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The Experience of Music Therapists Who Balance the Dual Professions of Music Therapist and Professional Musician

Colin Turner

This research was completed as part of the degree requirements for the [Music Therapy](#) Department at Molloy College.

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The Experience of Music Therapists Who Balance the Dual Professions
of Music Therapist and Professional Musician

A THESIS

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

by

COLIN TURNER

Molloy College

Rockville Centre, NY

2013

MOLLOY COLLEGE

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of Music Therapist and Professional Musician
by Colin Turner

A Master's Thesis Submitted to the Faculty of
Molloy College
In Partial Fulfillment of the Requirements
for the Degree of
Master of Science
in Music Therapy
May 2013

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Abstract

This phenomenological research explores the experiences of professionals who balance careers as both music therapists and professional musicians. Interviews with these participants provide new insights into the lives of music therapists who are also music performers outside of clinical work. This study aims to gain a better understanding of how music therapists describe the impacts of balancing the two professions. Four Board-Certified Music Therapists who simultaneously work as professional musicians participated in open-ended interviews regarding their experiences of balancing the two professions and how it has impacted their clinical work. Two main categories emerged during the analysis: (a) Performance had a positive impact on music therapy, and (b) Balancing the two professions impacted both. Five subcategories emerged during the analysis. The researcher's own experiences as a music therapy student and professional musician are included in this study via reflexive journaling. The categories and subcategories are presented along with descriptions of the participants to illustrate the study's findings? The implications of this research on clinical and educational training are also discussed.

Acknowledgements

As I approach the completion of my graduate studies at Molloy College, I reflect back on my educational journey. Peers, friends, advisors, family, and faculty have been unbelievably supportive throughout this process. Their support guided me through many hardships and helped me persevere in becoming a music therapist. It fills me with great pride to say that a new chapter in my life will soon begin. Before embarking on this new chapter, I would like to acknowledge and thank the many individuals who have supported me along the way.

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TABLE OF CONTENTS

ABSTRACT	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
I. INTRODUCTION	1
Overview	1
Topic and Purpose	1
Epoché	2
Significance	3
General Research Question, Sub-Questions	4
II. REVIEW OF LITERATURE	5
Performing, Music Therapists, and Working Relationships	5
Burnout, Job Satisfaction, Longevity, and Coping Strategies	7
The Relationship of Professional Performing and Music Therapy	8
III. METHOD	11
Participants	11
Design	11
Trustworthiness	12
Data Collection Procedures	12
Materials	13
Data Analysis	13
Interview Questions	14
Introducing the Participants	14
IV. RESULTS	20
Performance Had a Positive Impact on Music Therapy	21
Balancing the Two Professions Impacted Both	24
V. DISCUSSION	29
VI. REFERENCES	34
VII. APPENDIX	36
Consent to Participate	37
Permission to Audio Record	39

Introduction

Overview

The purpose of this study is to explore the experiences of music therapists who balance the dual professions of music therapist and professional musician; specifically, how being a professional musician can impact a music therapist's clinical practice. The study is based on in-depth interviews with music therapists who balance these two professions. The interviews were an exploration into the experiences of the participants in order to gain a better understanding of the personal and clinical impacts of said balance. More specifically, the study aims to gain a better understanding of (a) how the participants balance the two professions, and (b) how being musical performers can influence their clinical work as music therapists. This research seeks to explore the following areas: (a) impacts of the musical experiences of performing on clinical practice in music therapy, and (b) impacts of the interpersonal experiences of performing on clinical practice. Through personal interviews, the music therapy community will better understand the impact that balancing the professions of music therapist and professional musician has on clinical practice.

Topic and Purpose

This study seeks to explore the experiences of music therapists who are also musical performers. The participants in the study provide descriptions of how they balance their lives and responsibilities pertaining to both professions. Music therapists are not required to be professional musicians. Choi (1997) said, "Concerning the fact that music therapy requires a bachelor's education, it seems unrealistic for therapists to be required to be both a professional musician and a professional therapist" (p. 288). Considering the artistic process of music therapy, experience with performing may be a helpful addition to the characteristics of a

successful music therapist. The profession of music therapy is distinguished by the fact that all music therapists have a background in music. Bruscia (1998) explains, “As an artistic process, music therapy is concerned with the sequences of performing, composing, and improvising music” (p. 35). Musical performers are determined and dedicated to the art of performing. Performing music, improvising music, and composing music can only be mastered through practice and experience (Nachmanovitch, 1990). This study gives the accounts of individuals who chose to integrate their work as professional musicians with their work as music therapists.

Epoché

I have balanced being a performer and music therapy student for the last 4 years. The personal context of this research stems from my own experience balancing and integrating these two professions; the study is important to me in discovering whether I am alone in learning how to integrate these professions. I have a deep interest in the experiences of the study’s participants and believe that there are more music therapists balancing these two professions than the amount of literature on the subject indicates.

I entered the field of music therapy with the intention of remaining a professional musician while pursuing a career as a music therapist. Before starting the graduate program at Molloy College, I completed an undergraduate degree in music performance with a concentration in jazz commercial music. Since graduating, I have performed in many music groups. The musical connections that I experience with other musicians on stage, the connections I feel with an audience, and the business dealings with club owners are all experiences that have shaped my personality and dedication as a music therapist. These experiences have also strengthened my knowledge and ability to make music with my clients. During these years of

training, my interest regarding the experiences of other music therapists who balance the performing experiences alongside their therapeutic experiences emerged.

Throughout the years of my music therapy education, I have encountered difficulties balancing the three responsibilities of student, performer, and music specialist in two main areas: (a) time management and (b) self-care. Time management includes difficulties related to class assignment deadlines and scheduling conflicts; self-care includes difficulties related to physical and mental health such as fatigue and anxiety.

