple
4.2 Important rhythmic motifs	None
4.3 Repetition in motifs	None
4.4 Variability in rhythm—predictable/unpredictable	Rhythm alternated between arpeggios, block chords, and broken chords. Rhythm in the two percussion tracks (vanilla) were unpredictable.
4.5 Syncopation	Percussion tracks throughout; intro/outro
5. Tempo	
5.1 Fast/slow/moderato	Andante, 80 bpm
5.2 Alterations in tempo	No intentional alteration, however playing in tempo in some measures was inconsistent at times
6. Tonal features	
6.1 Key in which work is written	C# minor (intro, A section, outro); E major (B section) and C section is ambiguous (could be C# minor or E major).
6.2 Key diatonic; modal	diatonic
6.3 Major/min alternate	Begins and ends in minor (intro, A, outro), major in the B sections; C section could be major or minor.
6.4 Chromaticism	Recurring F# major and G# major (also one G#7) chords in A section
6.5 Modulation points	Modulates to E major in the B section and then modulates back to C# minor in the outro. Possible modulation from B to

	C section to C# minor (tonality in C section is ambiguous).
7. Melody	
7.1 Main themes	n/a
7.2 Significant melodic fragment	None
7.3 Structure of the melody	Six measures of melody divided into two three measure phrases. Mostly a static melody but alternates between stepwise motion and thirds at times.
7.4 Significant intervals	n/a
7.5 Shape of melody	Predominately static melody on the B note. However, first line descends slightly (B to G#) & second line ascends slightly (B to C#)
7.6 Length of phrases	3 measures
7.7 Pitch range of melody	Middle register; narrow range: 4 notes (G# – C#)
8. Embellishments, ornamentation, and articulation	
8.1 Embellishments	None
8.2 Trills/appoggiaturas	None
8.3 Marcato, accents	None
8.4 Pizzicato/Legato	legato
8.5 Use of mute	None
9. Harmony	
9.1 Consonant/dissonant	consonant
9.2 Consonance/dissonance	Predominately consonant; little dissonance in chordal structure
9.3 Significant harmonic progressions	Intro/Outro: i-v-IV-iv-iv7 (C# minor) A section-i -VI-iv-V (C# minor) B section: I-V-vi-IV (E major) C section: ii-V-I-vi (E major)
9.4 Rich harmonies	Yes
9.5 Predictable harmonies	In intro/outro and B section
9.6 Unpredictable harmonies	In A & C sections
9.7 Cadence Points	Each 4 measures, no perfect cadences
10. Timbre and quality of instrumentation	
10.1 Solo instr: instr; vocal	5 MIDI tracks and one vocal track; Alternates between solo piano instruments (lo-fi piano and studio grand) and multiple instruments; vocal track for two 3 measure phrases (two lyrical lines)
10.2 Accompaniment	MIDI piano (lo-fi piano and studio grand)

10.3 Small groupings	Grand piano and violin track is accompanied by vocal lines (first B section)
10.4 Instrument groups	Alternates between solo piano (lo-fi piano) and violin & studio grand piano grouping
10.5 Interplay between instruments	n/a
10.6 Layering	n/a
11. Volume	
11.1 Predominately loud or soft	Moderate volume; first percussion track (vanilla), vocals, and lo-fi piano tracks are set to the highest volumes, respectively.
11.2 Special effects in volume	Panning effects on lo-fi piano and violin tracks
12. Intensity	
12.1 Tension/release	Tension in melody with repeated B note over C#m and A chords. Resolves down with a G# note, over an E chord for a small resolution.
12.2 Crescendi building to peak, and resolution	none
12.3 Tension in harmony, texture and resolution	Yes, the direct modulations between C# minor and E major. Further, there is tension throughout as there are no perfect cadences, and only two imperfect cadences (measures 12 & 16) and a plagal cadence (measures 20-21).
12.4 Delayed resolution	Yes, there is no perfect cadence at any point in the song to offer resolution. The song ends of a iv chord.
12.5 Ambiguity resolved	C section is ambiguous tonally- it could be C# minor or E major. This is not resolved, and this section is sandwiched between B sections (E major).
13. Mood	
13.1 Predominant mood, depicted by melody, harmony, & predominant instrument	Overall, the song conveys solemnness or dignity with the slow tempo, high consonance, narrow melodic pitch range, and legato articulation (excluding percussion tracks) (Ga03)
13.2 Feelings represented	Feelings of inadequacy as noted by the lyrics. Musically, there is a sense of feeling lost, unsure, or confused (no perfect cadences or true resolutions).

	Musically, elements are left lingering or unresolved.
14. Symbolic/associational	
14.1 Cultural associations	None
14.2 Metaphoric associations	Perhaps the ambiguity of the C section and the alternating min/major key symbolizes the participants own conflicted or confused feelings about their future.
15. Performance	
15.1 Quality of the performance	Recorded using Soundtrap as the DAW; the percussion tracks (vanilla) did not make sense musically with the rest of the song; the piano tracks did not adhere to the tempo in several sections, vocals were in tune and piano accompaniment was rich as was the harmony.
15.3. Stylistic interpretation—artistic merit	Thoughtfully composted song—didn't have enough time in the workshop to finish it to completion.
15.4 Articulation of feelings and emotion	Confused feelings about their future was conveyed musically and lyrically.

Song description summary:

Experiences is 48 measures long, approximately 2 minutes & 24 seconds, at 80 bpm. With a 4/4 time signature, it is divided into three distinct sections, as well as an intro and outro (intro – ABCB-outro). The song alternates between C# minor (intro, outro, and A section) and E major (B section), and the C section is ambiguous as it could be placed in C# minor or E major. The song was recorded using Soundtrap as the DAW and includes five MIDI tracks and one vocal track—three accompaniment tracks ('lo-fi upright piano', 'studio grand', and 'violin-orchestral'), two percussion tracks (both labeled 'vanilla'), and one vocal track (for only 6 measures). The rhythm in the accompaniment alternates between arpeggios, block chords, and broken chords; percussion tracks are unpredictable. The harmony is consistently consonant, but the melody (the 6 measures of sung lyrics) contains mostly dissonant notes with the underlying harmony. The sung melody is mostly a 'static' melody with few changes and very narrow pitch range. Some panning effects were used on the 'lo-fi' piano and 'violin' tracks. Otherwise the volumes were moderate with the first percussion 'vanilla' track, the vocals, and then the lo-fi piano set to the highest volumes, respectively. The song provides no perfect cadences and ends on a iv chord.

The intro and outro are the same and feature richly arpeggiated chords in C# minor using the 'lo-fi upright piano' MIDI instrument. The harmonic progression is mostly predictable: i-v-IV-iv7. The intro/outro does not provide a cadence point and each phrase ends on a iv7 chord. Overall, the musical structure (slow tempo, consonance, flowing

rhythm) suggests relaxation or calm, but solemnity or dignity is also associated with a slow tempo and consonance, as well as a minor key (Ga03). The A section also begins in C# minor but the progression changes slightly: i-VI-iv-V which creates imperfect cadences. Further, the rhythm in the ‘lo-fi upright piano’ changes to broken chords and a percussion track is added (vanilla), however, the percussion rhythm is unpredictable and does not provide a grounding beat. The musical structure in this section (slow tempo, consonance, firm rhythm, minor key) suggests solemnity or dignity (Ga03).

The B section changes dramatically with a modulation to the relative major, E major, though this modulation is not very strong as there is no full cadence in the harmonic structure (I-V-vi-IV) or any E tonic notes in the melody. Further, the B section features different instrumentation: ‘violin-orchestral’ MIDI, ‘studio grand’ MIDI, and a percussion MIDI track ‘vanilla’. The violin track features block chords while the studio grand uses a broken style accompaniment. The percussion track is unpredictable and does not provide a grounding beat. The B section features sung lyrics for six measures (18-20 and 22-24) which is analyzed separately using Whipple’s (n.d.) Synchronous Lyric & Music Thematic Analysis method. The sung lyrics are “college has made me feel so inadequate” and “I’ll be in the real world in just a little bit.” Overall, the musical structure is somewhat ambiguous as the elements, when taken altogether, do not align well with Gabrielsson and Juslin’s (2003) summary (table 26.2) of related variables. For example, this section features a major tonality, slow tempo, dissonance in the melody, and narrow melodic pitch range. Mostly, the elements align with a solemn or dignified mood, but the dissonance in the melody suggests tension, fear, or sadness (Ga03). Perhaps, the use of related variables is a result of the participants’ own confusion about their perceptions, feelings, and experiences.

Next, the C section features one instrument—the ‘lo-fi upright piano’ with arpeggiated accompaniment. The tonality is ambiguous as it could be heard in C# minor or E major, though it is more likely heard in E major. The chord progression is the following: F#m-B-Esus4-C#m. If heard in the key of E major then the progression is ii=V-I-vi, but if heard in C# minor the chord as iv-VII-III-i. Neither progression creates a perfect cadence or clear indication of a strong tonal center. Overall, the musical structure (major or minor key, slow tempo, consonance) is associated with solemnity or dignity (Ga03). However, the flowing piano rhythm can be associated with relaxation, calm, or peace (Ga03). The B section is repeated without any sung lyrics and an addition of a percussion track. The major key of this section and the addition of a percussion track creates a stark contrast with the previous C section and the following outro. Last, the song closes with the outro (which is the same as the intro). The song ends unresolved and on a iv7 chord. The participants’ consistently communicate musically a heaviness or seriousness through the tempo, tonality, and consonance (except for the sung melody). However, there is much ambiguity musically at times which gives a sense of confusion or feeling lost, especially through the avoidance of a perfect cadence, even at the end of the song.

Unsung lyrics: *most of the lyrics are unsung, except for the first two lines*

College has made me feel so inadequate.

I can’t see me in the real world in just a little bit.

But I remind myself to just stop and breathe.
When I think about it I've got nothing to grieve.
The pressures high I've never felt so stressed.
Every moment I'm in feels like another test.
But when this is over I know I'll feel so fulfilled.
I'm moving on I've never felt so thrilled.

APPENDIX N:

“Experiences” SLMA Phrase-by-Phrase Coding Matrix

Phrase-By-Phrase Coding Matrix
“Experiences”, Fourth Year Pilot Workshop Participants (3)

Foundational elements:

Style & Form: Intro – ABCB – outro

Texture: homophonic, thin texture with piano, percussion (labeled ‘vanilla’, violin synth, grand piano synth, voice for 6 measures

Rhythmic features: duple; rhythm in accompaniment alternates between arpeggios, block chords, and broken chords; percussion tracks are unpredictable


Tempo: 80 bpm constant; andante (walking) tempo

Tonal features: diatonic, C# minor (intro, A section, outro); E major (B section) and C section is ambiguous (could be C# minor or E major)

Timbre and quality of instrumentation: 5 midi tracks and one vocal track; three accompaniment tracks (‘lo-fi upright piano’, ‘studio grand’, and ‘violin-orchestral’), two percussion tracks (both labeled ‘vanilla’), and one vocal track (for only 6 measures).

Volume: Moderate volume; first percussion track (vanilla), vocals, and lo-fi piano tracks are set to the highest volumes, respectively. Panning effects on lo-fi piano and violin tracks.

