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# A Phenomenological investigation of Nordoff-Robbins trainees' personal and musical growth during certification training

Matsuri Imura

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A PHENOMENOLOGICAL INVESTIGATION OF NORDOFF-ROBBINS TRAINEES'  
PERSONAL AND MUSICAL GROWTH DURING CERTIFICATION TRAINING

A THESIS

Submitted in partial fulfillment of the requirements  
For the degree of Master of Science  
In Music Therapy

by

Matsuri Imura  
Molloy College  
Rockville Centre, NY  
2013

MOLLOY COLLEGE

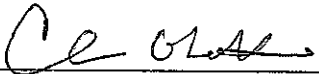
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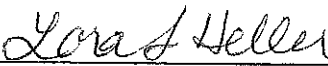
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A Master's Thesis Submitted to the Faculty of  
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In Partial Fulfillment of the Requirements  
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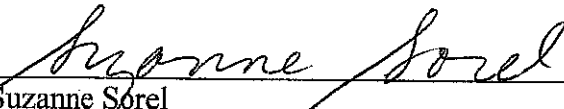
Thesis Committee:

  
\_\_\_\_\_  
Claire M. Ghetti  
Faculty Advisor

5/9/13  
Date

  
\_\_\_\_\_  
Lora F. Heller  
Committee Member

5/9/13  
Date

  
\_\_\_\_\_  
Suzanne Sorel  
Director of Graduate Music Therapy

5-10-13  
Date

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## **Abstract**

Nordoff-Robbins Music Therapy (NRMT) is an improvisational model of music therapy that involves active music making between a client and therapist. Through this interaction, the therapist may promote communication, self-expression and relatedness (Aigen, 2005). NRMT requires advanced training beyond what is necessary to practice music therapy at an entry level, and it offers certification at three levels. This study examined the experience of three participants who have completed Level I NRMT training. The first level of training focuses on developing musical resources and clinical applications of music while trainees attend classes and conduct individual and group sessions. Improvisational competencies necessary to meet the requirements of the training include developing listening skills, musical awareness, and proficiency in various musical styles. While the NRMT training emphasizes the development of the therapists' relationship with music, there are few studies that focus on the trainees' self-growth experiences during their training. The purpose of this phenomenological inquiry was to explore how NR trainees experience self-growth during their certification training by examining the complex nature of their personal and musical growth processes. I interviewed three female music therapists whose primary instruments include piano and cello, and followed Moustakas's (1994) data analysis process: 1) Setting aside my own biases, 2) Listing significant statements from the interview transcription, 3) Grouping those statements into meaning units, 4) Writing a textural description about what was experienced, 5) Writing a structural description of how the participants experienced the phenomenon, and 6) Developing a narrative description of the essence of NRMT trainees' personal and musical growth in their training. Results include four overarching themes with specific sub-themes under each: 1) Being Challenged (Subthemes: Self-doubt as a musician, Fear of being judged or exposed, Being self-critical, and Getting in one's

own way); 2) Facing the Challenges (Subthemes: Realization/becoming aware, Aid of the supervisor); 3) The Shifting Point (Subthemes: Feeling connected, Communicating with the client); and 4) Significant Changes in Therapists (Subthemes: Building confidence as a musician, Becoming more aware of struggles and letting go of negative thoughts, Accepting oneself and opening up, and Developing a relationship with music). The findings of this study may help to enlighten NR trainers and future trainees about the range of experiences of NR trainees may encounter during the training process.

## Acknowledgments

Thank you, Dr. Suzanne Sorel, for being honest with me, guiding me in the first half of the thesis process, and giving me the opportunity to be in the Nordoff-Robbins training program at Molloy college. Thank you, Dr. Claire Ghetti, for giving me the incredible support that made this thesis come to fruition! Thank you, Lora Heller, for giving your time in reading drafts of this thesis. Thank you, Julia Attaway, for editing my drafts. You are an amazing editor, and I was fortunate to have you in my thesis project process.

Special thanks to the three participants of this study. Thank you for willing to share your amazing journey with me. You inspired me to complete this thesis project and to explore myself as a NR trainee.

My parents, thank you for supporting me in so many ways. For the past ten years, I was able to survive in the US because of you.

My grandfather, thank you for your love. I have always felt your love. I know you have always seen the view I see.

My music therapist, thank you for helping me to take a journey into the best mystery, myself.

Antonio Gomez, thank you so much for always being proud of me, respecting me, and accepting who I am. I learned a lot from you.

Finally, to my 18-year-old Matsuri, thank you for making that decision 11 years ago. You were right, I hope you are proud of yourself.

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## **CHAPTER I**

### **Introduction**

#### **Description of the Study**

This research study explores and examines the experiences of Nordoff-Robbins (NR) trainees' personal and musical growth during certification training. Nordoff-Robbins Music Therapy (NRMT) is an improvisational model of music therapy that involves active music making between a client and therapist in order to realize the client's therapeutic goals. Within this musical interaction, the therapist improvises music and utilizes pre-composed music with an "improvisational attitude" by adapting various musical elements within the structure of a song (Verney and Ansdell, 2010, p. 2). In their clinical work NR therapists must "develop the same personal qualities that we ask of the children [and adults] as clients," and thus "the therapist's growth [*is*] an important part of the training" (Aigen, 2005a, p. 45). A competent NR music therapist needs to possess highly developed clinical skills; personal and musical growth are also essential and interrelated (Aigen, 2005a; Aigen, 1998; Kim, 2010; Turry, 2001). In order to understand the multiple and varied realities of personal and musical growth in NR trainees' experiences, a qualitative research method of phenomenological inquiry was chosen for this proposed research study. I conducted in-person interviews with NR therapists who have completed their Level One certification training. Based on the analyzed data extrapolated from the interview transcripts, I have highlighted emergent themes associated with NR trainees' personal and musical growth during certification training.

#### **Personal Source of the Study**

I first began learning the improvisational approach to music therapy at the Center for Discovery in Harris, NY, where I trained as a music therapy intern for six months. I am currently

enrolled in Level One Nordoff-Robbins training at the Rebecca Center for Music Therapy at Molloy College in Rockville Center, NY. Once I began my personal journey in NR training, I became very interested in the NR music-centered philosophy, which emphasizes the connection between a person's musicality and well-being. The more I learned about NRMT, also known as Creative Music Therapy, the more I became clear about how personal qualities influence my improvised music. For instance, my fear of not knowing what is going to happen in the clinical situation is expressed by playing the same chord progression repeatedly without moving anywhere else.

As an NR trainee enrolled in Level I of certification training, I have faced many personal struggles as I explore issues regarding my musicality, my perceptions about 'beauty', my way of relating to music, and a tendency to hold back from letting go of my ego. Overall, I have found the training process to be remarkably interesting and also very challenging. Thus, the awareness of my own personal and musical growth process led me to wonder about other trainees' growth experiences.

### **Rationale and Research Questions**

The purpose of this study was to examine the elements of growth, both musical and personal, that took place during the NR training process. It is hoped that the insights gained may help future NR trainees as they encounter personal and musical challenges during the certification process. This study can also help therapists and other trainees as they go on to practice music therapy. Due to the complex nature of improvisation, which varies with each individual's perception, sensation, or spiritual connection (Forinash, 1992; Turry, 2001), a phenomenological approach was chosen to allow the researcher to understand multifaceted aspects of the phenomenon of NR trainees' growth experiences.

The primary question for this qualitative study was, “How do Nordoff-Robbins trainees experience self-growth personally and musically during certification training?” Sub-questions included: a) “How do NR trainees experience their personal growth?” b) “How do they experience their musical growth?” c) “What is the relationship between their personal and musical growth?”