Combining the experiences of performer and music therapist has also had a positive impact in three main areas: (a) music therapy education, (b) working relationships, and (c) as a coping strategy for work-related stress. My music therapy education was aided by having entered the field with developed musical skills. Working relationships refer to the positive impacts I have experienced working with supervisors and other music therapists. Coping strategies for work-related stress refers to my personal use of performing music to combat stressors such as burnout and anxiety. My personal bias in this study is based on my own experiences balancing the two professions.

Significance

This study offers a deeper insight into the musicality, soliloquies, and overall experiences of music therapists balancing their careers as therapists/performers. Music therapists interested in learning about the experiences of musicians within the music therapy field will benefit from this study. The interviews of the participants offer rich and colorful descriptions of their struggles to find balance, providing fresh insights into the commonalities and individual features of music therapists who are also performers. This study is beneficial to the field of music therapy

because it presents an in-depth look into the personalities, self-descriptions, and lives of professionals who juggle being both music therapists and music performers.

General Research Question

- What are the interpersonal and professional experiences of music therapists who balance being a music therapist and a professional musician?

Sub-Questions

- What are the factors that impact someone's ability to balance being a professional musician and music therapist?
- What impacts do both professions have on each other?
- How does being a performer impact or influence being a clinician?
- How does being a clinician impact being a performer?

Review of Literature

The experiences of music therapists who are also performing musicians have not been specifically explored in music therapy research. There has been research on some of the positive impacts of performing on music therapy, such as its use to improve job satisfaction or longevity and as a coping mechanism for burnout. Research in art therapy and music education has also explored the benefits of extracurricular creativity outside of occupational settings. This literature review focuses on three main topics: (a) performing, music therapists, and working relationships; (b) burnout, job satisfaction, longevity, and coping strategies; and (c) the relationship of professional performing and music therapy. The topics consist of qualitative and quantitative literature/studies related to features of music therapists and music performers.

Performing, Music Therapists, and Working Relationships

Playing music professionally can be enriched by years of practice, performances, and improvisational experiences. These experiences can include incredible moments of direct communication (Nachmanovitch, 1990). This is observable when watching jazz musicians freely improvise or an orchestra following a conductor's lead. Aigen (2005) reflects upon the idea of personal and spiritual experiences stating, "There is a collective or communal aspect of jamming in rock and related styles which leads to unconventional uses of particular instruments and novel interaction possibilities among improvisers" (p. 70).

Lamont (2012) analyzed free descriptions written by 35 participants with musical performing experiences of their strongest experiences of or relating to performing and found that performers' strongest experiences were characterized by engagement and a search for meaning. By exploring the artistic and personal features of performers, Lamont found that performing

includes high proportions of both negative and positive emotions. Through her analysis of the descriptions, she discovered that with a high level of skill and experience, performing could develop deep connections with other musicians as well as with an audience (Lamont, 2012).

Brown (2008) and Regelski (2007) studied the benefits of extracurricular creativity outside of occupational settings. Brown studied art therapist who use other expressive therapies to benefit their clients, as do music therapists. In a study of art therapists working in hospitals, all 45 participants continued to make art while working in their profession and felt that the art-making process was vital to their professional affectivity and their personal well-being. Regelski studied music educators entering the field. He found that many entering music educators acknowledged their identity as music performers and wished to continue performing throughout their careers. The above articles indicate how important it is for artists and musicians to continue to express themselves through art or performance while in non-performing careers.

Choi (1997) and Soshensky (2011) investigated working relationships between music therapists and other healthcare employees. Choi found significant differences in the perceptions of music therapists' modalities and interventions. Among many positive perceptions, he found that other therapeutic professionals such as psychologists and social workers may disagree with the interventions and treatments conducted by music therapists working with similar individuals, and consider music therapy an encroachment upon "their" area of treatment. Music therapists may confront misinterpretations from co-workers concerning therapeutic intentions and interventions (Soshensky). Along with these factors, music therapists are also commonly employed alongside a team of other healthcare employees. Non-music therapist healthcare employees, relatives of clients, and some supervisory staff can often misinterpret the interventions and techniques in music therapy (Soshensky). When including the intervention of

performance with clients in music therapy, the misinterpretation may be that music therapy is a "recreational activity." Soshensky spoke of this when he said, "We play music and as such, it may appear inconsistent with the principles of serious work" (p. 23).

Burnout, Job Satisfaction, Longevity, and Coping Strategies

Like many other professionals, music therapists encounter stressors in the working environment. According to the literature, burnout, job satisfaction, and longevity are three primary stressors that music therapists contend with. Kim (2012), Vega (2010), and Oppenheim (1987) explored factors that relate to work-related stress. In all human service professions, burnout is common. The literature suggests that music therapists are prone to burnout. Kim found that the perceptions that music therapists have of themselves has a direct effect on job satisfaction and emotional exhaustion. Her research correlates self-esteem and job satisfaction issues to higher levels of burnout among music therapists, and she suggests, "Improving job satisfaction seems to require various types of effort, including individual efforts and changes in work environments and social support" (p. 69). In a study of personality traits, burnout, and longevity among music therapists, Vega (2010) found that music therapists commonly have high levels of anxiety, sensitivity, and tension and are therefore likely to experience burnout (p. 177). Music therapists with more experience and longevity in the field are less likely to experience burnout or occupational stress (Oppenheim).

Decuir and Vega (2010) and Fowler (2006) studied the use of performing music outside of work as a coping mechanism used to manage issues related to work-related stress. Fowler found that one of the common coping strategies used by music therapists in the prevention of burnout was playing music recreationally. Playing music outside occupational settings has been shown to have a positive effect on longevity. In a survey of longevity in music therapy,

participation in musical activities outside of their employment, such as community bands, orchestras, choirs, church groups, and music making for one's own benefit, were mentioned as important factors in maintaining career longevity (Decuir & Vega). These studies suggest the continuation of performing music outside of music therapy clinical situation as a mechanism to relieve work-related stress and show the benefits that personal music performing has on the music therapist.