Phrase 1 Measures 18-20	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>o-fi Upright Piano</p> <p>Vanilla</p> <p>Violin-Orchestral</p> <p>Studio Grand</p> <p>Vanilla</p> <p>Voice</p> <p>Col - lege has made me feel so in - a - de-quate.</p>	<p>College has made me feel so inadequate.</p> <p><i>College</i> is defined as “an independent institution of higher learning offering a course of general studies leading to a bachelor’s degree” (Merriam-Webster).</p> <p><i>Made</i> can be defined as “to cause to happen to or be experienced by someone”; “to cause to be or become”; or “to develop into” (Merriam-Webster).</p> <p><i>Me</i> appears to be representative of the participants, though it is not clear if all participants feel this way or just one of them.</p> <p><i>Feel</i> can be defined as “to be conscious of an inward impression, state or mind, or physical condition” or “to have a marked sentiment or opinion” (Merriam-Webster).</p> <p><i>Inadequate</i> can be defined as “not enough or good enough” or “not capable” (Merriam-Webster).</p>	<p>Rhythm: The rhythm to this phrase is slightly off in both the harmony & melody begin a 16th note ahead of the downbeat. Otherwise, the rhythm is predictable and firm with broken chordal accompaniment and mostly eighth and quarter notes in the melody.</p> <p>Melody: The melody has a very narrow range with only 3 notes (G#-B). The melody begins on a B note that is repeated and then falls a minor third to a G# note, before quickly moving back up a minor third to B. The B note is repeated, almost forming a static melody, before descending down a major second to A, then minor second to G#.</p> <p>Harmony: The harmony is consonant and consistent with E major. The phrase begins on a vi chord (C# minor) and moves to a IV chord (A major).</p> <p>Embellishments, ornamentation, & articulation (EOA): none</p> <p>Intensity: There is tension in the B note, as this is dissonant with both the underlying C# minor and A major chords. The melody does not include any tonic notes (E) and only includes the root of the A chord for one eighth note.</p>	<p>Mood: This major key in this phrase is associated with happiness and joy, but also solemnity (Ga10). The slower, walking tempo can also be associated with solemnity, seriousness, and dignity, as well as sadness, serenity, and peace (Ga10). The firm rhythm can be associated with dignity and sadness (Ga10), the regularity suggests happiness but also seriousness or dignity (Ga10). The narrow pitch range of the melody is also associated with dignity, but also sadness, melancholy, sentimental, and tranquil (Ga10). The minor second in the melody can be associated with activity but also melancholy (Ga10). The harmony is simple and consonant, which is associated with happiness and joy, but also dignity and solemnity (Ga10). The melody is sung legato suggesting solemnity (Ga03).</p> <p>Symbolic/associational: none</p>	<p>Overall, this phrase suggests solemnity or dignity, due to the slower tempo, major mode (yet the phrase starts on the minor 6th chord), narrow pitch range, regular, firm rhythm, and legato melody (Ga03). However, many of these elements (slow tempo, narrow pitch range, firm rhythm and legato articulation but not the major key) are also associated with sadness and gloom, which is further supported by the dissonance in the melody (Ga03). It appears the music contains combined elements which are somewhat ambiguous in emotional meaning (could be sadness, solemnity or even relaxation) when compared to previous studies (Ga03), perhaps indicating that the participants may feel some ambiguity or confusion about their own feelings. However, the music appears to support the lyrics which indicate feelings of inadequacy due to the participants’ college experience where they express feeling not good enough or capable. The feelings shared are conveyed through a musical mood of seriousness and sadness. Interestingly, the melodic contour changes and brings attention to the word “inadequate” as the melody descends downwards on that lyric. No musical resolution is offered at the end of the phrase which ends on a dissonant note of the IV chord, further enhancing the distressing lyrics.</p>

Phrase 2 Measures 22-24	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p><i>I'll be in the real world in just a little bit.</i></p> <p><i>I'll</i> appears to be representative of the participants, though it is not clear if all participants feel this way or just one of them.</p> <p><i>Be</i> can be defined as “to have an objective existence : have reality or actuality”, “to come or go”, or “to have, maintain, or occupy a place, situation, or position” (Merriam-Webster).</p> <p><i>Real</i> can be defined as “of or relating to practical or everyday concerns or activities”, “not artificial, fraudulent, or illusory”, or “occurring or existing in actuality” (Merriam-Webster).</p> <p><i>World</i> can be defined as “human society”, “individual course of life”, or “the earthly state of human existence” (Merriam-Webster).</p> <p><i>A little bit</i> is an idiom that can mean “to some extent”, “a short time”, or “a small amount of something” (Merriam-Webster).</p>	<p>Rhythm: The rhythm to this phrase is slightly off both in the harmony & melody which begins an 8th note ahead of the downbeat. Otherwise, the rhythm is predictable and firm with broken chordal accompaniment. The melody has a slightly more complex rhythmic structure that the previous phrase with a triplet and several 16th notes.</p> <p>Melody: The melody continues to have a narrow range (G#-C#), and only three notes are sung. The melody begins on repeated B note, which descends a minor third to G# and then back to B. This occurs again before ascending upwards a major second from B to C# at the end of the phrase.</p> <p>Harmony: The harmony from the previous phrase is repeated—it is consonant and consistent with E major. The phrase begins on a vi chord (C# minor) and moves to a IV chord (A major).</p> <p>EOA: A triplet is sung on the words “be in the”.</p> <p>Intensity: The melody creates tension again as in the previous phrase (8 of the 12 notes are dissonant). The melody hovers between a B note which is dissonant with both the C# minor chord and the A major chord. However, the G# note is consonant with the underlying C# minor chord and the C# note is consonant with the underlying A major chord providing some consonance. Further, the C# note ends the melodic phrase on consonance, resolving some of the musical tension.</p>	<p>Mood: The mood in this phrase is similar to the last with many musical elements that are associated with solemnity or dignity. The major key is associated with happiness and joy, but also solemnity (Ga10). The slower, walking tempo is associated with solemnity, seriousness, and dignity, as well as sadness, serenity, and peace (Ga10). The firm rhythm can be associated with dignity and sadness (Ga10), the regularity suggests happiness but also seriousness or dignity (Ga10). The narrow pitch range of the melody is also associated with dignity, but also sadness, melancholy, sentimental, and tranquil (Ga10). The melody ascends slightly from a B note to a C# which can be associated with dignity and serenity, but also tension and happiness (Ga10). The harmony is simple and consonant, which is associated with happiness and joy, but also dignity and solemnity (Ga10). The melody is sung legato suggesting solemnity (Ga03).</p> <p>Symbolic/associational: The ascending major second at the end of the phrase could suggest an upward looking viewpoint.</p>	<p>Overall, this phrase indicates mostly solemnity and dignity, when considering both the lyrics and the music—the major tonality, slow tempo, narrow pitch range, firm rhythm, and legato melody line (Ga03). However, the continued dissonance in the melody suggests tension or sadness/gloom (Ga03). The music supports the lyrics by mirroring the seriousness of the content provided in the lyrics “I’ll be in the real world in just a little bit”. While the music still suggests negative emotions, this phrase is more positive than the previous as they chose to end the phrase with an upward major second which helps to resolve some of the tension by ending on a note (C#) that is consonant with the harmony (A major chord), suggesting, in my opinion, some hopefulness to their future... as if they are forward or upward looking. Also, it should be noted the lyrics the participants provided verbally in the workshop were “I can’t see me in the real world in just a little bit” versus what was actually sung. The <u>sung</u> lyrics are much more positive than what was provided in the workshop. This contradiction in the lyrics is interesting and could be investigated further. Perhaps the participant who sang the lyrics feels differently than the participant that wrote the lyrics?</p>

APPENDIX O:

“Foundation” SLMA Phrase-by-Phrase Coding Matrix

Phrase-By-Phrase Coding Matrix

“Foundation”, First & Second Year Pilot Workshop Participants (4)

Foundational elements:

Style & Form: brief intro; one verse; no chorus

Texture: homophonic, thick texture with one vocal melody line & six instrumental lines (including two harmonic and two rhythmic instruments)

Time: 4/4 constant


Rhythmic features: duple; predictable; several grace notes in the melody line; competing syncopated rhythms throughout


Tempo: 73 bpm constant, either considered adagio (at ease) or andante (walking) tempo


Tonal features: Am, constant (no modulation or chromaticism, however the key isn't well established with a lack of a full cadence in the harmony or tonic in the melody), diatonic


Timbre and quality of instrumentation: vocal melody line with 6 midi tracks in total: two accompaniment/chordal instruments (one synth 'Atlantic pad' and one string midi track 'Basic ballad'); one clarinet midi track; two percussion midi tracks;


Volume: constant mezzo forte, voice was set for highest volume, followed by the 'choir' track; panning effects on 'Atlanta pad' and 'clarinet'

Phrase 1 Measures 1 - 2	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>The musical score shows six staves: Atlantic Pad, Violin, Basic Ballad 3, Clarinet, 6th Mixed Choir, and Voice. Measures 1 and 2 are marked. The Atlantic Pad and Violin parts feature complex rhythmic patterns with grace notes. The Basic Ballad 3 part has a steady bass line. The Clarinet part has a few notes in measure 2. The 6th Mixed Choir part has a simple harmonic line. The Voice part is silent in these measures.</p>	n/a	<p>Rhythm: competing syncopated rhythms in percussion tracks; simple whole note rhythms for other midi tracks</p> <p>Melody: no melody yet</p> <p>Embellishments, ornamentation, & articulation (EOA): none</p> <p>Harmony: i chord (Am) on Atlantic pad, but Am^{trist} on Basic Ballad 3 followed by III chord (C) on all instruments</p> <p>Intensity: tension is in 'basic ballad' with an Am^{trist} but resolves to the III (C) chord.</p>	<p>Mood: begins on minor chord, with syncopated rhythms gives a feel of chaos, musically. Further the slow tempo, paired with minor chord, and low pitch range can be associated with sadness/gloom and solemnity/dignity (Ga03). The Am^{trist} chord is somewhat dissonant, which is associated with sadness, gloom, and tension, as well as excitement or vigor (Ga10). The minor key is also associated with dreamy as well as sadness, dignified, tension, lamentation & agitation (Ga10). However, the phrase ends on a C major chord which is supported by C notes in the clarinet and choir lines, and the C major triad, root position in both harmonic lines, indicating happy, dreamy, joy and pleasantness (Ga10).</p> <p>Symbolic/associational: metaphoric rush of chords and rhythms with a sudden onset, almost to foreshadow the "flood" in subsequent text.</p>	<p>Although the tempo is slower (upper end of adagio, lower end of andante), the two rhythmic lines create a sense of movement. The consonance of the C chord provides a sense of optimism, despite the minor key. The tonality is not well established within the first phrase—at this point in the song it could be Am or C major. This ambiguity is interesting as the title of the song is Foundation which implies a strong underlying structure (musically this could mean strong tonal center). Although there are no lyrics in this phrase for the music to contradict, support, or enhance, the music does appear to contract the title of the song.</p>


Phrase 2 Measures 2 - 3	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p data-bbox="352 1036 604 1055">You come like a flood</p>	<p data-bbox="695 261 892 280"><i>You come like a flood.</i></p> <p data-bbox="695 310 947 427">Who “you” is, is not clearly defined in the lyrics, but this entity rushes over the writer. The participants have stated that ‘you’ is ‘music’.</p> <p data-bbox="695 456 947 573"><i>Come</i> can be defined as “to move toward something” or “to move or journey to a vicinity with a specified purpose” (Merriam-Webster).</p> <p data-bbox="695 602 947 719"><i>Flood</i> can be defined as “an overwhelming quantity or volume” and “a rising and overflowing of a body of water” (Merriam-Webster).</p>	<p data-bbox="974 261 1262 329">Rhythm: percussion rhythm continues; grace note starts vocal line</p> <p data-bbox="974 334 1262 451">Melody: Begins on 3rd measure on 6th scale degree and resolves to 5th scale degree, both with a grace note, maintains static melody on 5th scale degree (e note)</p> <p data-bbox="974 456 1262 670">Harmony: harmony is slightly ambiguous and the two harmonic instruments are dissonant with each other. Atlantic pad is an F7 but Basic Ballad is an inverted Dm7. Clarinet plays a D, followed by an E while the Choir plays an F creating more ambiguity and dissonance.</p> <p data-bbox="974 675 1262 719">EOA: three grace notes on ‘you’, ‘come’, and ‘flood’</p> <p data-bbox="974 724 1262 1055">Intensity: high amount of tension with the constant E note in the melody, which is dissonant with both the F and Dm chords (falling in between them). Tension is created in the midi instruments as well with half playing an F chord and the other half playing a Dm chord. Both chords are slightly ambiguous, as they both contain notes that do not belong in a typical triad, and/or missing notes that belong in the triad. Essentially, there is confusion and ambiguity in the music.</p>	<p data-bbox="1289 261 1549 1055">Mood: The melody begins on a pickup note with a grace note as well, starting on the 6th scale degree, resolving to the 5th scale degree (F to E). This descending minor 2nd interval is associated with melancholy (Ga10). Further the melody stays on the E note creating a static melody. A narrow melodic pitch range is associated with melancholy and sadness, as well as dignified (Ga10), which the minor key further amplifies (Ga03, Ga10). The two harmonic instruments create dissonance with themselves and between each other and the clarinet and vocal lines. Complex or dissonant harmony is associated with sad, unpleasantness, tension, fear, anger, excitement, agitation and vigor (Ga10). Further, the slower tempo is associated with sadness, dignity, solemnity, calm, and peace (Ga03). However, the firm, rhythm is associated with dignified, sad, exciting and the complexity is associated with anger (Ga10).</p> <p data-bbox="1289 1130 1549 1247">Symbolic/associational: The rich textured chords and layered melody lines (clarinet and voice) create a musical flood of sound.</p>	<p data-bbox="1556 261 1801 909">Overall, this phrase indicates sadness or gloom, when considering both the lyrics and the music-- the dissonance, slower tempo, minor tonality, narrow pitch range and firm rhythm all indicate sadness or gloom (Ga03). The music supports the lyrics by mirroring the concept of a flood rushing over someone in that there is confusion and ambiguity in the harmony and where the next chord is headed. Interesting, the grace notes lie on the words with what appear to be the most important to the meaning of lyrics. The complexity of the rhythm may also mirror the complexity of feelings the participants may be experiencing and this could be explored further in interviews.</p>