## CHAPTER II

### Literature Review

Nordoff-Robbins Music Therapy (NRMT) requires advanced certification to practice and is considered one of the most intense training programs in the field of music therapy (Kim, 2010; Turry, 2001). NRMT training necessitates advanced musicality and a willingness to move forward emotionally (Sorel, 2013; Aigen, 2005a). However, most of the existing literature regarding NRMT discusses the overall structure of the training process, such as professional competencies and the client's musical growth. The NR training program has been described as inherently focused on the trainees' self-growth (Sorel, 2013, p. 1). The purpose of this literature review is to understand the NRMT training structure related to trainees' personal growth within their music and the need for NR trainees to achieve growth in those areas. There are four main areas of focus in this literature review: a) NRMT background and philosophy; b) structure of an NRMT program; c) need for trainee self-growth; and d) musical growth as it relates to personal growth.

#### NRMT Background and Philosophy

There are several elements that distinguish Nordoff-Robbins Music Therapy (NRMT) training from other types of training models. Two of the main characteristics of NRMT are its concept of the *music child* and its music-centered approach (Aigen, 2005b). The music child concept was developed by Paul Nordoff and Clive Robbins and described as "the individualized musicality" (Nordoff & Robbins, 2007, p.3) inborn in every human being (Aigen, 2005b; Kim, 2010; Nordoff & Robbins, 2007). The concept of the music child represents the individual's unique ability to respond to, express and communicate through music (Aigen, 2005b; Nordoff & Robbins, 2007; Verney & Ansdell, 2010). The NRMT theory strongly suggests that the concept

of the music child is at the core of an individual's healthy growth. Nordoff and Robbins (2007) state that an individual's musical capabilities are central to his or her personal development as he or she gets stimulated and becomes committed to using these newfound capabilities.

The concept of music child can refer not only to clients, but also to therapists. Dong Min Kim (2010), a Nordoff-Robbins Music Therapist and Director of the Korean NR training program, incorporates the concept of the music child in her phenomenological research study about Korean female NR trainees' path of actualizing their unique musicality, called "musical individuation" (p. 353). In her results, the discovery of one's own music child was highlighted as the experience of feeling oneself freely, awakened, and discovering one's strengths, abilities, or "something valuable" (Kim, 2010, p. 358). This discovery illuminated the trainees' self-awareness, acceptance, integration, and actualization regarding their identities as musicians, therapists, and people (Kim, 2010).

NRMT is considered a music-centered approach in which clinical intention is communicated directly through the use of the elements of music (Aigen, 2005b). In this approach, the main focus of intervention is on how a variety of musical elements and their musical qualities are employed to reach and meet clients in clinical situations. Thus, in NR training, trainees develop musical resources and a personal relationship with music in order to work effectively with the client. NR trainees are encouraged to learn how to offer their personal and unique musicianship in therapeutic sessions.

### **Structure of Nordoff-Robbins Music Therapy Program**

**Goals for Nordoff-Robbins Trainees.** NR trainees learn to create music spontaneously and utilize a variety of pre-composed music to communicate with the client in individual, small or large group settings (Turry, 2001; Verney & Ansdell, 2010 ). Since each client has unique

musical capacities, characters, and conditions, the music chosen to communicate with him or her must be individualized. Thus the majority of techniques utilized in NR music therapy employ improvisational music. The therapist's work is usually described as *living in music*; that is, therapists strive to create a musical connection between the improvised music, themselves as professionals, and the clients in order to create conditions that will allow clients to achieve their goals (Aigen, 2005a; Nordoff and Robbins, 2007). Alan Turry (2001), the Director of the Nordoff-Robbins Center for Music Therapy at New York University, believes that the primary goals for NR trainees are to develop their clinical musicianship and to release their creativity.

In order to describe the process of developing NR trainees' clinical musicianship, Clive Robbins created a schema called *Poised in the Creative Now* (Turry, 2001). There are six elements that contribute to the development of clinical musicianship in the NR trainee: 1) creative freedom; 2) expressive spontaneity; 3) intuition; 4) controlled intention; 5) clinical responsibility; and 6) methodical musical construction. The first three categories represent the intrinsic "artistic qualities" that trainees must acquire, while the rest refer to extrinsic "skills and methods" (Turry, 2001, p. 352). In order to achieve clinical musicianship, these intrinsic and extrinsic aspects of creative experiences are developed in a balanced way.

The first two intrinsic qualities pertinent to clinical musicianship are creative freedom and clinical responsibility. In order to have creative freedom, the trainees must develop "faith in the power of music, a readiness to meet client's needs or circumstances, and trust in his or her own abilities" (Turry, 2001, p. 353). Turry maintains that trainees become more creative and versatile in their improvisation with clients as they gain trust in their own musical choices. At the same time, the trainees must learn clinical responsibility, which includes developing "genuine human concern for the client, a commitment to stay in a challenging process, and the

ability to document and research the work” (p. 354). This kind of accountability requires trainees to address any aspect of the therapy process -- including personal issues -- and adjust their approaches accordingly, for the benefit of the client.

Expressive spontaneity is the third intrinsic element, and refers to the quality of being musically flexible in interactions with the client (Turry, 2001). NR trainees can cultivate this by developing their musical identity and musical self, which are a personal response to (and authentic expression of) the music. Inspiration can also help trainees gain expressive spontaneity in their clinical musicianship. However, without methodical musical construction, the fourth element of clinical musicianship, one cannot achieve spontaneity (Turry, 2001). The trainees must have “musical background and training, musical perception” in order to listen to what is happening within the session, and shape the inspiration into musical forms by having “technical control over musical ideas” (Turry, 2001, p. 355).

Finally, intuition and controlled intention are required. Intuition is described as “an immediate perception of reality” that allows trainees to purposefully improvise music for the client within an unpredictable situation (Turry, 2001, p. 355). The trainees develop their intuition by exploring the possibilities, experimenting with new ideas and making mistakes, and by being willing to live in the moment “without anxiously searching for a logical conclusion to the situation” (Turry, 2001, p. 355). It takes sensitivity and courage to trust one’s intuition, and there may be blocks such as low self-esteem or personal dynamics that stop trainees from gaining trust in their own intuition (Turry, 2001, p. 356). When applying intuition to music improvisation for the client, trainees must also have controlled intention, or direction and purpose in their music (Turry, 2001, p. 357).

**Nordoff-Robbins Training Highlights.** Although developing clinical musicianship is the aim of NR training as a whole, most of the trainees' progress can be seen in their music (Sorel, 2013). NR therapists must be proficient in and flexible with a variety of musical styles and idioms in order to explore the client's musicality, and so they can offer the client various musical experiences that provoke different feelings. Thus, the NR training program facilitates the trainees' ability to "develop sensitivity in their awareness for every detail of musical experience, component of music" (Verney & Ansdell, 2010, p.19). NR trainees are given many opportunities to explore the effects of musical elements such as intervals, dynamics, and texture; they learn the potential that lies within the musical elements, and spend time reflecting on their personal reactions to them (Verney & Ansdell, 2010).

Development of the trainees' self-growth is embedded within NR training through clinical improvisation class, clinical supervision, group class, and clinical work within individual and group settings (Kim, 2010; Sorel, 2013; Turry, 2001; Verney & Ansdell, 2010). During classes, trainees learn musical idioms, styles, modes, and/or NR pre-composed songs that might be unfamiliar to them. The trainees develop personal relationships to these new musical resources by trying out the musical forms in session, discovering "meanings" and "usefulness" (Turry, 2001, p. 355). Sorel (2013) stated that this experiential learning provides trainees "opportunities to experience their own fears, blocks, and discoveries to become more fluid music-makers, adding new colors to their palettes of musical expressiveness" (p. 326).