The Relationship of Professional Performing and Music Therapy

Research has demonstrated a connection between the professional musician and the music therapist. Increased musical skills and repertoire are important in the treatment of most populations. All music therapists should have a proficient skill level on their primary instrument as well as an extensive repertoire (Groene, 2001). Groene studied the effects of simplicity versus complexity regarding patient reactions to musical skill in music therapy sessions. Groene found that individuals with dementia had more frequent positive responses in attentiveness based using pre- and post testing when music therapists used songs with complex chord arrangements during group as opposed to simple chord arrangements. Although Groene did not mention a background in professional music, at the time of the study he had 25 years of guitar playing experience. The ability to accompany sing along sessions with simple and complex arrangements can be assumed to correlate with a background of some performance experience.

The experience of being a performer also has an impact during the educational process in music therapy. In a qualitative study of music therapy students by Jewell (2012), who transitioned from a music performance major, the interviewed participants shared commonalities in their motivation for becoming a music therapist, the challenges they faced becoming a music therapist, benefits of their music therapy training, and their relationship to their primary

instruments. Similar to the coping mechanisms for work-related stress, the participants employed strategies such as singing in church, joining forces with other musicians, and performing in small venues to maintain their relationships with their primary instruments.

Musical culture and musical identities can have an impact on how music therapists develop their professional framework. A qualitative study by Gonzalez (2010) examined the impacts of musical cultures of participating music therapists and how their experiences led to the development of their professional framework. When examining the participant's personal musical identities, musical experiences, musical cultures, and clinical approaches, common themes emerged. The participants shared how musicking¹ empowered their individual lives. Through this empowerment, the participants developed the groundwork for how they believed music was beneficial to the health in their clients. Another common theme was the influence of musical culture on intervention approaches. Gonzalez states, "Participants gravitated towards intervention approaches that mirrored the relational dynamics they were accustomed to in their musical cultures" (p. 98). Similarly, performers may lean towards approaches that reflect their experiences as musical performers

Aigen (2005) correlated his experience as a performing musician with his therapeutic intervention with his client, Lloyd. The feelings of mutuality and comradeship enabled his client to bear the intensity of musical experience live within the music that was able to express his emotions. In his qualitative case study of popular music styles in clinical improvisation, Aigen states "The experiences I have had as a musician and listener in relation to rock, blues, and jazz have directly influenced my decision to become a music therapist" (p. 4). Aigen credits his experience as a musician with helping him gain a greater understanding of his intervention

¹ Musicking is a contemporary term coined by Christopher Small. He defines musicking as a verb that encompasses all musical activity from composing to performing to listening to a Walkman to singing in the shower (Smalls 1998).

process with his clients: “I have experienced the way that music can enter the body and allow it to move in a more fluid and expressive manner unbound by physical limitations or personal inhibition” (p. 5). He integrates these experiences with the foundation of his therapeutic intervention with his client, Lloyd. He states, “The fact that Lloyd’s understanding was one of making music, not seeking therapy, suggested that my own experiences while playing music outside of therapy might relevant to the understanding of Lloyd’s process” (p. 9).

Although the above literature relates to this research study, these studies do not explore the experience of professionals who balance music therapy and musical performing. Aigen’s description of his relationship to his own experiences as a performer is evidence of the need for the current study. Can the two professions be balanced on a professional level as a dual profession? What is the experience of choosing to pursue two separate yet related occupations? What factors impact one’s ability to balance these professions?

Method

Participants

The researcher consulted with music therapy colleagues about individuals meeting the criteria for the study and selected four participants. The criteria for inclusion were as follows: (a) 5 or more years of experience as a performing musician while also working as a Board Certified Music Therapist, (b) a minimum of 5 or more years experience as a Board Certified Music Therapist at the same time as being a performing musician, and (c) hold the MT-BC credential. The researcher selected participants with whom he had no previous relationship. Participants were informed of the confidentiality of the study.

Design

This study was a phenomenological inquiry. The focus of the phenomenology was the subjective account of the participants. The qualitative design is necessary because of the immeasurable characteristics of the study, that is, the experiences of these participants. Wheeler and Kenny (2005) state, “The goal of qualitative research is to gather descriptions that are often ineffable” (p. 193).

Emerging phenomena were studied as a dynamic system throughout the course of the research. Wheeler and Kenny (2005) describe this when they say, “Qualitative research does not assume that things can remain static long enough to predict the continuing relevance of a set of protocols throughout the research, thus the research must constantly adjust to these changes” (p. 201). A qualitative design was necessary because there is no better way to capture and understand an individual's experience. Comeau (2004) states, “By studying the unique and personal experiences of music therapists, from the therapists’ own points of view, new insights on the topic were revealed which may otherwise have remained uncovered” (p. 26).

Trustworthiness

Ethical safeguards for this research study include self-inquiry and peer debriefing. Using self-inquiry, the researcher brought personal and professional perspectives to the forefront of his awareness. His reflexive journal allowed for the researcher's biases to be a parallel part of the research and for personal reflections throughout the research. As recommended by Wheeler and Kenny (2005), the researcher consulted with an expert who is knowledgeable about the research and qualitative design of the study. This expert consultation guided the design, implementation, and final presentation of the study.

Data Collection Procedures

Data were collected using two strategies. The first strategy was an in-depth interview conducted either in person or over the phone. The participants were asked open-ended questions to allow for detailed explorations into their experiences. In preparation for the first interviews, the researcher outlined the questions to reflect the aim of the study. The questions encouraged the participants to reflect on music therapy experiences, music performing experiences, and the experiences of both professions impacting one another. The interviews were audio-recorded for later transcription.

The second strategy for data collection was an optional post-interview email response prompted by the researcher. This allowed the participants an opportunity to email follow-up information, including changes in opinion regarding their original responses and/or additional information they thought might be helpful.