Phrase 3 Measures 3 - 4	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p data-bbox="323 1081 596 1105">to wash a-way our fears,</p>	<p data-bbox="705 261 915 277"><i>To wash a-way our fears</i></p> <p data-bbox="705 302 947 464"><i>Wash</i> can be defined as “to cleanse”, “to remove by drenching with liquid”, “to flow along”, “to move, carry, or deposit by or as if by the force of water in motion” (Merriam-Webster)</p> <p data-bbox="705 488 957 610"><i>Wash away</i> can be defined as “to get rid of (something, such as unhappy or unpleasant thoughts) completely” (Merriam-Webster).</p> <p data-bbox="705 634 947 732"><i>Fears</i> can be defined as “an unpleasant often strong emotion”, and an “anxious concern” (Merriam-Webster).</p>	<p data-bbox="978 261 1276 350">Rhythm: phrase begins on a pickup similar to the previous phrase. Rhythmic lines are consistently looped.</p> <p data-bbox="978 358 1276 537">Melody: Vocal line has a narrow range of three notes (E, D, C) with a downward then upward contour.</p> <p data-bbox="978 545 1276 748">Embellishments, ornamentation, & articulation (EOA): Grace note falls on the word “fears”, but it sounds more like a wavering of the note up and down.</p> <p data-bbox="978 756 1276 870">Harmony: consonant minor chord, Dm (iii) chord, in root position on the primary harmonic midi track Atlantic pad, although the chordal structure of Basic Ballad is dissonant and somewhat ambiguous with the three lowest notes indicating a C chord and the top three notes indicated an Am7.</p> <p data-bbox="978 878 1276 870">Intensity: The clarinet creates dissonance with a C then B note, on top of the Dm chord. Further, tension is created in the dissonance of the Basic Ballad chord.</p>	<p data-bbox="1287 261 1535 919">Mood: The narrow melodic range in the voice indicates melancholy and sadness, as well as dignified (Ga10). The intervals presented in the melody are limited to major seconds, a dissonant interval indicating unpleasant, strong, or displeasing (Ga10). Further, the clarinet line presents a minor second, a very dissonant interval, indicating melancholy (Ga10). The complexity and dissonance created in the Basic Ballad midi track indicates gloom, unpleasantness, tension, and sad, as well as agitation or excitement (Ga10). The rhythm remains regular which is associated with happiness, dignified or peaceful (Ga10). Further, a firm rhythm may indicate dignified, sad, or exciting (Ga10).</p> <p data-bbox="1287 927 1535 1081">Symbolic/associational: The rich texture of the Basic Ballad instrument, overlaid on the other instruments conveys a sense of a flood and ‘washing away’ musically.</p>	<p data-bbox="1545 261 1791 894">Musically, the participants appear to communicate melancholy as well as dignity and solemnity. There is not much musically indicating ‘fear’ and therefore the music doesn’t fully mirror the lyrics. However, the music enhances the lyrics—the dissonance presented by several of the instrument tracks creates a sense of discord, seriousness, or heaviness that the participants might be feeling as a result of their ‘fears’ related to their clinical work. The word ‘fear’ seems too simple or a word to describe their experience and it would be helpful to unpack this basic feeling that is articulated in the lyrics, but is conveyed much more musically complex.</p>


Phrase 4 Measures 4 - 6	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>When I overthink it, I remember why you're here.</p>	<p><i>When I overthink it, I remember why you're <u>here</u>.</i></p> <p><i>Overthink</i> can be defined as “to think too much about something... or analyzing in a way that is more harmful than helpful” (Merriam Webster).</p> <p><i>Remember</i> can be defined as “to bring to mind or think of again”, “to keep in mind for attention or consideration”, and to “retain in the memory” (Merriam Webster).</p> <p>Who “you” is, is still not explicitly stated.</p> <p><i>Here</i> is also ambiguous but can be defined as “in or at this place”, “now”, and “at or in this point, particular, or case”, “in the present life or state” (Merriam-Webster).</p>	<p>Rhythm: The melodic phrase again begins on a pickup and has some syncopation. The two percussion tracks continue to loop the same complex rhythms.</p> <p>Melody: The vocal line continues to be restricted to just four notes (E, D, C, and F) with a similar contour as the previous phrase (down and back up). The clarinet and choir tracks also demonstrated a narrow range continue one note each per measure.</p> <p>EOA: There is a slight ornamentation on the word “here” and is the word that is stressed the longest.</p> <p>Harmony: The phase begins on the Dm chord (a continuation from the previous phrase), then progresses to Em, then a F (iv, v, VI). During the Em chord, most of the notation includes notes in the Em chord, with the exception of a C note in the Em chord of Basic Ballad, creating some dissonance. This Basic Ballad track continues to provide complex/dissonant harmony in the F chord which includes a Dm triad as well an F triad, continuing with this idea of ambiguity.</p> <p>Intensity: The progression creates a sense of tension, as it doesn’t resolve to I, but ends on the VI chord, creating a ‘deceptive cadence’ (Merriam-Webster).</p>	<p>Mood: The melody continues with a narrow melodic range indicating melancholy and sadness, as well as dignified (Ga10), although this phrase so far has the most notes (four in total but the new F note is only sounded for a 16th note and serves as an ornamental note). The high harmonic complexity of Basic Ballad can be associated with tension and sadness (Ga10). Further, the dissonance created in the chord structure of Basic Ballad can indicate glom, tension, anger, unpleasantness, agitation and excitement (Ga10). The melody line is sung legato indicated solemn, melancholy, sadness, softness or lamentation (Ga10). Although the primary harmonic instrument (Atlantic Pad) plays an F major chord, in root position, and it is highly consonant, it is the 6th chord of the key and creates a feeling of tension (due to the false/deceptive cadence).</p> <p>Symbolic/associational: The repetitiveness of the E note during “when I overthink it” reminds me of how negative thoughts are often perseverative or repetitive.</p>	<p>Most of the melodic movement occurs on the lyrics “remember why you’re here” as the first part of the phrase is a static melody. It is interesting that the participants provide a ‘deceptive cadence’ rather than a full cadence on the lyrics “I remember why you’re here”. The lyrics indicate resolution or understanding, yet the music provides a pseudo resolution. In this case, the music contradicts the lyrics as the progression creates a sense of heightened emotion musically, while stating “I remember why you’re here” indicating lyrically a cognitive understanding—in other words thought and feeling appear to not be well aligned. Again, the phrase indicates a complexity of emotions. Further, the music demonstrates this changing of emotions and thoughts with a perseveration of a single note on “when I overthink it” with a break in the cognitive cycle of remembering how it (music) helps.</p>

Phrase 5 Measures 6 - 7	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p data-bbox="296 1079 688 1101">You take a way my stress</p>	<p data-bbox="699 269 966 289"><i>You take away my stress</i></p> <p data-bbox="699 313 966 483"><i>Take</i> has many different meanings, but the one that appears to be the most applicable includes, “to get into one’s hands or into one’s possession, power, or control” (Merriam-Webster).</p> <p data-bbox="699 508 966 581"><i>Away</i> can be defined as “from one’s possession” (Merriam-Webster).</p> <p data-bbox="699 605 966 776"><i>Stress</i> can be defined as “a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation” (Merriam-Webster).</p>	<p data-bbox="976 269 1291 431">Rhythm: Most of the rhythmic complexity remains in the two percussion midi tracks and the vocal line. Some syncopation in the vocal line and the phrase begins on the pickup, mirroring previous phrases.</p> <p data-bbox="976 440 1291 626">Melody: Vocal line begins on an F note which quickly moves downward a minor second to E. The vocal line remains on an E for the rest of the phrase, creating little movement. The melody does not play the root of the chord being articulated.</p> <p data-bbox="976 634 1291 797">Embellishments, ornamentation, & articulation (EOA): There appears to be two grace notes, at the beginning of the word “my” and “stress” indicating possible importance of these two words within the phrase.</p> <p data-bbox="976 805 1291 1114">Harmony: The entire phrase is articulated over an Am (i) chord and is consonant, with the exception of the Basic Ballad track. The atlantic pad plays an Am in root position, but Basic Ballad presents an Amsus4, which contains a dissonant D note. The D note reappears in the clarinet line for the last half of the phrase creating more dissonance with the underlying harmonic structure of an Am chord.</p> <p data-bbox="976 1122 1291 1235">Intensity: The use of the D note in the phrase, superimposed over the E note in the melody line creates dissonance between the melody and harmony with the major 2nd.</p>	<p data-bbox="1302 269 1564 1284">Mood: The harmonic structure presents an Am chord which is consonant suggesting dreamy, serious, solemn as well as happy and pleasantness (Ga10). However, the basic ballad track creates dissonance in the harmony suggesting tension, fear, unpleasantness, sad, anger and agitation (Ga10). Further, the only melodic interval presented is a descending minor second, the “most sad interval” (Ga10, p. 389). The narrow pitch range (3 notes, including the grace note) suggests melancholy dignified, and sadness (Ga10), as well as solemnity and calm (Ga03). The legato articulation suggests solemn, melancholy, and sadness (Ga10), yet the firmness of the rhythmic lines suggest dignified, vigorous, as well as sad and exciting (Ga10). Overall, considering the mode and tempo with the other elements, this phrase <u>suggest</u> sadness or solemnity (Ga03).</p> <p data-bbox="1302 1114 1564 1284">Symbolic/associational: the words “my” and “stress” begin with grace notes, providing a feeling of movement or a ‘taking away of’ as suggested by the lyrics.</p>	<p data-bbox="1575 269 1812 1284">The lyrics ‘you take away my stress’ indicated hopefulness or some sort of resolution to the negative feelings associated with clinical work. However, musically, there remains a sense of seriousness and possible sadness or gloom due to the minor chord, minor key, dissonant D note, and other musical elements presented. Interestingly, the participants accent the words ‘my’ and ‘stress’ with grace notes, creating a feeling move movement musically. In a way, this seems to create a sense of the stress being taken away, or moved away, as suggested by the lyrics. Overall, the music enhances the lyrics in this aspect but it is not necessarily congruent with the relief that is associated with stress being taken away or lifted from a person. The vocal line also does not present an A note, which is the root of the chord as well as tonic for the key. Instead, the vocal line hovers on the 5th scale degree, never providing a full cadence or musical resolution, providing more incongruence between lyrics & the music.</p>