Sorel refers to this whole experience of music making as musicing. Musicing is the center of the NR training, and musicing facilitates trainees' learning process. Musicing is embedded in every aspect of training: learning about history and the pioneers of Creative Music Therapy, studying clinical archives, having in-class experiences and supervision, and through doing



clinical work. Sorel states that lived experiences of musicing has many aspects, “The value of musical surprise, adept leading and playing, and the trainees’ experience of being emotionally moved and engaged in the music, are qualities that Robbins knew were essential in fostering musical growth as well as the deep understanding of the model” (Sorel, 2013. P. 328).

Turry (2001) and Kim (2010) describe supervision as one of the most important aspects of the NR training process. Turry (2001) emphasized that supervision in NR training focuses on helping the trainees become aware of their musical tendencies, blocks, fears, and strengths. Kim (2010) found that one highlight of the trainees’ experience was the positive relationship they formed with their supervisors, and noted that the supervisor’s support contributed to the trainees’ growth throughout the training year.

Supervisors look at their trainees’ tendencies toward playing, relating, and responding to the client. Trainees conduct self-evaluations by indexing each session, paying attention to the details of what is happening in their music and in the client’s response (Verney & Ansdell, 2010). Then supervisors and their trainees discuss their thoughts regarding what “idea or attitude” is limiting their ability to listen to what is happening in their music (Verney & Ansdell, 2010, p. 76). The supervisors may provide insight into what is happening musically or non-musically, encouraging them to pay detailed attention to the music as they watch the session video together. Trainees are encouraged to face the issues that are limiting their expressive freedom.

Overall growth, both personally and professionally, is the main objective of all NR training experiences. The trainee’s experience of personal growth is described as helping to develop “increased self-awareness, positive views towards herself and others, [an] empowered self, and [a] desire to find true self” (Kim, 2010, p. 357). Turry (2001) stresses that NRMT

training encourages trainees to practice taking risks to grow into a new-self, discovering their own creativity, spirituality, self-awareness, and acceptance in the process.

### **Need for Trainees' Self-growth**

Most researchers with a psychodynamic orientation, particularly counselors, pay close attention to a trainee's personal growth as an important component of becoming a competent therapist (Coburn, 2011; Grafanaki, 2010; Haenisch, 2011; Kim, 2010; Luke & Kiweewa, 2010). Some researchers emphasize taking action to enhance personal growth and awareness for therapy trainees, such as participating in experiential group therapy, conducting self-inquiry studies, and attending personal therapy and/or counseling sessions (Camilleri, 2001; Grafanaki, 2010; Haenisch, 2011; Irving & Williams, 1999; Luke & Kiweewa, 2010).

Haenish (2011) conducted a phenomenological study about the influence of compulsory personal therapy on the personal and professional development of trainee counselors in the UK. The experiences of six participants, who had already received personal therapy during the training prior to the interview, were explored using Interpretative Phenomenological Analysis (IPA). Three domains were proposed: the impact of the compulsory nature of therapy during training, the influence of personal therapy on personal development, and the influence of personal therapy on professional development. Personal therapy promoted the participants' physical, cognitive, emotional, and spiritual development (Haenish, 2011). All participants agreed that personal therapy was essential, as it facilitated their learning process during the training.

Luke and Kiweewa (2010) conducted a grounded theory research study on personal growth and awareness of counseling trainees in an experiential group. Fourteen master's-level students participated in a series of 13 group sessions, each 90 minutes, over the course of one

semester. The participants' weekly reflective journals were analyzed across four phases. Findings identified four categories and a total of 30 factors that are significant to personal growth and awareness during experiential group work. Some of the factors identified within the intrapersonal category were genuineness, authenticity, "own characteristics" and "taking risks" (Luke & Kiweewa, 2010, p. 373).

Camilleri (2001) explored her awareness of personal issues and how this led to growth as a music therapist. She believes that self-awareness is the key to personal growth: becoming aware of her emotions and resistance opened her up to different viewpoints, allowing her to be more available to the client, more present in every moment, and to show more empathy. Self-awareness and increased empathy can allow the therapist to connect more deeply with the client, the music and the self, and be more in tune with the client's needs.

Personal music therapy is also recommended within training programs for NR therapists (Sorel, 2013; Turry, 2001). Developing a relationship with music in the context of a music therapy session enables trainees to explore personal emotional and psychological issues. It also helps them recognize their personal need for expression while in an environment free from clinical demands (Sorel, 2013; Turry, 2001). The purpose behind having NR trainees participate in personal music therapy or another type of therapy is to facilitate personal growth and to solidify trainees' belief in the power of the medium they are using.

Sorel (2013) argued that there is a need for NR trainees to receive personal NR music therapy in order to reveal "insight regarding blocks, tendencies, strengths, and limitations" (p. 335). She notes that historically personal therapy has not been required in NR training because the nature of the training process itself is therapeutic and "the primary vehicle for the trainee's progression is seen and understood through changes in his or her music" (p. 320). However,

attitudes are evolving from this traditional model. Sorel (2013) argues that as the trainees progress toward becoming certified, they are “growing and developing” themselves (p. 333). Sorel is re-evaluating the traditional stance, seeing the value and necessity of personal therapy in the NR model, and implementing recommendations that reflect this perspective in her training program.

### **Musical Growth as It Relates to Personal Growth**

Most literature on NRMT asserts that one’s musical and personal growth are connected (Aigen, 1998; Aigen, 2005a; Ansdell, 2000; Verney & Ansdell, 2010). Ansdell (2000) emphasizes Paul Nordoff’s belief in the intimate connection between an individual’s personality and his or her musicality. Ansdell (2000) quotes Paul Nordoff as saying, “We ourselves are fundamentally rhythmic and tonal beings – Music begins both with and within us” (p. 8), and connects the experience of music with certain aspects of human nature:

We make and experience music because we have bodies which have pulses and tone, tensions and resolutions, phrasing, bursts of intensity, repetitions and developments. Music gives us, in short, access to a whole world of experience: bodily, emotionally, intellectually and socially (p. 8).

This description of music tied to the self indicates that one’s musical experience represents a part of him or herself. More importantly, a broad range of musical experiences will help trainees become fully comfortable with presenting themselves as musical beings in order to be creative in their emotional response to the client (Aigen, 1998; Aigen, 2005a).

The idea that “Access[ing]... music is always access[ing]... the musical/personal” (Verney & Ansdell, 2010, p. 11) indicates that it is essential for trainees to have a deep sensitivity toward music. In order to enhance this musical sensitivity, trainees must grow in their

awareness of the concept that music is personal. There are several steps that trainees must take to accomplish this. Verney and Ansdell (2010) review each aspect of the musical experiences NR trainees learn when improvising with the client; listening, focusing on the here and now, awareness, and accessing the musical self. Listening to the client being musical is considered the first strategy for the therapist (Verney & Ansdell, 2010). By listening to the client's musical responses, particular elements or qualities of the client's musicality are then transmitted through the music the trainee plays, and these are reflected in how it is played. Verney and Ansdell (2010) stress the importance of the therapists' musical presence, stating that the therapist must focus on the here and now within the music. This requires deep listening skills, as the therapist becomes attuned to the client, thus providing music that reflects the client's responses, so that he or she may have the sense of being heard (Verney & Ansdell, 2010).