Due to the personal nature of this study, the researcher kept a reflexive journal throughout the course of the study. Reflexive journaling included the personal descriptions of

the experiences of the researcher. In this way, reflexive journaling documented any changes the researcher experienced about the study and were used as another source of research data.

Materials

Interviews were recorded with a Sony ICDAX412 Digital Voice Recorder. The audio was imported to a password-protected MacBook Pro Laptop.

Data Analysis

The analysis is similar to Comeau's (2004) phenomenological investigation of being an effective music therapist. Following the interviews, the researcher listened to the audio recordings. The interviews were transcribed into a MacBook Pro Laptop and then sorted into the following columns:

Participant-A	Participant-B	Participant-C	Participant-D
Question			
Response	Response	Response	Response

The follow-up email responses were included in the transcriptions and sorted into the following columns:

Name	Email	Comments
------	-------	----------

The transcriptions were reread until the researcher was sure that all the responses and pertinent information had been analyzed and sorted. The key statements from the interviews were extracted and analyzed to present a detailed description of the participants. After the descriptions were completed, the researcher organized the data into two main categories. Commonalities within the categories along with the key statements from the participants were organized into subcategories. The researcher included personal information from reflexive journaling.

Interview Questions

- How would you describe your experiences balancing the professions of music therapist and professional musician?
- In what ways have your experiences as a professional performer had any impact on your music therapy career?
- In what ways have your experiences as music therapist had any impact on your music performance career?

Introducing the Participants

Monica – Full-Time Music Therapist and Part-Time Jazz Singer

Monica has been a music therapist for 5+ years, working in hospice care. She has performed as a jazz singer for 30+ years. She began her first position as a music therapist in hospice care shortly after receiving her MT-BC. During this time, she continued to perform as a musician on a steady basis.

Monica balances both careers with assistance from her colleagues. She credits a majority of her ability to balance the professions to her supportive supervisor, whom she says has been very understanding of her performance career. Even in this supportive environment, she

experienced difficulties balancing the responsibilities of both professions. Upon entering her music therapy career, Monica experienced fears as to how she was going to balance the two professions. She reflected how a music therapy colleague once told her that her performance work would decrease over time while working as a music therapist. Monica describes how this fear became a reality, and how her performing career decreased over the years due to the full-time demands of hospice work.

Monica credits experience with performance as having a positive impact to her music therapy skills in the areas of: (a) musical skills, (b) song repertoire, and (c) interpersonal skills. Considering she had the 30+ years of performing as a jazz singer, Monica knew an incredible number of songs. Monica described how entering the music therapy field with a wide variety of songs was extremely helpful to her during those early years. She was able to develop valuable relationships with her clients using the song repertoire she acquired performing. With years of performing experience, Monica entered her music therapy education and profession with an already established set of music skills. With these skills, she was able to focus a majority of her attention on the clinical elements of music therapy as opposed to both the musical elements and the clinical elements. She passionately describes how having the musical skills and experience of a performer made her more comfortable in her therapy sessions. Monica reflects how the experience and knowledge she acquired performing music from the 1940s prepared her for her work with older adults. She was able to transfer the repertoire of that era into her professional music therapy work as well the interpersonal experiences of performing into her music therapy work. She expresses this by using personal anecdotes concerning her performing career. Although her performance work had decreased dramatically over the years, Monica feels that her work as a music therapist has improved her skills and experiences as a performer. Monica

reflects how she was able to experience more personal meaning with the music she performed. She has reached a point in her career where she feels she can return to performing on a more frequent basis. She plans on arranging her schedule to be able to perform again professionally in the near future.

Jennifer – Full-Time Music Therapist and Part-Time Jazz Singer

Jennifer is a music therapist with the adult psychiatric population and has been a part-time jazz singer and performer for over 20 years. As a jazz singer, Jennifer performed for many years in nightclubs and other venues with a variety of musicians. Jennifer views her performing experience as a positive influence on her clinical work as a music therapist. She describes how during her early years as a music therapist, she used group singing as her main intervention during group therapy. Making this change in her music therapy technique has also strengthened her awareness of how she maintains connections with her audience when performing. Jennifer talks about how using aspects of her personality as a performer in her music therapy work aided her with receiving an increased respect from her clients and colleagues. Jennifer encountered some hardships because she included elements of her performance style into her music therapy interventions. She feels that when she used performance techniques at her facility, staff members and clients expected her to entertain all the time. She states that although performing has had many positive impacts on her work as a music therapist, one of the negative impacts was getting out of the role of “entertainer.” Jennifer credits performing as a positive influence on her music therapy work in the areas of (a) musical skills, (b) Interpersonal skills, and (c) self-confidence. The area that she felt her experience with performing had the most instructive role on her clinical work was in the area of interpersonal skills. The efforts of full-time work as a music therapist had an effect upon Jennifer’s performance career. Before committing to music therapy, it was

easier for Jennifer to schedule multiple performances during a week and allot time for rehearsals. She reflects on how her performing work has decreased due to the reality of time management and how she would advise other individuals entering the field of music therapy to be aware of this reality. She plans on returning to full-time performance work after she retires from music therapy.

Brian – Full-Time Music Therapist, Part Time Educator (guitar), and Part-Time Rock/Classical Guitarist

Brian has worked full-time as a music therapist in a nursing home with clients diagnosed with Alzheimer's disease and dementia for 10+ years. During this time, Brian has also performed as a guitarist in a variety of rock bands in his local area, received work as a classical guitarist, and taught guitar lessons. Brian reflects on how his personality as a performer is evident in his music therapy work. Brian describes how four times a year, he conducts a performance group with his clients. He conducts a master of ceremonies style in which he uses his personality as a performer to engage his clients and colleagues. Although this may not be a classic therapeutic intervention, it allows for Brian to use his skills and personality as a performer. Within the context of his performing personality, Brian believes that all music therapists require some qualities of performing. He credited his performing experience to have benefited him in the areas of (a) musical skill, (b) supplying him with a wider song repertoire, and (c) his ability to stay relaxed during spontaneous client behavior.