Phrase 6 Measures 7 - 8	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p><i>And ease our frustration.</i></p> <p><i>Ease</i> can be defined as “to free something that pains, disquiets, or burdens”, “to make less painful”, “to lessen the pressure or tension of especially by slackening, lifting, or shifting” and “to make less difficult” (Merriam-Webster).</p> <p><i>Frustration</i> can be defined as “a deep chronic sense or state of insecurity and dissatisfaction arising from unresolved problems or unfulfilled needs” (Merriam-Webster).</p>	<p>Rhythm: Percussion tracks continue with firm rhythm. Harmonic instruments provide simple rhythms half and whole notes. The vocal line emulates previous phrases with a pickup note and syncopation which adds to the predictability of the rhythm.</p> <p>Melody: The melody of the vocal line continues with a very narrow range (three notes) with a descending stepwise contour, starting with an E note (grace note before is a D) followed by a D then a C.</p> <p>EOA: Vocal line has a grace note at the beginning of the phrase as in previous phrases.</p> <p>Harmony: The phrase consists of mostly the Dm chord (iv), however the basic ballad track contains two stacked chords—a dm on top and an F chord in 2nd inversion (C in the bass) which creates a significant amount of dissonance. Further, the clarinet and choir tracks also play a C note, further echoing the dissonance in the overall harmonic structure.</p> <p>Intensity: Both the melody and harmony create dissonance. While the underlying harmony is a Dm chord, several tracks sound a C note. Further, the vocal line creates dissonance with the E and C notes being sung over the Dm chord. The end of phrase does not resolve, rather ends on a dissonant note creating a high level of tension within the phrase.</p>	<p>Mood: The narrow melodic pitch range (of the vocal line) suggests melancholy dignified, and sadness (Ga10), as well as solemnity and calm (Ga03). The harmonic structure is a Dm chord which is consonant and suggests dreamy, serious, solemn as well as happy and pleasantness (Ga10). However, dissonance created by the basic ballad track, clarinet, choir, and vocal line suggests tension, fear, unpleasantness, sad, anger and agitation (Ga10). The legato vocal line suggests solemn, melancholy, tenderness, and sadness (Ga10). Overall, considering the mode and tempo with the other elements, this phrase possibly suggests sadness or solemnity (Ga03). Further the melody ends on a dissonant note, creating tension that is unresolved in the vocal line.</p> <p>Symbolic/associational: n/a</p>	<p>There is an interesting shift from singular (I, my) to plural (our) point of view in the lyrics during this phrase. In this phrase, there appears to be a contradiction between the lyrics and the musical elements. The music suggests sadness, gloom, or solemnity. However, the lyrics suggests a relief from the fears and stress mentioned by the participants, as ‘you’ (you meaning ‘music’) eases their frustration. Musically, more tension is created through the dissonance, and the lack of resolution at the end of the phrase. Perhaps this suggests that “you” (music) only eases their fears and stress slightly (or perhaps not at all), and this would be good to investigate further. Also, how exactly does music ease their frustration, if that is their perception?</p>

Phrase 7 Measure 9	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p data-bbox="327 1029 569 1047">You are the foun - da - tion.</p>	<p data-bbox="695 245 905 269"><i>You are the foundation.</i></p> <p data-bbox="695 293 961 464"><i>Foundation</i> can be defined as “a basis (such as a tenet, principle, or axiom) upon which something stands or is supported” and “an underlying base or support” (Merriam-Webster).</p> <p data-bbox="695 488 961 578">Who “you” is, is still not explicitly identified, though the participants have stated you is ‘music’.</p>	<p data-bbox="974 245 1276 367">Rhythm: Syncopation in the vocal line; continued looped firm rhythm in the percussion tracks; majority of tracks have whole notes (or almost a whole note).</p> <p data-bbox="974 367 1276 513">Melody: The vocal line has a very narrow range, as in previous phrases. The descending vocal line begins on sol (E), moves a major second down to fa (D), and another major second down to mi (C).</p> <p data-bbox="974 513 1276 578">EOA: Similar to previous phrases, this phrase begins with a grace note.</p> <p data-bbox="974 578 1276 846">Harmony: Structurally the entire phrase is an Em chord with a lot of dissonance. The atlanta pad track is an Em chord in root position, however, basic ballad creates a more complicated harmonic structure with both an Em chord in the upper voicing but an E, B, and C in the lower voicing resulting in an omitted third note in the bottom of the chord and the 6th note added.</p> <p data-bbox="974 846 1276 1187">Intensity: There is dissonance in several instruments, creating a high level of intensity or musical tension. Both the clarinet and choir tracks include notes that are dissonant with the Em chord (F and C). Also, basic ballad track has several dissonant notes that are sounded throughout the entire phrase. Further, the vocal melodic line includes dissonance with the D and C notes as the melody begins on a consonant note but then descends downwards.</p>	<p data-bbox="1289 245 1541 1065">Mood: The firm rhythm suggests dignified, but also exciting, sad, and vigorous (Ga10). The narrow melodic pitch range (of the vocal line) suggests melancholy dignified, and sadness (Ga10), as well as solemnity and calm (Ga03). Further, the descending melody is associated with exciting, vigorous, and sadness (Ga10). The dissonance created in the harmony is associated with exciting but also agitation, vigorous, sad, gloom, tension, fear, and anger (Ga10). The continued legato vocal line suggests solemn, melancholy, tenderness, and sadness (Ga10). The phrase ends on a dissonant melodic note, creating tension and avoiding a musical resolution. Overall, considering the mode and tempo with the other elements, this phrase possibly suggests sadness or solemnity, though most of the features within this phrase align more with sadness/gloom (Ga03).</p> <p data-bbox="1289 1065 1541 1089">Symbolic/associational: n/a</p>	<p data-bbox="1554 245 1803 1065">Similar to the previous phrase, the music appears to contradict the lyrics strongly. The lyrics suggests that ‘you’ (music) is a basis for support, yet musically there is not a strong foundation due to the dissonance created through multiple tracks. The mood does not suggest musically a strong foundation that assumingly would provide much more consonance. Rather, as in the previous phrase, the mood suggests sadness, gloom, or solemnity. Why is this? Are the participants trying to communicate sadness, gloom, or solemnity and are they aware of the misalignment between the lyrics and the music? Further, if ‘music’ is their foundation, are they not comfortable or confident in their musical abilities, thus the dissonance and tension created in the music? This would align with data from previous researchers.</p>

Phrase 8 Measure 10	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p data-bbox="346 1047 588 1071">You are the foun da tion.</p>	<p data-bbox="714 259 955 284"><i>You are the foundation.</i></p> <p data-bbox="714 308 976 381">This line is repeated for second time (the only repeated line in the song).</p> <p data-bbox="714 406 976 576">Foundation can be defined as “a basis (such as a tenet, principle, or axiom) upon which something stands or is supported” and “an underlying base or support” (Merriam-Webster).</p> <p data-bbox="714 600 976 649">Who “you” is, is still not explicitly identified.</p>	<p data-bbox="997 259 1281 332">Rhythm: The rhythm is very predictable as this is a repeat of the previous phrase.</p> <p data-bbox="997 332 1281 430">Melody: Repeated melody from the previous phrase (same notes and duration) with the descending major seconds from E, D, to C.</p> <p data-bbox="997 430 1281 503">EOA: As in the previous phrase there is a grace note at the start of the phrase.</p> <p data-bbox="997 503 1281 933">Harmony: The underlying harmonic structure of this phrase appears to be a F chord. The Atlantic pad track has a F chord in root position. The harmonic structure of basic ballad is more complex, as in previous phrases, with two stacked chords, the lowest chord is missing the third note but has an added 6th note (D). The upper part of the structure includes another F chord in root position. Further, the F chord is a VI chord in the key of Am which doesn't provide any true musical resolution, and serves as a deceptive cadence as in the fourth phrase.</p> <p data-bbox="997 933 1281 1289">Intensity: As in the previous phrase, this phrase includes dissonance in the basic ballad track harmonic structure, but also in the clarinet and choir tracks with D notes playing under an F major chord. The majority of the melodic vocal line is dissonant (E and D notes), however, the melody ends on a C note, which is consonant with the F chord, but doesn't provide as much consonance as an A or F note would provide. The deceptive cadence creates tension as well.</p>	<p data-bbox="1312 259 1554 1104">Mood: The mood of the phrase is similar to the previous phrase due to very similar features and a repeated melody line. The firm rhythm suggests dignified, but also exciting, sad, and vigorous (Ga10). The narrow melodic pitch range (of the vocal line) suggests melancholy dignified, and sadness (Ga10), as well as solemnity and calm (Ga03). Further, the descending melody is associated with exciting, vigorous, and sadness (Ga10). The dissonance created in the harmony is associated with exciting but also agitation, vigorous, sad, gloom, tension, fear, and anger (Ga10). The continued legato vocal line suggests solemn, melancholy, tenderness, and sadness (Ga10). Overall, considering the mode and tempo with the other elements, this phrase possibly suggests sadness or solemnity, though most of the features within this phrase align more with sadness/gloom (Ga03).</p> <p data-bbox="1312 1104 1554 1128">Symbolic/associational: n/a</p>	<p data-bbox="1585 259 1806 1128">The participants appear to communicate the same meaning as the previous phrase, as this is a continuation of the lyrics and melody. While the harmonic structure is different, there still remains dissonance and no resolution, as the phrase ends on a VI chord creating a deceptive cadence. So while the lyrics suggest that ‘you’ or music is their foundation, musically the dissonance and weak cadence suggests a lack or weak foundation, mirroring the previous phrase. With the word ‘foundation’ meaning support—but the music contradicts the meaning of the lyrics as it doesn't provide an authentic cadence at the end of the lyrics, it never presents a tonic note in the melody, and there remains a significant amount of dissonance. Again, why did the participants create the music this way and are they aware of the contradiction between the lyrics and the music?</p>

Phrase 9 Measures 11 - 21	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	n/a	<p>Rhythm: The rhythm remains firm in the two percussion-based tracks. The harmonic instrumentation provides no syncopation and uses longer rhythmic durations.</p> <p>Melody: The melodic line is not present here.</p> <p>EOA: No articulation or ornamentation.</p> <p>Harmony: The harmonic structure is the same as the first 10 measures with no variation, except that the choir track stops at measure 13, reducing the harmonic texture. The song remains in A minor and the song ends with an A minor chord, however, there is not a full or authentic cadence provided as it goes from a F (VI) chord to an Am (i) chord.</p> <p>Intensity: There remains dissonance throughout the song, between the different instrument tracks and within some of the individual voicing for the basic ballad track which contains a significant amount of dissonance throughout.</p>	<p>Mood: The dissonance created in the harmony is associated with exciting but also agitation, vigorous, sad, gloom, tension, fear, and anger (Ga10). Overall, considering the mode and tempo with the other elements, this phrase possibly suggests sadness or solemnity, though most of the features within this phrase align more with sadness/gloom (Ga03).</p> <p>Symbolic/associational: n/a</p>	<p>There are no lyrics to interpret along with the music, however, it should be noted that the music continues to communicate tension and sadness or solemnity. It appears that in the last half of the song, the participants may have wanted to add another verse, but ran out of time in the workshop as it sounds incomplete upon listening. Further, the song ends on an Am chord, yet, is not achieved through a full cadence and sounds incomplete.</p>

APPENDIX P:

“Growth, Not Goodbye” SLMA Phrase-by-Phrase Coding Matrix

Phrase-By-Phrase Coding Matrix
 “Growth, Not Goodbye”, First & Third Year Participants (2)

Foundational elements:

Style & Form: brief intro; one verse (6 lines); no chorus

Texture: homophonic, thick texture with one vocal melody line & 5 instrumental lines

Time: 4/4 constant


Rhythmic features: duple; predictable (3 measures are continuously looped); syncopation found in melody, bass and bellish tracks

Tempo: 80 bpm constant, considered andante (walking) tempo

Tonal features: C major, constant (no modulation or chromaticism), diatonic


Timbre and quality of instrumentation: vocal melody line with 5 midi tracks in total: one harmonic instrument (pianet), one rhythm midi track, and 3 melodic midi tracks (bass, bells, and harp sounds)


Volumes: constant mezzo forte, voice was set for highest volume, followed by the bass track; volume automatic effects set on ‘celtic harp’ which was louder during the intro and then decreased in volume, stabilizing in measure 9.