Another important aspect of learning how to improvise with the client is awareness of the improviser's own feelings toward certain musical changes (Verney & Ansdell, 2010). Awareness is important to help trainees gain more sensitivity when listening to musical components, such as various contrasts of "loud/soft, fast/slow, pitched, unpitched sounds, with/without pulse" (Verney & Ansdell, 2010, p.16). As trainees explore their preferences through bodily sensation, personal emotional reactions, and gain meaning through listening, they work toward becoming aware of the musical components on a deeper level. Verney and Ansdell (2010) stress that "integration of all listening, awareness leads the therapists to know exactly what [they are] doing musically, and what effect it might be having on the musical relationship" (p. 16). Ansdell (2010) also emphasizes that music leads to experiencing sensations in one's body, such as feeling up-lifted or feeling a sense of being grounded. He implies that the therapist is a facilitator who assists the client in *becoming* the music.

**Musical Growth is Personal Growth.** Nordoff-Robbins music therapy practitioners seek evidence of the clients' growth within their musicality. Aigen (2005b) stated, "the musical self is the core of the developing personality and that it integrates the cognitive, affective, and physical aspects of the being into a coherent, unified self" (p.145). When becoming aware of and sensitive to musical components, and utilizing these qualities in improvisation freely, the music therapist is expanding her musical self, experiencing self-growth. Thus, musical growth and personal growth co-exist and develop in tandem.

Lee and Houde (2011) asserted in their improvisational workbook for music therapists that searching for one's own voice through singing and playing in various styles is crucial if therapists are to "influence clients and inspire them to find their own voice also" (p. 387). They stressed that searching for one's own authentic voice in music is a journey and noted, "Our musical journey often reflects our personal journey, especially when it comes to improvisation" (p. 387).

### **Summary**

The Nordoff-Robbins Music Therapy approach aims to facilitate a client's growth through music-making that is creative, spontaneous, related, and communicative. The NR trainee undergoes a similar growth process during training. She is exposed to a variety of musical experiences, and explores her ability to be free, spontaneous and creative. Her goal is to experience personal and musical growth, while also learning to better serve her clients. Even though the existing literature emphasizes NR trainee requirements on both personal and professional levels, there are few studies that highlight the *actual experiences* of NR trainees, and how these experiences influence personal growth and their clinical work. Nordoff-Robbins trainees are required to fulfill a variety of competencies, including becoming competent listeners

and better music-makers. The purpose of this study is to understand the experience of the NR training process from the trainee's perspective and to reveal how aspects of the training support or inhibit self-growth.

## CHAPTER III

### Method

#### Phenomenological Inquiry

Each individual's path to musical and personal growth during Nordoff-Robbins Music Therapy is unique and complex. The purpose of phenomenological inquiry is to reveal the many aspects of a phenomenon that contribute to the intricacy of human experience (Forinash & Grocke, 2005). Employing phenomenological inquiry for this study permitted deep understanding of the features of NRMT trainees' growth paths. Data were collected from three participants who have common and shared experiences with growth during training (Creswell, 2007). From this data, a description of this topic was created by identifying essences of the participants' lived experience.

In this research study, the participants' lived musical and personal growth experiences during their NR training were the main sources of data. Semi-structured interviews were conducted with three participants who have already completed Level I NR training to gather in-depth information about their experiences and perspectives (Creswell, 2007).

When using a phenomenological methodology, the researcher must set aside personal biases and beliefs about the phenomenon being studied (Forinash & Grocke, 2005). This concept is called bracketing or epoché, and it helped me identify my own biases and become open to the participants' lived experience (Creswell, 2007) during the interviews and the analysis process. This allowed participants to express experiences, thoughts, feelings and beliefs as much as possible, and identify unbiased and revealing information.



## **Participants**

In a phenomenological study, it is essential that all participants have insights about the topic (Creswell, 2007). A purposeful sampling strategy called “criterion sampling,” was used in this study (Creswell, 2007, p. 128). Three participants were solicited who met the following criteria: 1) They had completed Level One of the Nordoff-Robbins Music Therapy certification training within the past two years, 2) They had experienced musical and personal growth during their NR training, and 3) They are currently practicing as a music therapist. Pseudonyms for participants were used in all written and recorded data during the length of the study, and in any publications following the completion of the study.

## **Procedure**

**Submission to Institutional Review Board.** Before this study began, a complete packet of information including an IRB student proposal form, proposal abstract, permission to audio record form, consent form and letter, and sample of interview questions were submitted to the Molloy College Institutional Review Board (IRB) for review.

According to the *code of Ethics* by the American Music Therapy Association (AMTA, 2011), research participants are protected for their welfare and confidentiality. Participants of this study were protected by 1) permitting them to withdraw at any time, 2) maintaining confidentiality by utilizing pseudonyms, and 3) securing all digitally recorded information, so that only the researcher and the research committee had access to passwords and locations of data and findings. The topic of this study contained personal material, and it was the ethical responsibility of the researcher to remain sensitive to show and respect for the participants’ feelings at all times. The participants were informed about the purpose of the study, and the methods it used. The results of this research were provided to all participants, if requested.

**Contacting potential participants.** After receiving IRB approval for the study, I contacted the directors of the Nordoff-Robbins Music Therapy training program at New York University and Molloy College to request a list of prospective participants. Invitation emails sent to potential participants included a brief introduction to my background, the purpose of this research study, the list of criteria, and a consent form. Three participants replied to the invitation. I contacted them to set up in-person interviews. Due to distance, one participant was interviewed via online videoconferencing software (Skype).

**Permission to audio record.** The consent form was explained and signed before the interview, noting that the transcription was going to be used only for purposes of analysis. Each participant was informed that it was a personal decision to share certain feelings, emotions, or situations in order to ensure autonomy.

**Interview format and location.** The interviews took place at a location that was convenient for the participant. The length of each interview ranged from 45 to 60 minutes, and included a set of open-ended questions. Interview questions included:

1. Can you briefly describe your musical background and the reason why you chose to do NRMT training?
2. What was the challenge(s) for you during your training?
3. What influenced your growth in training? (Outside of the NR training?)
4. Please revisit a particular moment within a session where a clinically significant event occurred with your client. What did you experience in that moment? Physically, emotionally, spiritually, cognitively?
5. Within that significant moment, what was the compositional element(s) that you felt was significant?

6. Is there any connection between your growth as a person and the NR training experience?  
If so, how did you experience that connection in your training process?
7. How do you describe your relationship to music before and after the NRMT training?
8. Is there any relationship between personal and musical growth? How does your personal growth reflect on your music? Or how does your musical growth reflect on your personal growth?

These open-ended questions were developed based on the primary research question and sub-questions of this research study (Creswell, 2007). They were provided in order to invite the interviewees to talk about their experiences in as much detail as possible. Other questions were asked spontaneously in response to participants' answers, order to gain further insight into their comments. The interview unfolded freely, but was guided by the questions listed above.

**Materials.** A digital recorder was used. I also used a journal to write down personal reflections, emotions, experiences, questions, reactions, and responses to the emerging data, interviews. The data was kept in a secure location on my personal computer, with a hard drive for back-up. Only I and the thesis committee had access to the files.

**Transcription.** I transcribed each interview and secured them in my personal computer. Pseudonyms were used in order to protect confidentiality.

**Data Analysis.** To explore the phenomenon of the NR trainee's experience of musical and personal growth, Moustakas's (1994) phenomenological method was employed. I followed six steps:

1. I described my own self-growth experience during the NR training in order to set aside my personal experience and biases;

2. From the transcriptions, I developed a list of all significant statements that provide an understanding of how the participants experienced their growth phenomenon;
3. I divided the significant statements common to all participants into larger groups to form overarching themes;
4. Under each overarching theme, I developed specific themes describing what participants experienced (textual description);
5. Under each specific theme I also developed descriptions of how the experience happened (structural description); and,
6. I developed a composite description of the overall essence of the phenomenon incorporating both the textual and structural descriptions.