Brian describes how he has outgrown his desire to continue playing in rock bands. His decision to discontinue working as a musician in rock bands was due to a combination of the drama that exists between musicians, the late nights, and his music-making experiences in rock bands. Contrasted with the meaningful musical experiences Brian has with his clients in music

therapy, playing in rock bands became meaningless to him. Brian admits that even though he does not wish to ever perform in rock bands again, he would miss performing in front of people, so Brian continues to perform as a classical guitarist. He welcomes the idea of playing in classical groups because he believes that kind of group would be more mature and grounded.

Mike – Part- Time Music Therapist, Part Part-Time Educator (percussion), Part-Time Percussionist

Mike has been a professional percussionist for 30+ years. As a music therapist, he works with the adult psychiatric population. Mike describes how he did not go back to school for music therapy to have a new career as a music therapist but more for his own self-improvement. In order to balance his part-time careers, Mike arranged his schedule to minimize any conflicts with his music therapy, performance, and education. Mike credits his experience in performing to have mostly benefited him as a music therapist in the areas of (a) interpersonal skills and (b) musical skills. Mike believes that the musical skills he acquired throughout his years of performing were extremely helpful during his music therapy education. Performing with a variety of musicians and a variety of groups presented Mike with many opportunities. One main advantage was developing comfort in the interactions with other musicians and audiences. These experiences played a role in Mike's transferring of his interpersonal skills he developed from performing to his interpersonal skills as a music therapist. The skills of his music therapy training and experience played a role in Mike's continuing development as a performer. Mike discusses how his experiences and acquired music therapy skills benefited his performances. With his years of performing experience, Mike entered the field of music therapy for self-improvement and because he felt his career as a performer had passed its prime. His discovery of and introduction to music therapy presented him with the opportunity he was seeking to

challenge himself and create more satisfying musical experiences. Even though he arranged his schedules to avoid conflicts between music therapy and performance, balancing both professions did cause his performance work to decrease. He believes that music therapists with performing experience offer an increased quality of service for their clients.

Results

The main purpose of this study was to provide a close look at the experiences of music therapists who balance the professions of music therapists and music performers. The results are comprised of personal accounts of the participants' experiences combining the two professions.

After the initial analysis of the interviews was completed, two categories emerged that were based upon common themes and the overall descriptions of the participants' experiences: (a) Performance had a positive impact on music therapy; and (b) Balancing the two professions impacted both. Both categories contained subcategories based upon the common themes that emerged during the analysis of the interviews.

Category	Subcategories
Performance had a positive impact on music therapy	(a) Performance strengthens interpersonal skills (b) Musical skills and knowledge developed from performing facilitate the professional transition into music therapy
Balancing the two professions impacted both	(a) Professional identity (b) Music therapy and education improves performance (c) Performance decreased over time

The two categories were based largely upon the questions that had guided the interviews to convey the experiences of the participants. The subcategories emerged from the analysis of the experiences as described by the participants.

Category One: Performance Had a Positive Impact on Music Therapy

The participants described many ways in which their experiences with performing improved their music therapy careers.

Performing strengthens interpersonal skills. Performance experience had a beneficial impact on the interpersonal skills of the participants. Performing in groups, performing in or with accompaniments, performing alone, and interacting with audience members are interpersonal experiences for musicians. The experiences performing were a major influence in developing the interpersonal skills of all the participants. Mike reflected on his experiences in performing as having a beneficial impact on his interpersonal skills in music therapy:

Being comfortable in front of a group of people or being comfortable playing a gig in a small café where you got people being right in front of you is similar as being in a session. Of course, your relationship is completely different. Being a presenter, being a speaker, being on stage in front of 20000 people in the audience, or being in front of only eight people in the audience where everything you're doing is a little bit more exposing. I think looking back, becoming comfortable in those situations helped me with the interpersonal part of music therapy.

Similarly, Jennifer reflected on how performing strengthened her interpersonal skills which she credited for improving her musical connections with her clients.

My experience as a musician instructed those things that I needed such as my interpersonal skills and connecting with my clients. When I'm performing or sharing music with a group, my ability to make eye contact and emotional contact with the group has improved over the years with my work as a music therapist.

Brian described how performing strengthened him as a music therapist when he compared the spontaneity of performing with other musicians. Brian compared his music therapy experiences with the spontaneity of performance. These experiences with performing strengthened his interpersonal relationships with his clients and his ability to be prepared for sudden changes in his clients' behaviors and emotions during sessions:

It has toughened me up as a music therapist. It is just like at gigs where anything can happen at a single moment. I think that kind of prepares you, in a way, for anything that can happen. For me, as a music therapist, it's about being in the moment, so I think that being a musician has definitely helped me in my clinical life. This has helped as far as being prepared for anything that can happen and be able to switch gears at any moments notice.

Monica described a personal anecdote regarding interpersonal relationships in music therapy. She recalled when she first became aware of how the interpersonal skills she acquired during her performance career would be one of her strengths in her career as a music therapist.

I remember one man who would come and see us every year and one year he arrived without his wife because she had died that year and he told me that the only thing that got him through that year was my singing of the music that I played. That was my first insight into this world that I have been living and how I could shift that over and personally bring it into people.

Musical skills and knowledge developed from performing facilitate the professional transition into music therapy. A professional career in musical performing requires a competent and proficient level of musical skill. Since music therapy requires a similar level of musical competence, the participants reflected on how they felt their musical skills and experiences from their performance careers were beneficial to them in music therapy. This impact was most relevant in the education and early years of the participant's music therapy careers. The areas

that participants felt this impact most heavily were in the areas of (a) song repertoire and (b) developed musical skills.