Phrase 1 Measures 1-4	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	n/a	<p><i>Rhythm:</i> percussion track is complicated with 6 different instruments, played across consistent 16th notes; however, it presents as a thick percussion texture that provides a grounding rhythm.</p> <p><i>Melody:</i> no melody yet</p> <p><i>Embellishments, ornamentation, & articulation (EOA):</i> the Celtic harp glissandos down from G note down to B and resolves on C (tonic) on the last measure of the phrase (on a C chord).</p> <p><i>Harmony:</i> this phrase consists of 4 measures of the following progression I (C), IV (F), ii (Dm), V (G), to I (C).</p> <p><i>Intensity:</i> few instances of dissonance- two dissonant notes in the bass track (during walk down that quickly resolves to C) and the Celtic harp track. However, there is only an average of two dissonant notes each measure in the Celtic harp track—otherwise there is consonance throughout and a full cadence is given (resolves musically).</p>	<p><i>Mood:</i> A slower tempo can be associated with sadness or gloom, but also relaxation, calm, and peace (Ga05), as well as serene, tranquil, and dreamy (Ga10). The major mode suggests happiness and joy, but also serene or tenderness (Ga10). Further, the consonant harmony is associated with happiness, joy, serene, and dreamy (Ga10). Although the vocal melodic line has not started yet, the Celtic harp spans the length of an octave for a wide pitch range which is associated with whimsical, glad but also uneasy (Ga10). The higher pitch level suggests serene, happy, joy and dream (Ga10). The Celtic harp ascends upwards (associated with happiness, tension, or serene) before descending back down to B with a whimsical glissando and then resolving on C, which could be associated with exciting, and graceful (Ga10). The rhythm of the percussion track is regular suggesting happiness, but also peaceful or majestic (Ga10). <i>Symbolic/associational:</i> the faster percussion track and the syncopated bass track mirror movement; the bells and the harp have a ‘dreaminess’ quality to the sound, as mentioned by the participants</p>	<p>Overall, this phrase provides an introduction to the song that sets the tonality well—it is very clearly in a major key (key of C). Each of the accompanying instruments support this by either arpeggiating the chord or playing the root, producing a high level of consonance. This phrase seems to “set the tone” for the listener to feel grounded in both the tonality and rhythm of the piece creating a high level of stability. The overall mood suggested is happiness and joy but also dreamy, calm, or peaceful.</p>


Phrase 2 Measures 5-7	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p><i>This is exciting but also, daunting</i></p> <p><i>Exciting or excite can be defined as “to rouse to an emotional response” or “to call to activity” (Merriam-Webster).</i></p> <p><i>Daunting can be defined as “tending to overwhelm or intimidate” (Merriam-Webster).</i></p>	<p>Rhythm: The percussion rhythm is the same from the previous phrase (thick texture of sounds, every 16th note). The rhythm of the melody is syncopated putting emphasis on the ‘ands’, except for the 3rd beats.</p> <p>Melody: The vocal line is introduced in this phrase and begins on the tonic note (C) of the key, but the 5th note of the F chord. Very narrow pitch range (C, D, E). The only dissonant note is the E note that is played during a G chord, but it is quickly resolved when the chord moves to a C major. The word that is sung the longest is “daunting” towards the end of the phrase and also contains the only moment of dissonance.</p> <p>EOA: the most noticeable embellishment is the downward glissando in the Celtic harp track as well as the walk down in the bass line at the end of the 2nd measure of this phrase.</p> <p>Harmony: The phrase begins on the C (I) chord for one eighth note (it is part of the <u>pick up</u> note), and then four measures of each of the following: F major (IV) chord, then Dm (ii), G major (V) and finally C (I) providing a full cadence on the last sung syllable.</p> <p>Intensity: There is very little dissonance, as the instrumental parts are the same as the last phrase. The melody is highly consonant with only one dissonant note that quickly resolves. This tension is placed on a more negative word, ‘daunting’.</p>	<p>Mood: As in the previous phrase, the slower tempo can be associated with sadness or gloom, but also relaxation, calm, and peace (Ga03), as well as serene, tranquil, and dreamy (Ga10). The major mode suggests happiness and joy, but also serene or tenderness (Ga10). Further, the consonant harmony is associated with happiness, joy, serene, and dreamy (Ga10). The melodic line has a very narrow range of three notes, which suggests dignified, sentimental, tranquil or delicate (Ga10). Further, the ascending vocal line suggests dignified, serene and happiness, as well as tension (Ga10), whereas the step wise motion is associated with dull melodies (Ga10). The rest in the vocal line after the full cadence creates less tension (Ga10). The legato articulation of the vocal lines on the word “daunting” suggests solemn, melancholy, but also softness or tenderness (Ga10). The flowing or fluent rhythm of the melody can be associated with happy, dreamy, graceful and serene (Ga10).</p> <p>Symbolic/associational: n/a</p>	<p>Overall, this phrase communicates happiness or serenity (Ga10). When considering the music factor altogether, the phrase is more closely aligned with relaxation, calm, softness, and peace, or solemnity (Ga03). The syncopation in the vocal line enhances this idea of clinical work being “exciting” or rousing to an “emotional response”. Further, the line “this is exciting” is sung on the tonic note C (which is the most musically stable note within this key) suggesting the participant is excited and ready for sessions. However, this is quickly followed by “also, it’s daunting”. Again, the music enhances the lyrics, as the only dissonant note is on the word ‘daunting’, therefore musically creating tension on a word that is associated with a sense of overwhelming or intimidation. It would be interesting to find out more about this... what about sessions or clinical work is daunting “overwhelming or intimidating”?</p>




Phrase 3 Measures 8-10	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p>It's going to be meaningful I know</p> <p><i>Meaningful</i> can be defined as to "have a meaning or purpose" (Merriam-Webster), whereas as <i>meaning</i> can be defined as "significant quality" (Merriam-Webster).</p> <p><i>Know</i> can be defined as "to perceive directly", "have direct cognition of", "to have understanding of", "to recognize the nature of", "to have experience of", "to have a practical understanding of", and to "be aware of the truth or factuality of: be convinced or certain of" (Merriam-Webster).</p>	<p>Rhythm: Percussion track is the same. The rhythm of the melody is firmer, with very little syncopation. The last two measures are notes with longer durations that fall on beats 1 and 3.</p> <p>Melody: The melody has a slightly larger, yet still narrow range with five notes (C-G), however only three notes are play C, D, and G (not counting grace notes). The melody begins on tonic (C), a very stable note, and end of E. There are no dissonant notes in the melody during this phrase.</p> <p>EOA: There are two grace notes during this phrase. One on the syllable "ful" from 'meaningful' and one of the word "I", from "I know". This is placing the emphasis on the word meaningful as well as the 'self'.</p> <p>Harmony: The progression is the same as the last—C (for an eighth note), F, Dm, G, and C ending on a full cadence. This harmonic progression is repeated throughout the song, providing a sense of stability and predictability.</p> <p>Intensity: There is low tension during this phrase as there are no new dissonant notes (except for the very brief grace notes in the vocal line).</p>	<p>Mood: The mood of the phrase is similar to the last two phrases, with a sense of happiness, serenity, joy, and dreaminess through the separate musical factors (i.e. major mode, slower tempo, consonance). The continued narrow melodic range (five notes) suggests dignified, sentimental, tranquil or delicate (Gal0) and the repeated ascending vocal line suggests dignified, serene and happiness, as well as tension (Gal0). The perfect fourth (going from the two emphasized notes 'ful' and 'I' can be associated with pleasantness or carefree (Gal0). The rhythm is more regular with little syncopation, suggesting happiness, glad, dignified, or peaceful (Gal0), yet continues to be flowing further suggesting happy, dreamy, graceful, and serene (Gal0).</p> <p>Symbolic/associational: n/a</p>	<p>Overall, this phrase continues to communicate happiness, serenity, joy and dreaminess. The participants are communicating lyrically that they know or have an <u>understanding of</u> that clinical work will be meaningful or purposeful. Musically, they communicate a sense of optimism through the positive emotions associated with their musical choices. It is interesting that they prolong or emphasis the end of "meaningful" and "I" (or self) with grace notes, and the longest know in duration is "know". This seems to suggest a sense of confidence that the clinical work is important—they acknowledge the purpose and meaning of the work is perhaps more powerful than the feeling of it being "daunting" as suggested in the previous phrase.</p>

Phrase 4 Measures 10-13	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p>With all this laughing and smiling</p> <p><i>Laughing</i> can be defined as “to show emotion (such as mirth, joy, or scorn) with a chuckle or explosive vocal sound”, “to find amusement or pleasure in something” (Merriam-Webster).</p> <p><i>Smiling</i> can be defined as “to look or regard with amusement or ridicule”, “to bestow approval”, and to “appear pleasant or agreeable”, while <i>smile</i> can be defined as “a facial expression in which the eyes brighten and the corners of the mouth curve slightly upward and which expresses especially amusement, pleasure, approval or sometimes scorn” and “a pleasant or encouraging appearance” (Merriam-Webster).</p>	<p>Rhythm: The rhythm of the melody line includes very little syncopation and is very similar to the rhythm of the previous phrase with the last two measures singing notes with longer durations of half notes.</p> <p>Melody: The range of the melody spans four notes (E to A), however, only the E, A and G notes are sung. The phrase begins on pick up note, the same note that ended the previous phrase (the third of the chord, E) and then quickly jumps up a perfect fourth to the note A (the third in the F chord) before moving down a second to the G note (the root of the G chord). The melody stays on G as the harmony transitions to the C chord, therefore singing the fifth note of the C chord to end the phrase. There are no dissonant notes in the melody during this phrase.</p> <p>EOA: There is a grace note on the syllable “smile” placing emphasis on this word. Emphasis is also placed on the word smiling through the longer duration of notes during this word.</p> <p>Harmony: The progression is the same as the last—C (for an eighth note), F, Dm, G, and C ending on a full cadence.</p> <p>Intensity: There are no dissonant notes in the melody (except for the very brief grace note G moving upwards to A) on the word smile. The only dissonance is in the brief moments in the bass track and Celtic harp track which have been repeated each phrase. Therefore, there is little to no tension in this phrase.</p>	<p>Mood: The mood is the same—happiness, serenity, joy, and dreaminess through the separate musical factors (i.e. major mode, slower tempo, consonance). The continued narrow melodic range (four notes) suggests dignified, sentimental, tranquil or delicate (Gal0). There is another perfect fourth (from E to <u>A</u> early in the phrase) is associated with pleasantness or carefree (Gal0). Similar to the last phrase, the rhythm is more regular with little syncopation, suggesting happiness, glad, dignified, or peaceful (Gal0), yet continues to be flowing further suggesting happy, dreamy, graceful, and serene (Gal0).</p> <p>Symbolic/associational: The melodic leap up a fourth to the highest sung note of the song (A) could suggest a rise in the mood or at least trying to give the feeling of an elevated mood which coincides with the lyrics of ‘laughing’ and ‘smiling’.</p>	<p>Overall, this phrase communicates positively charged emotions such as pleasure and amusement through both lyrics and the music. The upward perfect fourth, reaching the highest note of the song so far suggests a rise in mood, enhancing the lyrics of “laughing” and “smiling” (whereas a smile is an upwards curved mouth). The phrase ends with the melody on the 5th note of the scale and home chord suggesting the song is not over and provides a sense of future motion. Although this is not an embellishment, the notes sung the longest is on the word “smiling” suggesting this was most important to the participants. It is not clear who is laughing and smiling—is it the participants, clients, or both? I assume they mean both, but this is worth exploring.</p>

Phrase 5 Measures 13-16	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p>I find that these sessions are fulfilling</p> <p><i>Find</i> can be defined as “to discover by the intellect or the feelings”, “to perceive (oneself) to be in a certain place or condition”, “to come upon by searching or effort”, “to obtain by effort or management” or to “to come upon often accidentally” (Merriam-Webster).</p> <p><i>Sessions</i> can be defined as “a meeting or period devoted to a particular activity” (Merriam-Webster), in this case a music therapy session (clinical work).</p> <p><i>Fulfilling</i> can be defined as “providing happiness or satisfaction” (Merriam-Webster).</p>	<p>Rhythm: The rhythm of the melody is very similar to the previous phrase with a pick up note starting the phrase and the last two phrases containing longer durations (half notes). There is no syncopation in the melody in this phrase.</p> <p>Melody: The range of the melody spans six notes (C to A) which is the widest range so far. As in previous phrases, very few notes are played—this phrase contains the C, G and A notes. The phrase begins on pick up note (C) and then quickly jumps up a major sixth to the note A before moving down a major second to the G note, repeating the rhythm from the previous phrase. There are no dissonant notes in the melody during this phrase, with the exception of the G grace note on the F chord.</p> <p>EOA: The phrase contains one grace note on the word “are”, with a brief G before resolving upwards to an A note. “Are” is not one of the key content words but comes right before “fulfilling”.</p> <p>Harmony: The progression is the same as the last—C (for an eighth note), F, Dm, G, and C ending on a full cadence.</p> <p>Intensity: There is low tension in this phrase. The only area of dissonance within the melody is the brief G grace note that moves upwards to an A note. The phrase fully resolves as in previous phrases.</p>	<p>Mood: The mood is the same—happiness, serenity, joy, and dreaminess through the separate musical factors (i.e. major mode, slower tempo, consonance). Although this phrase includes the largest melodic range so far (six notes), it continues to be relatively narrow suggesting dignified, sentimental, tranquil or delicate (Gal0). Regarding intervals, the phrase includes the largest melodic leap so far, the major sixth, which is associated with carefree (Gal0). The last two measures of this phrase are almost identical to the previous phrase—the rhythm is regular with no syncopation at all, suggesting happiness, glad, dignified, or peaceful (Gal0). Further, the rhythm of the melody continues to be flowing suggesting happy, dreamy, graceful, and serene (Gal0).</p> <p>Symbolic/associational: n/a</p>	<p>Lyrically, the participants suggest that they discover that their sessions, or clinical work, is “fulfilling”, despite the fact that it may have felt “daunting” at first. Musically, the participants emphasized the word “fulfilling” by placing the notes with the longest durations on the three syllables of the word. Further mirroring the lyrics, the music conveys an overall sense of joy and happiness, musically embodying how sessions create a sense of ‘happiness’ or ‘satisfaction’ from participants, presumably from all the smiling and laughing. Also, much of the rhythm in the melody from the last phrase is mirrored in this phrase, creating a sense of predictability or stability—this could be a musical way of communicating confidence (or stability) related to their clinical work, or time devoted to their client. Further exploration would be, what about sessions is fulfilling?</p>