**Trustworthiness.** In order to maintain trustworthiness throughout the research, I followed the systematical loop, “the data analysis spiral,” which is a process of moving in analytic circles (Creswell, 2007, p. 151). I re-visited the transcriptions and groupings. First, I read the transcriptions and listed all the significant statements. Then, I grouped those significant statements common to all the participants, and classified each group by identifying the emerging theme. Finally, I presented the data through four overarching themes which were the description of the phenomenon.

In order to identify my bias, I wrote my own reactions, experiences, emotional reflections, or questions in my journal throughout this research process. The journal entries were written before and after each interview and transcription analysis so that I could set aside my own views before investigating the participants’ experiences.

In addition, I attended a peer support group regularly to gain more insights about the data, and to receive feedback to help me examine whether the analysis represents the original data in a

trustworthy way. The peers in this group were the music therapy students and music therapists who have knowledge and background regarding phenomenological studies.

### **Epoché**

I am currently enrolled in the Nordoff-Robbins training program at Molloy College, Rockville Center, New York. Through the program I have learned to recognize my musical tendencies, one of which is playing descending intervals when I am unsure of myself. I have been also struggling to find a way to express and connect with my music. These musical challenges, which are reflections of my personal struggles, affect the way I interact with clients musically in sessions. While it was helpful to explore those musical and personal challenges with my supervisor, and in personal music therapy sessions, my development is an ongoing process.

### **Presentation of the Findings**

The findings for this study are presented according to emerging themes. Under each overarching theme are specific sub-themes that describe the essence of the phenomenon. In this descriptive form of findings, the participants' significant comments regarding each theme are illustrated in order to provide the reader with a depiction of the participants' lived experiences.

## CHAPTER IV

### Results

Four overarching themes emerged from analysis of the significant statements of the three participants: 1) Being Challenged; 2) Facing the Challenge; 3) A Shifting Point; and 4) Significant Change in Therapists' Growth.

#### **Theme One: Being Challenged**

There were several challenges participants encountered in the training process. These include self-doubt as a musician, fear of being judged or exposed, being self-critical, and "getting in one's own way".

**Self-doubt as a musician.** All participants said that self-doubt as a musician was the biggest struggle they faced through during their training. Trainees must learn various musical styles, idioms, scales, and develop clinical musicianship. They are required to learn music and to use it clinically in sessions. Participants felt they were under pressure to be competent musicians and competent therapists at the same time. They all experienced self-doubt in their abilities as they went through the musical demands of the training.

Katie reflected, "It was my self-doubt as a musician....it got in my way." Working through negative thoughts such as "I am not good enough," became her biggest challenge. Another participant, Sarah, described her impression of the training experience as a "Test as a musician." She added, "I was not sure if I was able to finish the training. I wasn't sure if I was a good musician." Another participant, Mary, whose primary instrument is cello, described her sense of doubt in a different way: "Not being a pianist, I often felt that I would have thoughts that I wish I could just play in this way, if I was a better musician, I could access this client, or it would be more effective."

**Fear of being judged or exposed.** Participants also expressed a fear of being judged by supervisors, co-trainees, interns, and other staff members. The training program involves filming clinical sessions, which are later indexed, to document each session in a detailed, objective way. Participants were required to watch these video sessions with their supervisors during supervision or in class. Thus their work was exposed to their supervisors as well as to their peers and other staff members.

Two participants spoke of moments where they felt fear over this process. Sarah described her fear of being judged by her supervisor: “Unconsciously -- I can say this now in retrospect -- I did a lot of things where I was prohibiting [myself] from growing in many ways....due to my fear of being judged. My struggles came from my own fears.” Sarah also had to lead a session with her supervisor and said, “I felt [I was] being judged, uncomfortable being in the treatment room with the supervisor.”

Mary described her experience similarly:

It was really intense to be under the spotlight, and to be analyzed. When you are watching all of your sessions in indexing, you see the very beautiful moment, but you also see moments where you don't know what you are doing. It's very obvious you are playing wrong notes, you are messing up. You are not making any sense...It's challenging to reveal that. You want it to be perfect. Also, you are not just revealing that on your own, you are sharing that with classmates, peers, supervisor, and NR staffs. I felt that at times, my work was very exposed.

**Being self-critical.** The participants who felt judged each went through a phase of being self-critical of their work. Sarah became self-critical as a way to pre-empt comments from her supervisor:

I would feel embarrassed, so I would be self-critical when indexing. I judged myself a lot as a way to avoid my supervisor judging me. [If] I could know all of my mistakes when I went to my supervisor, I wouldn't have to hear him tell me, because ...that would hurt me unconsciously, I think. So it's easier for me to be more critical of myself and hard on myself, than hear somebody who I respect tell me.

When a trainee brings session videos to the supervision, the supervisor looks at and discusses the details of the work, such as musical tendencies or blocks, in order to raise the trainee's awareness of what she is doing. Sarah and Mary struggled with being too self-critical of their musical interventions when they were reviewing their work. In Mary's case, her client's resistance influenced her sense of her ability:

I remember there was one session where I was having a really difficult time trying to connect with him, and I would try the guitar, I would try the drum, and just singing and I tried a lot of different things with him. But he got rejective, pushed everything away. It was definitely challenging to find a way to connect with him, and also to deal with all of how that resistiveness affected me, feeling self-critical.

Self-doubt and self-criticism were major obstacles for both Sarah and Mary, and hindered their ability to make progress in the training program.

**“Getting in one's own way”.** All the participants believed that the musical challenges and personal struggles in their training came from within themselves, their way of thinking, their feelings, and their views about themselves. Katie noted that although at the time she felt her biggest challenge was all the requirements for the musical competencies, the bigger issue was subtler:



It was hard to recognize... I was getting in my own way. My feelings about my work, my feelings about my skills... I was just very down on myself. "Oh, I can't do this." All the thoughts I had... getting out of my own way was my biggest challenge.

### **Theme Two: Facing the Challenge**

Supervisors had an important role in helping participants recognize the personal and musical struggles in their early stage of training.

**Realization/becoming aware.** Each participant experienced a phase when they came to the realization they needed to face their own personal challenges, and that working through these difficulties was important to their training. However, the way each participant reached this awareness was different.

Katie described her struggle to face the second training year as the "most challenging time" of her "entire career." It was at this time that she began to look into her personal issues more than focusing on her musical skills. She stated:

"I didn't really face it until September (the beginning of the second year). I just shut down... didn't really wanna think about. I didn't really explore about it until later on... because I felt so low... It was really difficult because I wanted a quick fix. I just wanted to know what I should do in the room. 'What's the best way to go about working with this child?' It didn't start about it. It started with me."

Other participants also noted that personal issues were starting to emerge. Sarah began noticing that her self-doubt and self-criticism were limiting her from being creative in the clinical setting. She began to notice that these personal struggles were "affecting my work with my client." She said, "[It was] stunting me from being able to be available and open to what my client was bringing me." As the training progressed, Mary also realized that most of the criticism

she was getting was coming from within; she knew that her supervisor was supportive. She identified her self-criticism as something she needed to work through. This included identifying her negative thoughts and redirecting them.

**Aid of the supervisor.** All participants stated that their supervisors facilitated their progress, pointing out various ways to face the challenges. Trainees usually have weekly supervision in which they spend time on anything related to the trainees' clinical work, whether that is exploring the trainee's musical/non-musical tendencies or personal struggles. Some mentioned that their supervisors guided them to explore their struggles on a deeper level, while other supervisors provided an accepting, supportive environment in which the trainee could share her challenging moments.