Entering the field with a wide variety of songs in their repertoire allowed some of the participants to bring the songs they developed during their years of performing into their music therapy careers. Brian referred to his knowledge of a wide variety of songs as a helpful tool for him in music therapy:

Performing definitely supplied me with a bigger repertoire that I was able to bring into music therapy.

Monica felt that her career in performance supplied her with an extensive song repertoire. She reflected on how she was able to transition her song repertoire into her music therapy interventions:

We had a tremendous repertoire. And that was good because I was able to come in with that in my pocket at hospice because they were very big jazz fans there.

Monica also shared how her musical skills were beneficial to her in her early years in becoming a music therapist. She reflected how being a performer allowed her to focus more on her clinical development as a therapist:

I think that was a great part of getting me started because I was able to concentrate on the clinical side of the process. Being a musician of any kind, you're more flexible to things changing quickly or showing up and it not being what you expect. I think there is less rigidity coming from a music background because of the breadth of experience.

Jennifer reflected on how she utilized her musical skills as a performer in her music therapy work. She felt using her skills as a performer increased the amount of respect she received from clients and colleagues:

Sometimes, I would just sing during their meal times or just sit in my office with my acoustic piano. I would play cocktail music while they were eating, and I believe that their respect level came up and they were

more able to work out of their defenses. They are just more respectful after they see some skill and more receptive somehow after you played for their emotion.

Mike also felt that the musical skills that he acquired through performing were beneficial during his music therapy education:

Something that immediately comes to mind is that if I had gone into music therapy right out of high school, my music skills would not have been nearly as strong. I think if it weren't for the professional career being challenging and having to practice a lot, I wouldn't have had that going into music therapy. It allowed me to have a lot more breathing room and a lot more head room for focusing on the clients and attending to the therapeutic process.

Entering the field with an advanced level of musical skills had a positive impact on the participants. Mike and Monica described how when they went to school for music therapy, having these advanced musical skills allowed them the breathing room to focus more on the clinical elements of music therapy during their education.

Category Two: Balancing the Two Professions Impacted Both

This category portrays the experiences of the participants as they balanced dual professions. The participants all shared their individual perspectives on their experiences. Although each participant interview contained personal and individual viewpoints regarding his or her own experiences, there were commonalities within their descriptions.

Professional identity. Professional identity was a common theme that emerged during the interviews in the context of how the participants viewed themselves and others as music therapists. The commonalities are based on the participants' references to their performance careers when discussing their music therapy careers.

Furthermore, balancing the two professions included instances where the personality of being a performer merged with the personality of being a music therapist. Brian conveyed his feelings on being a performer and a music therapist when he stated:

I think to be a music therapist, you have to have a performer in you because you're putting yourself on the line and you're putting yourself in front of people who want your music.

Jennifer felt that having a career and skills as a professional musician created misinterpretations of how she was viewed as a music therapist. She reflected that although her performing had many positive impacts on her work as a music therapist, she became aware of how performing became expected of her during her therapy sessions:

There has also been the struggle of getting out of the role as entertainer and get into the role as therapist. I find that when I'm not doing too well with getting the group going or off the ground, I will slip back into entertainer mode. Sometimes you're also expected to be the entertainer, and that's not what the work is all about.

Balancing both professions can have an impact on one's personal feelings towards both occupations. Monica struggled with her commitments to her performance work as her music therapy career began to flourish:

I think the hardest thing is just finding the time and the energy, to give to the performance part. I always feel a certain amount of guilt as if no matter what you do, you're letting someone down.

The reason for pursuing a career in music therapy can be a defining element in the professional identity of a music therapist. Mike described how he went back to school for music therapy for reasons of self-improvement, and not to pursue a career solely as a music therapist:

When I went back to school for music therapy, I wasn't going so much to have a new career, I was really going for self-improvement, I was just really curious about it and I liked it. My goal was never to be full time music therapy. It was just a complementary thing to my skill set. In that regard, it has done what I wanted it to do.

Music therapy education and experience improves performance. There was also a common reflection from the participants about the beneficial impact that music therapy had on performance. All of the participants in this study felt that their experiences and education as music therapists had a positive impact on their performance skills. Jennifer felt that her experiences working in hospice care changed the way she viewed herself as a performer. The skills and experience that she strengthened over the years as a music therapist improved her connection with her audience during performance.

I know exactly what's going on with each client during the group, which is very important with group process. So I guess when I work with my audience outside of the field, my music therapy experiences have helped me with my connection with an audience.

Similarly, music therapy experience can have an impact on the way therapists view themselves. Monica reflected on how she experienced deeper personal meaning from the music she performed, as well as feeling more calm and in the moment during performances.

I'm more concerned about making that connection of the heart by being in the present moment the best way that I can. That is a life change and I thank music therapy, my patients, and my staff for that. They become a part of the music and a part of the songs for your whole life.

Mike described how his experiences and music therapy skills had a beneficial impact on his performance. He described how he developed a deeper connection with his audience in the music he presented.

Even in performance, being a music therapist gave me a heightened sensitivity and appreciation for the way my music could be affecting them. It makes me more sensitive to the contour of the music with the specific sounds, levels of sounds, layering in of different sounds, the types of melodies I might choose to play, and the reason I might choose to play. These are things I may not have been aware of without having studied music therapy and being exposed to different music therapists and all the different approaches in music therapy having read different theories about sound and the way it affects people.

Brian reflected on how the spontaneity of music therapy sessions were similar to the changes that sometimes occur during musical performances. He felt that his work as a music therapist helped him be more present, and improved his listening during performances.

I think being a professional musician and dealing with what you deal with at gigs and certain situations, rejections, it has toughened me up as a music therapist. It is just like at gigs where anything can happen at a single moment. I think that kind of prepares you in a way, for anything that can happen. For me, as a music therapist, it's about being in the moment so I think that being a musician has definitely helped me in my clinical life. This has helped as far as being prepared for anything that can happen and be able to switch gears at any moments notice.