Phrase 6 Measures 16-19	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p>And though they may end it may be bittersweet to let go</p> <p><i>End</i> can be defined as “cessation of a course of action, pursuit, or activity”, “the ultimate state”, “an outcome worked toward”, and “the object by virtue of or for the sake of which an even takes place” and “to reach a specified ultimate rank, situation, or place” (Merriam-Webster).</p> <p><i>Bittersweet</i> can be defined as “being at once bitter and sweet” and “pleasant but including or marked by elements of suffering or regret” (Merriam-Webster).</p> <p><i>Let go</i> can be defined as “to relax or release one’s hold” and “to abandon self-restraint; let fly” (Merriam-Webster).</p>	<p>Rhythm: The rhythm of the melody line is more complicated this phrase with several sixteenth notes and dotted eighth notes. However, the rhythm continues to have very little syncopation. Similar to previous phrases, this phrase begins on a nick up note.</p> <p>Melody: The melody line in this phrase has the widest range in the song, with a range of an octave (C to C). The melody begins on a C note and leaps up a major sixth to an A note, mirroring the beginning of the previous phrase. This phrase contains more dissonance than any other phrase and includes four minor seconds.</p> <p>EOA: There is emphasis on the word “go” as it extends over four beats, starting with an A sixteenth note, moving upwards to a B dotted eighth note, before settling on a G half note.</p> <p>Harmony: The progression is the same as the last—C (for an eighth note), F, Dm, G, and C ending on a full cadence.</p> <p>Intensity: This phrase contains the most tension out of all the phrases. Besides the dissonance in the bass and Celtic harp tracks (that is looped each phrase), in the melody there are seven dissonant notes and four minor second intervals (a very dissonant interval). There is also a delayed resolution in the last measure with two back to back dissonant notes (A and B) before resolving to a G note which is the fifth note in the C chord, providing high consonance by the end of the phrase.</p>	<p>Mood: Although the mode and tempo remain the same, the mood changes slightly in this phrase due to the increased tension through the use of dissonance. While the first interval is a major sixth, which is associated with carefree (Ga10), there are four minor second intervals throughout the phrase which is associated with activity and dynamism, as well as melancholy and is the “most sad interval” (Ga10, p. 389). This phrase contains the widest melodic range (an octave) which is associated with whimsical, glad, and joy, but also uneasy, fear and scary (Ga10). The phrase begins on a largest melodic leap which is associated with excitement, but is followed by mostly stepwise motion which is associated with dull melodies (Ga10). Rhythmically, although there is more movement, the rhythm is still regular indicating happiness, glad, peaceful and serious, and is flowing indicated happy, dreamy, graceful and serene (Ga10).</p> <p>Symbolic/associational: the minor second is known as a ‘sad’ interval. This interval occurs four times across several key content words. Also, on “let go” the word go ascends up and then down as if letting something go or drop.</p>	<p>This, by far, is the most musically dissonant phrase, which also contains words associated with negative feelings. Though this, the music mirrors the lyrics and at times enhances them. For example, the use of dissonance supports a slight feeling of tension, mirroring the regret, but also pleasantness, that sessions are ending which they describe as “bittersweet to let go”. Also, through the use of minor seconds on key content words, such as “may end”, “bittersweet”, and “to let” leading into “go”, these words are emphasized or stressed. Further, the delayed resolution at the end of the phrase with ascending dissonant notes, resolving downward to G enhance this motion of ‘letting go’ as if they released their hold. It is assumed the pleasantness of sessions ending, or the “sweet” of bittersweet, is that the end may be thought of as “an outcome worked toward” rather than finality... the next step toward growth (not goodbye) for the client as articulated in the title of the song. This would be good to follow up on during interviews. What do they regret and what is pleasing about the end of sessions?</p>

Phrase 7 Measures 20-22	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	<p>I know that my client will continue to grow.</p> <p><i>Know</i> can be defined as “to perceive directly”, “have direct cognition of”, “to have understanding of”, “to recognize the nature of”, “to have experience of”, “to have a practical understanding of”, and to “be aware of the truth or factuality of: be convinced or certain of” (Merriam-Webster).</p> <p><i>Client</i> can be defined as “one that is under the protection of another” and “a person who engages the professional advice or services of another” (Merriam-Webster).</p> <p><i>Continues</i> can be defined as “to maintain without interruption a condition, course, or action”, “to remain in existence”, “to remain in a place or condition”, “to resume an activity after interruption”, “keep up, maintain”, and “to keep going or add to” (Merriam-Webster).</p> <p><i>Grow</i> can be defined as “to spring up and develop to maturity”, “increase, expand”, “to pass into a condition: become” (Merriam-Webster).</p>	<p><i>Rhythm:</i> In the melody, the phrase does not begin with a pick up note but does begin with an eighth note, like all the other phrases. There is a little syncopation, but not much. Otherwise, the rhythm is regular.</p> <p><i>Melody:</i> The melody has a narrow range, from C to G. However, only three notes are sung, C, D, and G, and most of the melody is sung on the C note. For example, the melody is static (staying on a C note) for an entire measure before moving up a major second to the D note. The melody does leap from the D to G, creating a perfect fourth and then leaping back down a perfect fifth to the C note. There are no dissonant melody notes in this phrase.</p> <p><i>EOA:</i> No embellishments, but the word “grow” is the longest duration of a note in the phrase, a whole note on tonic.</p> <p><i>Harmony:</i> The progression maintains the previous patterns (minus the pick up on a C chord): F, Dm, G, and C and ending on a full cadence, with the tonic note on the melody.</p> <p><i>Intensity:</i> There is no tension in this phrase. The resolution is not delayed, there are no dissonant notes or intervals, and a full cadence is provided.</p>	<p><i>Mood:</i> The narrow melodic range (five notes) suggests dignified, sentimental, tranquil or delicate (Ga10). There is a perfect fourth (from D to G) and a perfect fifth (G down to C) which is associated with carefree (Ga10). The rhythm is regular with little syncopation, suggesting happiness, glad, dignified, or peaceful (Ga10), yet continues to be flowing further suggesting happy, dreamy, graceful, and serene (Ga10). When considering the musical elements together, the slow tempo, high level of consonance, narrow pitch range, regular rhythm, legato vocal articulation, and low formal complexity all suggest relaxation, calm, softness, and peace (Ga03). Further, the major mode, combined with several of these features suggests solemnity or dignity (Ga03). As a stand-alone factor, the major mode is associated with happy; joy, serene, and graceful (Ga10).</p> <p><i>Symbolic/associational:</i> n/a</p>	<p>The participants communicated lyrically that they know, or have direct cognition of, the fact that their client will continue, or keep up, maintain, to grow (develop to maturity) even though music therapy sessions have come to an end. Musically, the participants support the lyrics by communicating a sense of optimism about their client’s future through the use a major mode, use of consonance, maintaining a regular, flowing rhythm and low formal complexity. They also emphasized the word “grow” by singing the word for an entire measure and as a way to end the song, enhancing the last lyric. In considering the research from Gabrielsson and Juslin (2003), the music suggests “relaxation/calm/softness/peace” (p. 526). This idea of peace and calm is an interesting emotion to convey considering the usage of the words “exciting” and “dramatic” at the beginning of the song. While the participants do not use the word peace, the lyrics and music support this idea, as confidence in the client’s future is conveyed. Also, the use of the bells and the glissando in the harp were meant to make the music sound “dreamy” as noted by participants in their verbal reflections. How students feel as their clinical work comes to close is worthy of exploring and it should be noted that 2 of the 6 lyrical phrases of this song focuses on the closure process of clinical work. Further, it should be noted the participants never use the word “goodbye” in the song, and end on a positive, future orientated word, “grow”.</p>

APPENDIX Q:

“On My Way” SLMA Phrase-by-Phrase Coding Matrix

Phrase-By-Phrase Coding Matrix
 “On My Way”, Fourth Year Participants (3)

Foundational elements:

Style & Form: one verse; no chorus, intro, or outro

Texture: homophonic, one vocal melody line & three instrumental lines

Time: 4/4 constant


Rhythmic features: duple; unpredictable; timing of instruments and voice are not aligned but stabilizes towards end of vocal line; consistent syncopation


Tempo: 68 bpm constant (though the pulse feels like 136 bpm. Further, the participants set the bpm at 59 in the software program but didn’t adhere to the tempo marking).





Tonal features: D major, constant (no modulation or chromaticism), diatonic


Timbre and quality of instrumentation: Guitar accompaniment; 2 midi tracks (cello and viola sounds) with predominately monophonic structure


Volume: constant, voice and guitar are set for a lower volume than the midi tracks (cello and viola).



Phrase 1 Measure 1	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>Cello - Chamber Disco Viola Acoustic Guitar Voice</p> <p style="text-align: center;">Walking in to a new space</p>	<p>Walking into a new space</p> <p><i>Walking</i> is to “move along on foot” or “advance by steps” (Merriam-Webster).</p> <p><i>New</i> can be defined as “unfamiliar” (Merriam-Webster).</p> <p><i>Space</i> can be defined as a “physical space independent of what occupies it” (Merriam-Webster).</p>	<p>Rhythm: voice and guitar do not align rhythmically with the cello and viola. This phrase is rhythmically not aligned with the tempo</p> <p>Melody: the melody begins on 3rd scale degree on the first beat of the song with no intro; narrow range (2 notes)- static melody for most of the phrase with syncopated rhythms, except for the word “space” which resolves to the 1st scale degree with a descending major 3rd interval</p> <p>Embellishments, ornamentation, & articulation (EOA): staccato melodic (voice) line; legato cello and viola lines</p> <p>Harmony: consonant; starts on the I chord (D) and changes to the V chord (A) on an offbeat.</p> <p>Intensity: tension is in the rhythm; vocals & guitar are not aligned with the tempo & midi tracks (cello & viola).</p>	<p>Mood: The first part of the phrase “walking into a new” suggests happiness, joy, & gaiety due to the fast tempo paired with the major tonality, and consonant chords (Ga03). The staccato vocal line suggests excitement (Ga03). However, the irregular rhythm suggests amusement or uneasiness (Ga10) and the complexity of the rhythm suggests tension (Ga03). Further suggesting tension, on the word “space” the harmony shifts from the I chord to the V chord and the melody descends to tonic, creating dissonance with the V chord. A descending melody is associated with excitement as well as sadness (Ga10). The cello walks down a minor second which is known as the “most sad interval” right after the word “space” (Gabrielson & Lindström, 2010, p. 389) but is also associated with activity (Ga10).</p> <p>Symbolic associations: “Walking into a new space” appears to be a metaphor for starting a new clinical experience. The cello walks down from tonic to the 7th (unstable) scale degree.</p>	<p>This phrase suggests an initial, unsteady excitement about the new ‘space’ or clinical experience, perhaps even anxiety, yet with a hint of optimism at first. The contrasting feelings is interesting to note. Further, the melody ends on a note that is dissonant with the next chord (V) as the singer approaches the word “space” (clinical experience) which doesn’t resolve until the next phrase, perhaps suggesting movement forward, but also tension. The music enhances the lyrics to provide a sense of instability that can be experienced in new clinical work.</p>