Mary's biggest challenge was to reveal her work to everyone. Her supervisor's accepting, positive attitude made it easier to analyze and share even the tough moments of her work. She reflected that her training program, including supervision, provided "an environment of supportive learning." In this positive atmosphere, Mary's supervisor avoided criticism and provided open-ended comments such as, "Oh, that's interesting. I wonder why you did that."

Sarah's supervision also took place within a supportive and explorative environment. She stated:

Supervision was so important. Number one thing. It was process oriented. It was whatever it needed to be, whether it be looking at indexing, whether it be talking about my feelings about our dynamic, about the client.

Her supervisor would ask questions like "why is this coming up? This is a repeated theme with us." These questions provided her with the opportunity to "dig in" to her personal struggle with musical tendencies, resistance to self-growth, and self-criticism.

Katie had two supervisors during her training year. With her first supervisor, Katie spent the time focusing on “building [herself] back up with confidence, and changing the way [she] thinks about [her] work.” Katie recalled that the beginning of the second training year was very difficult, and her supervisor helped her explore “a lot of different thinking...and find positive things that [she] was doing.” Reflecting on this process during her supervision, Katie states, “taking the time to do that changed everything... Everything!”

### **Theme Three: The Shifting Point**

The participants were asked to share any significant growth moments in their clinical work. Each participant had a specific time or event when she felt a shift in the treatment process and in self-growth. Each participant’s prominent clinical story will be highlighted here, and then two specific themes will be discussed.

**Katie’s clinical story.** Katie worked with a boy who had difficulty expressing his anxiety with words, due to an experience with a hurricane in which he was stuck where he was with his family, unable to go home for a few days. However, he found a way to relate the music to the sound of the hurricane; he played the chimes and said, “Rain.” After that, Katie and the boy continued playing on the musical storm theme week after week, by creating “massive sound, thunder, lightning, [and] raining.” In Katie’s reflection on this musical storm, she said:

My music was very stuck...He couldn’t find a resolution himself. I wasn’t providing him with resolution...We both had the same theme. Each time there was no resolution...going on and on musically...go to “V” and go to “I,” but then I start up again. I was kind of stuck musically just like he was. At that time, I didn’t realize it.

After Katie’s supervisor mentioned, “you are both stuck,” Katie began to wonder, “Because my conflict that I am in, is this transpiring to him?” She went into the next session

thinking about how to “show him how to come out of this [storm] on his own.” Katie recalled that she was also in some way telling herself the same thing about the need to come out of her personal conflict. Her significant moment of working with the boy was depicted beautifully:

He went through the storm, and I watched his body language, how he was playing. He slowed down, seemed to not know where to go. That moment I took the opportunity to change musically from minor to major. I was playing a very simple melody, one note at the moment. He sat down, and said, “It’s morning now.”

That moment symbolized the “calm after the storm” for the boy and for Katie. The morning represented the meaning of the sun came up after the stormy night had passed. The result was that the boy and Katie never went back to the storm theme; they were both “ready to move on.”

**Sarah’s clinical story.** Sarah worked with a boy who was nonverbal due to a brain malformation, and who was resisting any musical interaction. Sarah had already commenced her personal work, re-evaluating her response to her client. Watching herself during indexing, she began to notice that she was “too concerned about [herself] than the client,” and “missing the opportunities that the client was giving.” She remembered:

There was one moment...I actively said to myself, ‘I am going to work through this and I am going to take initiative to be available and open to the client within session.’ Next session, I remember...taking time before the session to breathe, I centered myself.

Sarah reflected on the specific moment when she was able to present a different quality of music to the boy, a change which elicited a clinically significant change in his response. Instead of playing the “staccato, very choppy, simple block chords” that Sarah referred to as her

tendency, she played “legato, richer chords... simple progressions, descending and ascending [melodies].” Sarah reflected on the boy’s response:

He would enjoy legato music, richer chords, [and] the use of pedal. These are things I never presented him until this moment. Still, I was playing chords. Not the same as my typical staccato-like playing. It was... really long and holding. Music had space and movement as opposed to this frantic... ‘Boom cha boom cha’ thing. I learned a lot about this boy, and about [the] music that he needed to be able to make connection.

Sarah had observed herself in order to see what she was missing from the client’s response, and took the opportunity to present herself differently, coming out of her comfort zone. As a result, the boy showed a different quality of himself, enjoying and relating to the music and her.

**Mary’s clinical story.** Mary worked without a co-therapist with a 13 year old male who had multiple disabilities. He pushed himself away from all instruments that Mary presented, and in his wheelchair would retreat to the corner of the room. His resistance had an effect on Mary’s self-criticism as she struggled with finding a way to connect with him musically. Later, there was one session where Mary and the client had a significant moment:

He was having a hard time, later he started to play this harp, and I was singing with him while he was playing and I gradually started playing the piano with him. It was the first time that he allowed me to accompany his music and to meet his music without immediately pushing himself away and rejecting. I remember that feeling significant, to not only feel like we were together in the music for the first time, but also start to become more interactive in the playing.

Despite continued resistance from the boy, Mary kept attempting to find a musical connection with him. She finally found it with the client's favorite intervals and the use of two different modes. She analyzed this moment both musically and metaphorically:

I had been playing in C Pentatonic. He had his favorite intervals on the piano, D and F#.

I changed it to C Lydian. That's also part of why it felt significant, because taking something he had been stuck in, the interval, and he was trying something new but he was also saying... 'It still needs to be my music.' It felt like it was the expression of connecting old experiences that we had with the new. C Lydian has airy feelings to it.

Changing the mode provoked a different feeling and experience, while retaining the comfort of the boy's preferred interval. This subtle change allowed Mary to broaden the experience and stay together with her client musically, without triggering rejection.

**Feeling connected with the client.** All the participants expressed feeling connected with their clients within the moment when they found new ways to respond to their client's music. Each had her own way of experiencing the shift. For example, before the connection happened, Sarah's client only vocalized when he was distressed. Sarah illustrated her experience of the moment: "It's feeling of connection and openness from all of us, from my supervisor, from the client, from myself. We were all vocalizing and this was the first time we were able to sing something. It was communicative in our music making."

The participants all said the experience of musical connection with their clients as having influenced the long-term client-therapist relationship. Mary's moment of musical interaction with her client was no longer than five minutes, however, "for me it felt significant, in his process and in my process, that he was ready for that connection." After all his resistance,

Mary's client was ready to let her join in his music, and that was meaningful for both Mary's self-growth process and for his progress.

**Building greater communication with the client.** After establishing an initial connection with the client, the participants noted that musical interactions and communication through music increased. Mary stressed, "We had been physically together in the room, but now we were together musically, and we were able to begin to make contact and to communicate in the music. It was really significant." Sarah discovered that the client became more communicative:

He began to seek us out. At the time ... he could only hit one-beat phrases and he would leave in our interaction. We learned [in] that moment [that] he was aware of tonality, and he was able to anticipate the Fifth and the tonic. Within him, we were able to see the concept of music child for the first time ever. We were able to reach this intellectual being, this individual who wants to connect with somebody. We were able to find something that was so beautiful in our music making.

When the participants took the opportunity to play something new for the clients, the clients' response in music changed. As a result, the therapists also experienced the musical relationship with the clients in a more communicative and interactive way than before. Sarah remembered the particular session in which she connected as the one she is "very proud" of. All the participants expressed conviction that this experience influenced their personal and musical growth process later on.