Performance decreased over time. All of the participants described a decrease in the number of professional performances they could handle while working as music therapists. Despite having individual opinions and unique experiences, a common trend for all four participants was a decrease in their work as performers. Monica began her career as a music therapist with the intention of continuing work as a professional musician.

I think its always a struggle to balance because I had a talk with one of my friends and she said, "It's a great career within about three years you won't be doing much performing and the job will take over." I just remember thinking to myself at the time, the little voice saying "Oh that won't happen to me," and it really did especially working in hospice, hospice is very intense.

Brian felt his performance work become less appealing to him during his years working as a music therapist.

I just got tired of it and it has nothing to do with music therapy. I just outgrew it. Maybe because I saw how superfluous playing in bands had become for me. I have to make meaningful music, so I make meaningful music with my clients. Music is not all fun and games to me now. Its fun to play but there has to be a purpose. Being a music therapist, everything I play has a purpose.

Jennifer reflected on how her performance work decreased due to time constraints. She described her struggles with balancing the two professions and advised others entering the field of music therapy to be aware of this hardship.

They (students/performers) are going to have to be realistic and know that it is going to change their schedules. I have to use my vacation time to play gigs.

Mike chose to decrease his performance work when he began to feel less joy in performing. Although he continued to perform, he felt his music therapy work to be more challenging and satisfying.

I wanted do more work that I find satisfying and challenging and different. So I've really cut back on a lot of my performance work. Also, because I've done about every type of gig you can do and I've done enough of it to feel like if I keep doing it at this point it'll be for the money. It would just be work. And the music therapy work I don't feel that way.

Discussion

My understanding of music therapists who balance the dual professions of music therapist and music performer has grown as a result of this study. Due to my own experiences trying to balance these two professions while pursuing a degree in music therapy, personal interests motivated this study. It is my hope that I have conveyed the experiences of the participants in this paper.

Interesting trends and implications for future research have been uncovered through this process. Readers are urged to look at the trends that emerge through this study and apply them to their own experiences. Performing musicians who are interested in music therapy as a dual profession or a different path in their career may use this study to inform on their decision. Knowing that there are students and professionals in the field who have simultaneously worked as music therapists and musical performers, further research on this subject is encouraged in order to discover, analyze, and learn from their experiences.

The participants' reflections included those similar that Gonzalez (2010) found in her study of musical cultures. Both studies looked at connections between musical experience and music therapy. While Gonzalez found that her participants credited the groundwork of their professional framework to their musical upbringing and experiences with musicking, participants in this study described how their experiences as performers strengthened their professional work as music therapists.

Additionally, the participants shared ideas similar to what Lamont (2012) found concerning emotion, engagement, and meaning in performance. While Lamont discussed how a professional with a high level of skill and experience in performing could develop deep connections with other musicians as well as with an audience, the musical skills and experiences

of the participants in this study helped them develop deep connections with their clients in music therapy.

Musical skills developed from performing were beneficial for the participants in music therapy. The participants shared ideas similar to Aigen's (2005) qualitative study of popular music styles in clinical improvisation. While integrated his musical experiences with the foundation of his therapeutic intervention with his client, the participants integrated their experiences and knowledge with their music therapy skills.

Experience with performing was shown to be beneficial for the interpersonal skills of music therapists. Of all the trends that have emerged, the one I found to be most personally interesting is the strengthening of interpersonal skills that the participants developed through performing. Mike conveyed this when he referred to his experiences as a performer, speaker, and presenter:

I think looking back, becoming comfortable in those situations helped me with the interpersonal part of music therapy.

Mike's statements about his interpersonal skills made me reflect on my own developing interpersonal skills as a music therapist. It provided me with great comfort to discover this trait in the interviews of the participants of this study. Jennifer's reflection on her interpersonal skills was also relevant to my personal reflections:

My experience as a musician instructed those things that I needed such as my interpersonal skills and connecting with people.

After reading Jennifer's comments, I reflected on similar elements of my own interpersonal growth as a music therapist. My years of performing prior to entering music therapy have definitely made me comfortable with some the interpersonal aspects of music therapy. My experience with performing prepared me for the musical interactions I eventually

had with clients in regard to verbal and nonverbal communication, therapeutic relationships through the music making experiences, and my leadership qualities. Even outside of my music therapy work, my experience with performing played a role in my interpersonal relationships with people. During the few performances that I had during the course of this study, I noticed that I was more aware of all the interactions happening during the performances. Similar to the opinions of the participants, I felt that I was able to be more present with my band mates, the audience, and myself during performances.

The small sample size is a limitation in this study. While this was intentional for this study so that the participants' responses could be given adequate attention, a larger sample size would have opened more opportunities to explore commonalities and experience. With a larger sample size, it would be possible to include a more precise degree of characteristics such as multicultural implications, a more diverse range of musical genres, and socioeconomic factors.

My own inexperience with research and the interview process was a limitation in this study. I felt I could have guided the participants to further explore their experiences by asking simple questions, and that this could have led to the results better reflecting the balance of the two professions. For example, Mike was the only participant who specifically described how he balances his professions. He states:

What I do is I load my music therapy work into the front part of the week so right now my main day is Monday and as things come in I try to stack them into Tuesday and Wednesday. I try to avoid Thursday and Friday mostly because what I know from my own schedule when I travel or do a conference. It was easy for me because most places were flexible. I imagine for those places its better to do those things earlier in the week. Just because clients, Fridays are less focused. Everyone tends to have something else planned for Fridays.

Mike's description of his process gave me the greatest insight into the possibility of successfully balancing the two professions. I find his explanation to be the most ideal scenario for music therapists hoping to completely balance the two professions. As the researcher, I could have guided all of the participants to explore this more deeply.