Phrase 2 Measures 1-2	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>Cello:</p> <p>Viola:</p> <p>Guitar:</p> <p>Voice:</p> <p>feel ing out of place.</p>	<p>Feeling out of place.</p> <p><i>Feeling</i> can be defined as “an emotional state or reaction”, or an “overall quality of one’s awareness” (Merriam-Webster).</p> <p><i>Out</i> can be defined as “to be missing or displaced from the usual or proper place” (Merriam-Webster).</p> <p><i>Place</i> can be defined as “an indefinite region or expanse” or “physical surroundings”.</p> <p><i>Out of place</i> can mean “not in the proper or usual location” and “improper, inappropriate” (Merriam-Webster).</p>	<p>Rhythm: The voice and guitar continue to not align rhythmically with the cello and viola.</p> <p>Melody: Similar to the previous phrase, the melody begins on 3rd note of the chord. Again, there is a narrow range (2 notes, and E and F#). The melody is similar to the last phrase in that it is almost static, as it maintains an E note, except for one F#, which is the shortest note. Most of the phrase uses syncopated rhythms, except for the “ing” in ‘feeling’ and the word “place”. The F# creates some dissonance on the word “of” but it is a very rapid note change.</p> <p>Embellishments, ornamentation, & articulation (EOA): staccato melodic (voice) line; legato viola line with the cello becoming more staccato; appoggiatura in the vocal, melody line (F# resolving to the E note).</p> <p>Harmony: consonant; In the accompaniment, the A chord is played throughout the phrase.</p> <p>Intensity: tension continues in the rhythm; vocals & guitar are not aligned with the tempo & midi tracks (cello & viola). The F# in the last note of the cello creates dissonance with the accompaniment that does not resolve.</p>	<p>Mood: The fast tempo, consonant major chord (V) and predominately consonant notes in the voice, cello, and viola suggests happiness (Ga03). The continued staccato vocal line suggests excitement (Ga03). Contrasting this stability is the irregular rhythm with accented off beats suggests amusement, uneasiness, and/or anger (Ga10) and the complexity of the rhythm suggests tension (Ga03). More tension is found in the cello and vocal lines which contain an F#, creating moments of dissonance. Further, the small pitch variation is associated with both relaxation and calm (Ga03).</p> <p>Symbolic associations: The notes feel “out of place” themselves, thus enhancing the lyrics.</p>	<p>There is a lot of stability and consonance in this phrase. However, the rhythm (of the instruments/voice together) continues to create a sense of uneasiness and perhaps energy or anxiety about the new “space” (clinical experience). The music enhances this lyrical idea of feeling “out of place” or like the participants do not belong. They are new to the environment, and there seems to be a sense of a need to find one’s place as being essential to the new experience.</p>

Phrase 3 Measure 2	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
<p data-bbox="401 293 464 326">Cello:</p>  <p data-bbox="401 415 464 448">Viola:</p>  <p data-bbox="401 529 464 561">Guitar:</p>  <p data-bbox="401 675 464 708">Voice:</p>  <p data-bbox="495 740 653 764">Rea-dy to cre ate.</p>	<p data-bbox="716 269 863 293">Ready to create</p> <p data-bbox="716 318 961 448"><i>Ready</i> can be defined as “prepared mentally or physically for some experience or action” (Merriam-Webster).</p> <p data-bbox="716 472 961 675"><i>Create</i> can be defined as “to bring into existence” or to “produce or bring about a course of action or behavior” (Merriam-Webster). Although it is not clear what they hope to ‘create’.</p>	<p data-bbox="993 269 1241 431">Rhythm: The voice and guitar begin to align with the midi instruments and ‘stabilizes’ as the melody starts on the downbeat (as heard when played, not by the notation), providing stronger rhythmic grounding.</p> <p data-bbox="993 440 1241 570">Melody: Similar to the previous phrases, the melody begins on 3rd note of the chord. The melody is completely static with a repetitive F# that is played with a syncopated beat.</p> <p data-bbox="993 578 1241 667">Embellishments, ornamentation, & articulation: continued staccato melodic (voice) line; legato viola and cello lines.</p> <p data-bbox="993 675 1241 732">Harmony: consonant; In the accompaniment, the D chord is played throughout the phrase.</p> <p data-bbox="993 740 1241 829">Intensity: There is almost no tension present. All notes are consonant, and the rhythm is more regular.</p>	<p data-bbox="1293 269 1535 570">Mood: The fast tempo, consonant major chord (I), staccato vocal line, and predominately consonant notes in the voice, cello, and viola suggests happiness, joy, and gaiety (Ga03). The rhythm is stronger and ‘regular’ which is associated with happiness and peace (Ga03, Ga10). The pitch range/variation is small (single repeated note) which is associated with both relaxation and calm (Ga03). However, staccato articulation (found in the melody) is associated with excitement (Ga03).</p> <p data-bbox="1293 667 1535 691">Symbolic associations: n/a</p>	<p data-bbox="1591 269 1803 805">This phrase is more rhythmically and harmonically stable than the previous phrases suggesting the participants are able to find their ‘place in a new space’ or that they are confident that they will be. The music supports the lyrics by providing more stability, suggesting the participants are “ready”. It is not clear what they are creating or bringing into existence—perhaps music, a therapeutic relationship with clients, and ultimately progress with clients? This should be explored further.</p>

Phrase 4 Measure 2-3	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>But, fear-ful of mis-takes.</p>	<p>But, fearful of mistakes.</p> <p><i>But</i> can be defined as “except for the fact” or “on the contrary; on the other hand” (Merriam-Webster).</p> <p><i>Fearful</i> can be defined as “full of fear” or “inclined to fear” (Merriam-Webster).</p> <p><i>Fear</i> can be defined as “anxious concern”, “an unpleasant often strong emotion caused by anticipation or awareness of danger”, and “to be afraid of” (Merriam-Webster).</p> <p><i>Mistake</i> can be defined as “a wrong action or statement proceeding from faulty judgment, inadequate knowledge, or attention” (Merriam-Webster).</p>	<p>Rhythm: This phrase maintains a more regular rhythm. The rhythm in the melody/vocal line is repeated from the previous phrase, providing a larger sense of stability. There is still a lot of syncopation in all instrument parts.</p> <p>Melody: The melody begins on 3rd note of the I chord (F#) and then switches to the root of the next chord, the IV chord (G), for an ascending minor 2nd interval. The melody is mostly static with a repetitive G that is played with a syncopated rhythm until the end of the phrase.</p> <p>Embellishments, ornamentation, & articulation: continued staccato melodic (voice) line; legato viola and cello lines.</p> <p>Harmony: consonant; In the accompaniment, the D (I) chord moves to a G (IV) chord which is played throughout most of phrase.</p> <p>Intensity: There is almost no tension present. All notes are consonant between all instruments and the melody & harmony is simple.</p>	<p>Mood: The fast tempo, consonant major chord progression (I-IV), staccato vocal line, and consonant notes between all instruments suggests happiness, joy, and gaiety (Ga03). The rhythm maintains the regularity from the previous phrase which is fairly ‘regular’ which is associated with happiness and peace (Ga03, Ga10). The pitch range/variation remains small (2 note narrow range) which is associated with both relaxation and calm (Ga03). However, continued staccato articulation (found in the melody) is associated with excitement (Ga03) and the minor 2nd interval being indicated as “the most sad interval” (Gabrielson & Lindström, 2010, p. 389) as well as activity (Ga10). Further, the interval is ascending which is associated with tension (but also happiness) (Ga10).</p> <p>Symbolic associations: n/a</p>	<p>There are few elements to musically to indicate “fear” as suggested in the lyrics, with the exception of the ascending, minor 2nd interval. This particular interval creates consonance with the next chord, so this element doesn’t appear to negatively affect the emotional/affective quality of the phrase. Further, m2’s can indicate activity.</p> <p>Overall, in this phrase, the music appears to contradict the lyrics, communicating possible joy and excitement. So, are the participants really feel “fearful” of mistakes or does the excitement and “readiness” they feel outweigh their fear? Further, what exactly are they fearful of (the unknown, of ‘messing up’, meeting new people, new responsibilities, etc.)—this should be explored further.</p>

Phrase 5 Measures 3 - 4	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
 <p>I'm rea-dy I'm rea-dy, I'm on my way.</p>	<p>I'm ready, I'm ready, I'm on my way</p> <p><i>Ready</i> can be defined as “prepared mentally or physically for some experience or action” (Merriam-Webster).</p> <p><i>On one's way</i> can be defined as “moving along in one's <u>course</u>; in progress” (Merriam-Webster).</p>	<p>Rhythm: The guitar accompaniment is much simpler, with full downstroke quarter notes on the first syllable of “ready”. The lyrics “I’m ready” is repeated once, with the same rhythm both times. There is a rhythmic emphasis with “I’m on my way” containing the longest consecutive note durations, signaling the end of the musical idea.</p> <p>Melody: The melody of this phrase is the widest with a range of 5 notes, mostly in stepwise motion (C#4-G4), starting with a descending minor 2nd. First the melody descends a minor 2nd then a major 3rd. Next, the melody moves upwards a major 2nd followed by a descending minor third and then an ascending minor 2nd, resolving on tonic (D). There are several repeated notes (tonic-D and the 7th, C#). This provides a sense of resolution and closure.</p> <p>Embellishments, ornamentation, & articulation: continued staccato melodic (voice) line; the viola and cello lines are more staccato than previous phrases.</p> <p>Harmony: consonant; In this phrase there is the most harmonic movement from G (IV) to D (I) to A (V) to D (I).</p> <p>Intensity: There is some dissonance in the viola line. A G note sounds throughout the D and A chords before, moving to a D note which is then dissonant with the A chord. However, resolution occurs with a change to the tonic chord at the end of the phrase.</p>	<p>Mood: The fast tempo, consonant major chord progression of tonic, subdominant and dominate chords (IV-I-V-I), continued staccato vocal line, and predominately consonant notes between all instruments suggests happiness, joy, and gaiety (Ga03). The accompaniment rhythm is firmer (as opposed to relaxing) with quarter note downstrokes followed by muting the strings, suggesting excitement (Ga03). Also, suggesting excitement is the dissonance presented by the viola line (Ga03). The pitch range/variation is still relatively small (5 notes) which is associated with both relaxation and calm (Ga03). Continued staccato articulation in the melody and with more staccato all the other instruments <u>is</u> associated with excitement (Ga03). A minor 2nd occurs twice in this phrase; it is dissonant and is known as “the <u>most sad</u> interval” (Gabrielson & Lindström, 2010, p. 389), but is also associated with activity (Ga10). Further, the last minor second provides resolution to the tonic note, providing a feeling of completion or arrival. The end of the phrase includes an ascending melody which can indicate tension and also happiness (Ga10).</p> <p>Symbolic associations: n/a</p>	<p>This phrase appears to indicate the participants are feeling positive about their new clinical experiences. The music supports the lyrics as there appears to be both joy, excitement, and resolution, all indicating the students really do feel “ready”. There appears to still be some tension that the participants might feel but overall, they seem to be optimistic. For example, the phrase ends of the words “I’m on my way” and the music provides a sense of closure or resolution to their ‘fears’. The narrow melodic range makes me wonder if they still lack the confidence—as if they need to play it safe with stepwise melodic motion and not being too far from tonic (or symbolically home and what is comfortable for them clinically). What things would make them feel sense or provide a sense of security, if that is the case? This needs further exploration.</p>