#### **Theme Four: Significant Change in Therapists' Growth**

After the therapists had experienced a clinically significant moment and began to realize that their clients were making progress, there were remarkable changes in the participants' growth as a person, a musician, and a therapist. Four subthemes emerged: 1) Building confidence as a musician; 2) Becoming more aware of personal struggles and letting go of negative thoughts; 3) Accepting oneself and opening up; and 4) Developing a relationship with music.

**Building confidence as a musician.** The clinically significant moment of having a meaningful musical interaction with the clients promoted the participants' self-confidence as a musician. From this experience they were able to discover their own ability to stretch their musical potential. In Katie's words, the moment "reaffirmed the growth," and empowered her. She felt, "I can do this."

The participants explored how the musical work and their personal work then combined to strengthen their confidence. Sarah stated that she was "feeling good as a musician [and] a music therapist." She indicated that when she began to feel her growth within the session, she realized it was because her personal struggles were not getting in the way of creating music. She clarified this by saying, "I was able to put myself aside, all my issues and struggles aside and to really be there for somebody...to be open to the possibility to be intimate and to connect with somebody." It was this "assured feeling" in herself and "the ability to think creatively" that she felt made her able to use music that reached out to her client. She also indicated that the experience of having developed a musical relationship with her client influenced her personal growth by stating, "It was very emotional for me, because it was solidifying that I was making progress."



**Becoming more aware of struggles and letting go of negative thoughts.** Throughout the training, participants' struggles in clinical work helped them achieve personal growth. They all experienced an increased awareness of their negative voices, and became better at identifying the inner issues that were getting in their way. The participants still experience struggles with their clinical work; however, they all learned to identify when that was happening.

Katie stated that the most important thing that she learned was to identify obstacles in her way while they were emerging. She noted there will always be an on-going struggle, however, she learned "not to let it get in [her] way." She described awareness of her pattern of feeling responsible for everything, and the importance of letting go of that pressure on herself:

[Before] I would completely take responsibility with me. That's not a productive way of working. I don't need to take responsibility for everything. ...Not thinking like I have to make something happen. Let it happen. Let it be.

**Accepting oneself and opening up.** Another important change in the participants' growth was the ability to accept themselves in many ways. The participants learned to accept the situation or their feelings as the way it is, whether they are "imperfect," "stuck," or resistant to the presented condition. When they learned to accept themselves as musicians, and as music therapists, they began to understand who they are and what they are capable of. All the participants had experiences of this, and had unique ways of accepting their musicality, ability, and challenges.

Katie spoke of accepting the relationship with her music, regardless of whether she felt stuck or great about it. When she feels stuck, she has learned to accept that it was just the moment she was in. She now sees that how she feels about her music can always change. She stated that this has allowed her to understand her overall self-growth process better.

Mary experienced an acceptance of herself as a musician, music therapist, and as a person. She reflected that her background as a classically trained cellist shaped her personality so that she was always “trying to achieve perfection.” However, as she spent more time improvising, and noticing how she was in the music, she was able to find and accept her “authentic voice, no matter how imperfect it is.” In addition, Mary noted the similarities between how she works with her clients and her supervisor:

We look at [clients] and see their strengths... and what they can do, what’s beautiful about them, and use music to connect with them, and pull that out. I think through doing that as a therapist, there is definitely a parallel connection for doing that for [ourselves], certainly through guidance of supervision in the training. They look at me, “What are your strengths? What are you good at? What is your music?” They wanted to know, and through the training you share all of that with everyone, and you feel accepted, and it’s a really beautiful thing.

Katie and Mary spoke of how they accepted themselves as a whole, including how they are in the music, their feelings toward their music, and their musical strengths and challenges. Sarah described an “openness” to explore herself:

When I began to open up, my music was more of an exploration. I moved outside of my comfort zone, exploring more of the styles and idioms that we were learning... [and] things [that] were unknown. I think part of the resistance to growth was that I didn’t want to explore myself. I became open and my music began to take new forms and shapes because I was changing as a person.

This opening up is a kind of acceptance of herself. She acknowledged the possibilities in her music that she never accepted. It was her initiation to open up to and accept her new ways of creating music that helped her grow out of her resistance toward the unknown.

**Developing a relationship with music.** Finally, the participants grew to have a different quality of relationship with their music after finishing the training. Throughout the training, they had opportunities to learn different styles, idioms, and scales, and expand their musical awareness of the different qualities of each one. They not only learned how to play and utilize these musical styles in sessions, but also developed a deeper understanding and connection with the music through experimenting and living in different kinds of music. The participants experienced a feeling of connection and trust in their music as a result of the training.

Sarah developed a “richer relationship” with her music through identifying musical tendencies and exploring more possibilities in the music. She experienced deeper connection emotionally, physically, and spiritually through music with her client and her supervisor in sessions. She discovered how music can bring different qualities of connection. She grew in her confidence in her music and had “more trust in what music could do.”

Katie described how her perception of music changed throughout the training, and said that as a result she grew to connect with her music. Before the training, she was not connected to the music, and when she looked at it thought, “Big, scary note!” However, she developed a stronger “emotional connection” with music through learning how to change her perceptions. As she learned to free herself from self-doubts, she was able to think creatively in her music and make a deeper connection with it.

Mary developed her relationship with music and her second instrument, the piano, through improvising on her main instrument, the cello. She described her experience of developing a relationship with each musical style:

What I needed to do was to experience the music, listen to the music, connect to the music with my voice, and to just really live in the music... I feel like that was a different kind of learning... It was more about becoming familiar with the style, and the way that you could make [it] your own. I did start to find my voice with them, in that I was more able to be authentic in my session with each style.

Mary spent time during her clinical improvisation class to experience the music while finding her musical self, the music that only Mary could play in her own way within a certain style. Mary stressed that re-connecting with the cello helped her develop her relationship with the piano, which is the main instrument in the NR approach. She said that improvising on the cello was helpful in finding her “original voice,” since she found it more personal than the piano. She stated, “I realize there are so many things about my music with cello that guide me towards my relationship with the piano, and support my relationship with the piano.”

### **Summary Description of the Participants’ Experience of Self-Growth**

In summary, the participants went through four stages in their self-growth process throughout the Nordoff-Robbins training: 1) Being Challenged; 2) Facing the Challenge; 3) A Shifting Point; and 4) Significant Change in Therapist’s Growth. The participants’ major challenges during the first stage fell in four themes: a) Self-doubt as a musician, b) Fear of being judged or exposed, c) Being self-critical, and d) Getting in one’s own way. They faced these challenges through a) Becoming aware of the problem and b) Aid of the supervisor. Then there was a shifting point where the participants experienced a clinically significant moment in which

they felt their growth musically and personally. Within that moment the participants experienced two common growth experiences: a) Feeling connected with the client, and b) Improved communication with the client. Finally, the participants saw significant changes in their growth, which included a) Building confidence as a musician, b) Becoming more aware of struggles and letting go of negative thoughts, c) Accepting oneself and opening up, and d) Developing a relationship with music.

## CHAPTER V

### Discussion

During Level I of Nordoff-Robbins certification training, participants experienced self-growth both personally and musically. Such growth occurred through having a deeper understanding of their challenges and achieving a musical connection with their clients. The participants' personal growth emerged from a process of freeing themselves from emotional and cognitive obstacles. Their musical growth emerged through the experience of developing a connection to and relationship with the music. The participants all felt that their musical growth reflected their personal growth: When they worked through their personal challenges, their music unfolded new possibilities. The participants' self-growth as a musician, therapist and person was facilitated and accomplished by their heightened awareness of themselves and their clients' musical/personal being.