An unexpected finding is that all of the participants work with adults as their clients. I found this interesting because I also have been working with adults as clients during my scholastic and non-scholastic music therapy career. I decided to examine this more closely in a follow-up email to the participants and received responses from both Mike and Monica:

CT: Coincidentally, all of you happen to work with adult populations. I was wondering if your decision to work with adults has any relation to your performing experience and/or lifestyle?

Mike: I think that part of the attraction to working with adults may involve musical preference and aesthetics. I do enjoy children's music, but being able to use the full spectrum of music (from oldies to classic and contemporary) is an attractive aspect of working with adults. Working with adults with developmental delays, I still get to play some children's songs, but am not limited to them. I also enjoy working with adults for the lyric discussion/analysis aspects. That is something that you just don't see much with children.

Monica: My experience with the adult population has definitely affected my MT work, and vice versa. Performing classic jazz from the 1920s-40s gave me a mostly older audience, and as a result, it came to my attention that several fans of ours had used our music to help them through the grief of losing a spouse. I realized the power of music in the hospice setting. Knowing so many old standards has been a big help in being able to provide patient-preferred music, which is so important in establishing rapport and developing a therapeutic relationship.

These responses are evidence of the need for further research relating to this topic. Is there a widespread tendency in music therapists who are also performers to work with clients that reflect their audiences as performers? When I noticed this trend emerge, I reflected on my

own reasons as to why I chose to work with the clients with whom I work. Through reflexive journaling, I discovered that my choice to work with adults directly relates to my experience as a performer because it allows me to draw upon my song repertoire. Even though I love using improvisation and creating music in my therapeutic work, being able to use the songs that have become very familiar to me over the years as a performer as therapeutic interventions was definitely a factor in my choosing to work with adults. The responses from the two participants indicate the benefits of a future survey study of the population and age of clients chosen by music therapists with performing experience.

Along with the unexpected finding of the participants' clientele, the strengthening of interpersonal skills may require a deeper investigation. Additionally, researching music therapy students who continue to perform during music therapy education will investigate features from this study such as, the impact of developed music skills. Exploring the experiences of music therapy students who continue to perform while pursuing their education may beget a ripple effect of research for the entire music therapy community.

My personal feelings as a musician and music therapist have strengthened and will influence my future work as a music therapist. At the beginning of this study, I felt that I was not going to be able to continue working in both professions because of all the conflicts I had faced during my education as a music therapist. I also assumed that the participants were going to describe detailed stories about their struggles to balance both professions. To my surprise, I instead I developed an optimistic and excited outlook on my own future from doing this research and feel that I have emerged as a stronger musician and music therapist. Knowing that balancing the two professions is possible, I strongly recommend that others pursue a similar path.

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APPENDIX



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

CONSENT TO PARTICIPATE IN STUDY

Title: The Experience of Music Therapists Who Balance The Dual Professions of Music Therapist and Professional Musician

Researcher: Colin Turner
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Cturner08@lions.molloy.edu

Advisor: Barbara L. Wheeler, PhD, MT-BC
Adjunct Instructor of Music Therapy
Molloy College
bwheeler@molloy.edu

Consent Form Letter

Dear

My name is Colin Turner and I am currently a student in the graduate Music Therapy program at Molloy College. As part of the requirement for my music therapy graduate course at Molloy College, I am conducting a research study to explore the experiences of music therapists who balance the dual professions of music therapist and professional musician.

To explore this phenomenon, I will be conducting four interviews of music therapists. If you are a Board-Certified Music Therapist with a minimum of 5 years experience while simultaneously working as a professional musician, you are eligible to participate in this study and I invite you to do so. During the interview, I will ask about your experiences balancing both professions.

Your interview will be approximately 30 minutes to an hour in length. Together we will determine the date, time and location of your interview at your convenience. The location of the interview will be a private, quiet location, with only the researcher and participant present.

All sessions will be digitally audio-recorded. Only the researcher and the faculty advisor will have access to the data. Your real name will be changed to ensure confidentiality. After the interview, there may be a follow-up phone call not to exceed 15 minutes in length, to ensure data accuracy. If desired, you may receive a copy of the transcripts as well as the final paper.

If you have any questions or concerns, do not hesitate to contact me at Cturner08@lions.molloy.edu or by phone at 516-448-1023 or my thesis advisor, Dr. Barbara Wheeler, at bwheeler@molloy.edu. For questions about your rights as a participant, you may contact the Institutional Review Board, Molloy College, 1000 Hempstead Ave, Rockville Centre, NY 11371, 516-678-5000.

Responding to this email indicates that you have read and understood the contents of this consent form and that you are agreeing to be interviewed for this study. Please note that, if you decide to withdraw from this study any time after signing this form, there will be no consequences of any kind.

Thank you.

Sincerely,

Colin Turner

Participant Name: _____

Participant Signature: _____

Date: _____



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

Permission to Audio Record

Researcher: Colin Turner
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516-448-1023
Cturner08@lions.molloy.edu

Project Title: The Experience of Music Therapists Who Balance The Dual Professions of Music Therapist and Professional Musician

I grant the researcher permission to digitally audio record my interview. This recording will be used only for research purposes. I have already provided written consent for participation in this research project. At no time will my name be used. I understand that I will not be compensated for participation in this study.

When will I be audio recorded?

I agree to be digitally audio recorded, during the interview session (about 30-60 minutes) and if necessary, during the phone follow-up conversation (15 minutes). Both events will occur some time, at my convenience, between January 15 and April 30, 2013.

How Long Will the Recordings Be Used?

I give my permission for the digital recordings to be used from January 15 until May 30, 2013.

What If I Change My Mind?

I understand that I may withdraw my permission at any time. Upon my request, the audio recording will

no longer be used.

For Further Information:

If I want more information about the recording, or if I have questions or concerns at any time, I can contact the investigators at the numbers or emails in the consent letter. I understand that my response to this email indicates my voluntary consent to be audio recorded. I understand that I will receive a copy of this signed form.

Participant Name: _____

Participant Signature: _____ Date: _____