Phrase 6 Measures 4 - 5	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	N/A	<p>Rhythm: guitar rhythm is regular, but the cello line is unpredictable.</p> <p>Melody: The melody is no longer carried in the voice. The cello takes this role over somewhat, although the cello line is unpredictable.</p> <p>Embellishments, ornamentation, & articulation: staccato guitar, viola and cello are more legato.</p> <p>Harmony: consonant, stable chord progression (I-V-I)</p> <p>Intensity: The cello creates dissonance with the F# note being played during the A chord, followed by a G note that creates dissonance again with the A chord, and then a C# being played during a D chord.</p>	<p>Mood: There are several dissonant notes in the cello line which can indicate activity/excitement but also fear and sadness/gloom (Ga03). There is a narrow range of notes indicating relaxation and calm, but also gloom. The irregular rhythm of the cello line can indicate amusement and uneasiness (Ga10) yet the guitar provides stability with a regular, repetitive strumming pattern, suggesting happiness (Ga10). The tonality and simple chord progression “low formal complexity” suggests happiness (Gabrielson & Juslin, 2003, p. 21). <i>Symbolic associations:</i> n/a</p>	It appears they maybe wanted to add another verse but ran out of time. They repeated the viola and guitar lines, but they explored the cello line more and created some movement for that instrument line.
	N/A	<p>Rhythm: guitar rhythm is regular and includes several quarter note downstrokes, but the cello line and viola rhythms remain unpredictable.</p> <p>Melody: The cello uses two minor 2nds before resolving to tonic.</p> <p>Embellishments, ornamentation, & articulation: n/a</p> <p>Harmony: consonant, stable chord progression (IV-I-V-I)</p> <p>Intensity: Both the cello and viola create dissonance (with an A note) during the guitar accompaniment (which is playing a G chord), among a few other instances. Both the cello and viola delay resolution momentarily but both resolve by moving down a perfect 4th from a G to a D.</p>	<p>Mood: The cello line consists mostly of major and minor 2nds (step wise motion) before a larger leap downwards a perfect 4th to D indicating peacefulness and pleasantness (Ga10). The viola mirrors this leap downwards from a G (which is dissonant) to a <u>D</u>. <u>Descending intervals</u> are associated with excitement (Ga10). The major key and fast tempo with consonant chords <u>creates</u> a sense of happiness (Ga03). The dissonance created from the cello and viola lines can be associated with excitement as well as fear (Ga03). <i>Symbolic associations:</i> n/a</p>	The dissonance created doesn't sound 'harsh'. Rather it adds some interest to the song and creates a sense for the need for resolution which is provided at the end of the phrase. Musically, there is some tension (I the viola and cello lines), yet the more stable guitar part conveys confidence and perhaps outweighs the cello and viola.

Phrase Measures 7 - 8	Explicit Lyrical Description (semantics)	Explicit Musical Description (structure)	Referential Music Meaning	Synthesis of Meaning (interpretation)
	N/A	<p><i>Rhythm:</i> strong rhythm in the guitar for a final cadence. <i>Melody:</i> n/a <i>Embellishments, ornamentation, & articulation:</i> n/a <i>Harmony:</i> simple progression with a I-V-I. <i>Intensity:</i> no tension; full cadence.</p>	<p><i>Mood:</i> consonance, regular rhythm, major chords suggest happiness, joy, and gaiety (Ga03, Ga10). <i>Symbolic associations:</i> n/a</p>	<p>They repeated the guitar ending one more time providing a final closure to the song.</p>

APPENDIX R:

“On Track” SMMA Table

On Track, 1st Year Students

Structural Model of Music Analysis (SMMA), Grocke, (1999, 2007, 2012)

Structural Elements	Description
1. Style and form	
1.1 Period of composition	n/a
1.2 Form	A (measures 1-8) – B section (9-17) One verse; lyrics not imposed over music
2. Texture	
2.1 Texture: thick/thin	Thin- 3 MIDI tracks- percussion (vanilla), grand piano, wurly chorus
2.2 Mono/homo/polyphonic	homophonic
3. Time	
3.1 Metre	4/4
3.2 Complexity/variability	No variation
3.3 Silences/rests/pauses	Rest in the melody and harmony before the cadence
4. Rhythmic features	
4.1 Underlying <i>pulse</i>	Duple
4.2 Important rhythmic motifs	None
4.3 Repetition in motifs	None
4.4 Variability in rhythm—predictable/unpredictable	No variation- the rhythm was predictable, percussion looped, rhythm in melody does not vary
4.5 Syncopation	None- very firm rhythm in melodic, harmonic, and percussive tracks
5. Tempo	
5.1 Fast/slow/moderato	Andante, 70 bpm
5.2 Alterations in tempo	No alteration
6. Tonal features	
6.1 Key in which work is written	F major (but not well established in the beginning)
6.2 Key diatonic; modal	Atonal until measure 9 with a I-IV-V progression
6.3 Major/min alternate	Atonal to tonal
6.4 Chromaticism	Measures 1-10 alternate between I and III chords
6.5 Modulation points	Measure 11 tonality is established with a IV chord
7. Melody	
7.1 Main themes	n/a
7.2 Significant melodic fragment	None
7.3 Structure of the melody	A (repetitive) & B section; predominately stepwise motion

7.4 Significant intervals	Consistent alternating major 2nds throughout
7.5 Shape of melody	Alternates in thirds (measures 1-10), then gradually ascends (measures 11-15).
7.6 Length of phrases	2 bars
7.7 Pitch range of melody	Middle register; Narrow range: 7 notes
8. Embellishments, ornamentation, and articulation	
8.1 Embellishments	None
8.2 Trills/appoggiaturas	None
8.3 Marcato, accents	None
8.4 Pizzicato/Legato	None
8.5 Use of mute	None
9. Harmony	
9.1 Consonant/dissonant	Predominately consonant
9.2 Consonance/dissonance	Alternating between dissonant and consonant chords for measures 1-10, consonant 11-16.
9.3 Significant harmonic progressions	I-III for measures in A section; I-IV-V-I in B section
9.4 Rich harmonies	None
9.5 Predictable harmonies	In B section
9.6 Unpredictable harmonies	In A section
9.7 Cadence Points	Avoided until measures 13-16.
10. Timbre and quality of instrumentation	
10.1 Solo instr: instr; vocal	“whurly chorus” MIDI instrument; no vocal track
10.2 Accompaniment	MIDI “grand” piano & MIDI percussion
10.3 Small groupings	Trio- three MIDI instruments
10.4 Instrument groups	All MIDI instrument sounds
10.5 Interplay between instruments	n/a
10.6 Layering	Every other measure there is no piano—just the percussion and whurly chorus MIDI tracks
11. Volume	
11.1 Predominately loud or soft	Moderate volume; all three tracks have the same volume
11.2 Special effects in volume	None
12. Intensity	
12.1 Tension/release	Tension through consistent dissonance on the 2 nd and 4 th beats of each measure (and sometimes third beat) in the melody, ‘whurly chorus’ track.

12.2 Crescendi building to peak, and resolution	In B section
12.3 Tension in harmony, texture and resolution	Harmonic structure alternates between two dissonant, unrelated chords (F and A)
12.4 Delayed resolution	In melody line (whurly chorus), measures 13-16
12.5 Ambiguity resolved	Yes, in measure 11 the tonality settles into F major
13. Mood	
13.1 Predominant mood, depicted by melody, harmony, & predominant instrument	A section conveys aspects of tension; B section conveys solemnity and dignity (Ga03).
13.2 Feelings represented	Conflicting feelings of self-doubt (tension) and later confidence and self-efficacy (solemnity and dignity).
14. Symbolic/associational	
14.1 Cultural associations	None
14.2 Metaphoric associations	Percussion track emulates a constant train chugging down the track.
15. Performance	
15.1 Quality of the performance	Recorded using Soundtrap as the DAW; No voice track overlaying the accompaniment; instrumentation worked well together rhythmically and texturally—adhered to tempo.
15.3. Stylistic interpretation—artistic merit	Intentional form with A section representing doubt (through dissonance) and the B section representing resolve and confidence (through consonance and full cadence).
15.4 Articulation of feelings and emotion	Conflicting feelings—initially self-doubt, but later confidence

Song description summary:

On Track consists of 17 measures, approximately 58 seconds in length, at 70 bpm with a 4/4 time signature. The song is situated in F major, though the tonal center is not fully established until measure 11 with the introduction of the IV chord. The song was recorded using Soundtrap as the DAW and consists of three MIDI tracks: vanilla (percussion), grand piano, and wurly chorus (a synth keyboard sound). The grand piano provides the accompaniment while the wurly chorus plays the melody. The accompaniment pattern is firm and simple with whole notes every other measure. Every other measure there is no piano accompaniment at all- just percussion and whurly chorus tracks, except for the perfect cadence where the F chord lasts two full measures (two whole notes connected with a tie). The percussion rhythm is consistent and firm throughout, as the measures are looped continuously and consists of sixteenth note patterns using kick, snare, and hi-hat sounds. There may be some symbolic associations with a train on a train track with the constant, regular percussion rhythm.

The A section alternates between the I (F) chord and the III (A) chord. The melody is predominately stepwise alternating between a consonant note (C) and dissonant notes (Bb and D) over the I chord. The melody playing over the III (A) chord follows a similar pattern—a consonant note (A) alternating with dissonant notes (G, B, Bb). Each melodic note is a quarter and this does not vary and becomes predictable. The individual musical elements suggest several different affective meanings including fear (slow tempo, dissonance), sadness or gloom (slow tempo, firm rhythm, dissonance, and narrow pitch range), and solemnity or dignity (slow tempo, firm rhythm, narrow melodic range) (Ga03). Further, the atonal progressions are found in angry melodies (Ga03). However, the overall affective meaning the participants appear to be communicating aligns most with tension and/or gloom due to the dissonance created in the melody as well as the dissonant harmonic progression and the slower tempo (Ga03). The participants appear to be communicating a sense of confusion and tension through the atonal progression and consistent dissonance in the melody. With a key not firmly established and two alternating chords that are dissonant with each other, clearly there is tension musically.

The B section contrasts the A section as it establishes a tonal center with the following progression: I (F) - IV (Bb) – V (C) – I (F). Further, this progression provides a perfect cadence and situates the song in F major. The B section melody follows a similar pattern of alternating between consonant quarter notes and dissonant quarter notes using stepwise motion before creating some tension through a slightly delayed resolution using three final half notes (F, E, F). The first F half note is dissonant with the underlying C (V) chord in measure 13, but resolves down to the E half note in measure 14, before moving upwards to the last F (tonic) half note in measure 15 over a perfect harmonic cadence with the F(I) chord. The increased use of consonance, both in the melody and harmony, paired with the slow tempo, narrow pitch range and firm rhythm indicate solemnity or dignity (Ga03). The shift to a major tonality can be associated with happiness as well as solemnity (Ga10). Further, the slightly ascending melody can be associated with dignity,

as well as tension or happiness (Ga10). Overall, the participants appear to be communicating musically as sense of hope, acceptance, or resolve, or a feeling of being “on track” in the B section as it ends in a major key, fully resolved, and with a perfect cadence.

Unsung lyrics:

Standing here out on the tracks.

Come this far, can't go back.

There's a mountain left to climb...

I think I can? I think I can. I know I can.

APPENDIX S:

Braun and Clarke's (2022) 15-Point Checklist for Good *Reflexive* TA—Version

2022

BRAUN AND CLARKE'S (2022) OUR 15-POINT CHECKLIST FOR GOOD
REFLEXIVE TA—VERSION 2022 (p. 269)

No.	Process	Criteria
1	Transcription	The data have been transcribed to an appropriate level of detail; all transcripts have been checked against the original recordings for 'accuracy'.
2	Coding and theme development	Each data item has been given thorough and repeated attention in the coding process.
3		The coding process has been thorough, inclusive, and comprehensive; themes have not been developed from a few vivid examples (an anecdotal approach).
4		All relevant extracts for each theme have been collated.
5		Candidate themes have been checked against coded data and back to the original dataset.
6		Themes are internally coherent, consistent, and distinctive; each theme contains a well-defined central organizing concept; any subthemes share the central organizing concept of the theme.
7	Analysis and interpretation—in the written report	Data have been analyzed—interpreted, made sense of—rather than just summarized, described, or paraphrased.
8		Analysis and data match each other—the extracts evidence the analytic claims.
9		Analysis tells a convincing and well-organized story about the data and topic; analysis addresses the research question.
10		An appropriate balance between analytic narrative and data extracts is provided.
11	Overall	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase, or giving it a once-over-lightly (including returning to earlier phases or redoing the analysis if need be).
12	Written report	The specific approach to thematic analysis, and the particulars of the approach, including theoretical positions and assumptions, are clearly explicated.
13		There is a good fit between what was claimed, and what was done- i.e. the described method and reported analysis are consistent.
14		The language and concepts used in the report are consistent with the ontological and epistemological positions of the analysis.
15		The researcher is positioned as active in the research process; themes do not just 'emerge'.