Each overarching theme seemed to have a consistent nature. The origin of the participants' main challenges (self-doubt as a musician, fear of being judged/exposed, being self-critical, and 'getting in one's own way') was their inner struggle with their own expectations, others' opinions and judgments about their clinical work. The way that the participants faced their challenges (realization/becoming aware and aid of supervisor) involved a process of directly confronting challenges and the factors that contributed to them. The shifting point, which centered on a clinically significant moment with the client, provided an opportunity for the participants to feel connected, and increased the quality of their communication with clients. Each participant's clinical example illustrated their ability to utilize the empowering nature of the music to reach out to clients. These moments occurred as a result of the therapists' intuition

and impulse to follow their musical instinct, and their willingness to accompany their clients into the music.

As a result of the introspection that was part of the NR trainees' self-growth, they were able to achieve significant personal and musical changes. Their growth process relates to building clinical musicianship (Turry, 2001) and learning about challenging moments is essential for gaining clinical responsibility. Experiencing struggles and working through them helps trainees appreciate the struggles their clients face, while building their trust in their own abilities and in the music itself. Thus, facing challenges and arriving at a shifting point enabled the trainees to understand themselves and their clients better, thereby improving their work as NR therapists.

The growth participants described in this study is consistent with Aigen's music-centered philosophy that "the musical process is the personal process" (2005b, p. 96). The participants realized that personal struggles such as "self-doubt" were getting in the way of making music with clients. They nurtured and bettered themselves in various ways: Mary found her authentic voice through improvising on her main instrument; Sarah broke out of her musical tendencies by becoming aware of her resistance; and Katie took time to build herself back up with support from her supervisor(s). The participants expressed the view that personal and musical processes influenced each other.

When reflecting upon their self-growth processes, one finding was shared among all of the participants: They believed that the struggles needed to happen. Katie stated, "If I didn't go through that, I would never have gotten where I am. ...I think that was my path. That was what I needed." Sarah and Mary stressed that it would be different to go through the training again, knowing what to expect. However, they both said their self-growth process needed to happen in

order to bring them to where they are now. All participants expressed gratitude for that self-growth experience. This suggests that struggles at any stage can offer trainees meaningful experiences for self-growth.

Other findings were unique to certain participants. First, Sarah noted that personal therapy in addition to supervision helped her work through her struggles. This supports Sorel's (2013) recommendation that NR trainees should receive personal NR therapy during training. Trainees' personal struggles may need to be explored deeper within a therapeutic environment. Second, Mary felt that reaching out to her fellow trainees helped her connect with them, and feel that she was not the only one with self-doubt. Sharing her thoughts and feelings with co-trainees made it easier for her to accept herself and "stay focus[ed] more on what [she] can learn from this." This suggests that peer support groups for trainees are an important way to share common feelings and put struggles in perspective.

This study was limited by its reliance on verbal communication with participants as the only form of data collection. Participants' self-growth processes might also be demonstrated through examination of specific compositional elements of their music. However, participants' musical processes would have been difficult to capture and analyze. Musical elements, such as harmony, melody, tempo, and dynamics, might also be used to describe the characteristics of therapists' challenging moments and shifting moments.

One possibility for future research would be to conduct a phenomenological analysis of participants' music over the course of the training process. Another would be to further explore trainees' music itself through an analysis of improvisational music. Lee's (2000) method or Aigen's (2009) application of schema theory to analyze improvisational music might expand our knowledge of the relationship between musical and personal growth.



The findings of this study also lead to a recommendation for future research on NR trainees who receive personal music therapy during their training, especially if comparisons can be made to those who do not. Although the NR training itself aims to be therapeutic, if a primary goal is for trainees to free themselves, it would be useful to assess the degree to which trainees need their own therapy to achieve this aim.

This study supports the need for NR training programs to encourage student music therapists to work through their personal issues. Trainees or students are likely to face emotional struggles, difficult clinical situations, or obstacles that stop them from moving forward. These challenges are beneficial for them to explore and worthwhile for them to understand and learn how to work through, since such processes ultimately contribute to their self-growth and growth as professionals.

### **Conclusion**

This phenomenological research study examined the lived experience of self-growth of three Level I Nordoff-Robbins trainees, and explored how personal and musical growth unfolded during their certification training. Their experiences had four common themes: being challenged; facing the challenges; a shifting point; and significant changes in the therapists. The themes that describe participants' experiences are interrelated: Personal growth is musical growth, and musical growth is personal growth. This study also suggests that NR trainees, and most likely any student music therapists, professional music therapists, or teachers, benefit from addressing their personal and musical challenges, because doing so moves them toward self-growth. Making gains in self-growth should then, in turn, promote clinical musicianship.

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## Appendix A



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002  
www.molloy.edu

### Consent for Audio Recording of Interviews

**Title of Study:** A Phenomenological Investigation of Nordoff-Robbins Trainees' Personal and Musical Growth During Certification Training.

**Student Researcher:**

Matsuri Imura  
Master's Degree Student, Molloy College  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
(516) 360-5754  
Maturibon@gmail.com

**Advisor:**

Claire M. Ghetti, PhD, LCAT, MT-BC, CCLS  
Adjunct Professor, Music Therapy  
Molloy College  
Rockville Centre, NY 11580  
914-294-6251  
cghetti@molloy.edu

**Thesis Committee Member:**

Lora F. Heller, LCAT, MS, MT-BC  
Special Projects Coordinator  
Molloy College Dept. of Music Therapy  
516-678-5000 x6798  
lheller@molloy.edu

Dear \_\_\_\_\_,

You have been invited to participate in a study to learn about the personal and musical growth experiences of Nordoff-Robbins Music Therapy (NRMT) trainees during their training. This study will be conducted by Matsuri Imura, a music therapy graduate student at Molloy College, as part of her degree and thesis requirements.

If you decide you wish to participate in this study, Matsuri will need your consent to audio record your interview sessions and to use the transcriptions of these interviews for data analysis. The recordings will not be shared outside of the research project.

Your interview session will last about 45 minutes to one hour, and will be held in a location convenient to you. If I have additional questions, I may need a brief follow-up interview at your convenience, not lasting more than 20 minutes. Your participation is entirely voluntary. It is possible that at some point during the study you may decide that you would like to stop participating. If this happens, you may withdraw without any penalty or negative consequences.

Throughout the research process, your name and any other identifying factors will not be used. Instead, pseudonyms will replace your real name in any written material. All digital recordings made during the interviews will be locked away in a secure place when not being utilized. You have the right to listen to the recordings of your own sessions, and may request that the files be destroyed at any time.

There are no known personal risks to participate in this study, other than those natural to your normal daily routine. It is your decision to share or not to share your personal information from the interview. My ethical responsibility necessitates sensitivity and respect for your personal materials shared during the interview. Your participation in this study may help future NRMT trainees, student music therapists, or other music therapists gain further insights regarding a trainee's personal and musical growth.

You are welcome to ask me any questions about this study prior to consenting or at any time during the study. You may reach Matsuri at (516) 360-5754, or e-mail her at [maturibon@gmail.com](mailto:maturibon@gmail.com) for more information or any problems that may arise for you during the study. You may also contact my thesis advisor, Dr. Clair Ghetti, at 914-294-6251 or at [cghetti@molloy.edu](mailto:cghetti@molloy.edu). A signed copy of this consent form will be given to you for your records. Thank you for your participation.

Check all statements you agree to:

I give permission to Matsuri Imura to audio record her interview sessions with me.

I give permission to Matsuri Imura to use these recordings for educational purposes related to this research study.

Signing this form indicates agreement to the following:

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided at its conclusion upon my request. I know that I am free to withdraw from this study without negative consequence at any time. I

understand I will receive a signed copy of this form.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_