

The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists

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by

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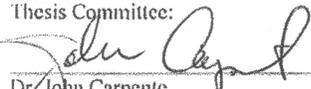
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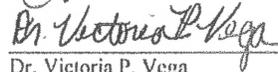
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Abstract

To attend to the musical and clinical needs of music therapy consumers, music therapists must attend to their own music so as to nurture their musical-self (Bruscia, 1987; Priestley, 1994; Robbins & Robbins, 1998). Yet, despite the fact that music is the basic tool music therapists rely upon to conduct their work (Aigen, 2005b; Brookins, 1984), the topic of nurturing the musical-self has received scarce, if any attention in the music therapy literature. The purpose of this study was to understand the views of professional music therapists in regard to the role of the musical-self in promoting career longevity among music therapists. This study asked two primary questions: 1) Does nurturing one's musical-self contribute to career longevity? 2) If so, what techniques do music therapists use to nurture their musical-selves? Respondents were board certified music therapists, surveyed through an online questionnaire designed by the researcher. The respondents were contacted via e-mail; the email contained an online link through which the respondents were able to access the online survey. This study sought to provide empirical data regarding the role of the musical-self in promoting career longevity among music therapists. As such, this study hopes to benefit the music therapy and creative arts profession in terms of identifying musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession.

Keywords: Burnout, career longevity, music therapy, musical-self, self-care, stress

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Table of Contents

Abstract.....	iv
Acknowledgments.....	v
List of Figures.....	viii
List of Tables.....	xi
Introduction.....	1
Literature Review.....	5
Factors That Influence Career Satisfaction and Professional Longevity, and Career Dissatisfaction and Professional Burnout.....	5
Career Satisfaction.....	5
Professional Burnout.....	7
Measures for Preventing, Coping With, and Treating Professional Burnout.....	11
The Relationship Between the Musical-Self and the Music Therapy Consumer.....	12
Methodology.....	16
Participants.....	16
Procedure.....	16
Instrumentation.....	17
Data Analysis.....	18
Results.....	19
Demographics and Musical Background.....	19
Nurturing the Musical-Self.....	32
Satisfaction in the Workplace.....	40
Solutions and Strategies for Nurturing Your Musical-Self.....	43

Techniques and/or Activities Used by Respondents to Nurture Their Musical-Selves.....	48
Question 25: Additional Comments.....	57
Summary.....	57
Discussion.....	62
Nurturing the Musical-Self.....	62
Solutions and Strategies for Nurturing the Musical-Self.....	63
Reporting the Data.....	63
Limitations of the Study.....	63
Considerations for the Future.....	64
Closing Thoughts.....	65
References.....	66
Appendices.....	70
Appendix A: Survey Questions.....	70
Appendix B: Invitational Email Consent Form.....	80
Appendix C: First Reminder Email.....	83
Appendix D: Second Reminder Email.....	86
Appendix E: Question 7: Additional Responses.....	89
Appendix F: Question 25: Additional Comments.....	90

List of Figures

Figure	Page
1. Question 1: What is your gender?.....	19
2. Question 2: What is your age?.....	20
3. Question 3: What is your highest level of music therapy education completed?.....	20
4. Question 4: As a music therapist, your theoretical orientation is best described as:.....	22
5. Question 5: Have you completed, or are in the process of completing any of the following advanced music therapy training?.....	23
6. Question 6: How many years of professional clinical experience do you have?.....	24
7. Question 7: What is your highest level of musical training completed?.....	25
8. Question 8: Your primary instrument is:.....	26
9. Question 9: How many years have you been studying your primary instrument/voice?.....	27
10. Question 10: How often do you practice your primary instrument?.....	28
11. Question 11: How often do you play and/or practice a non-primary instrument in your personal time?.....	29
12. Question 12: How often do you use your primary instrument in your clinical practice?.....	30
13. Question 13: How often do you use a non- primary instrument in your clinical practice?.....	31
14. Question 14: Have you made, and/or presently make your livelihood solely or partially as a musician?.....	32
15. Question 15: You nurture your musical-self.....	33

16. Question 16: Your clinical work as a music therapist fully nurtures your musical-self.....	35
17. Question 17: Your clinical work as a music therapist nurtures your musical-self.....	36
18. Question 18: Nurturing your musical-self is a professional responsibility.....	37
19. Question 19: Nurturing your musical-self is essential to meeting the needs of your clients.....	39
20. Question 20: Satisfaction at your workplace effects the degree to which you nurture your musical-self.....	40
21. Question 21: Your client's response to treatment, positive or negative, effects your sense of satisfaction in the workplace.....	41
22. Question 22: You participate in extra-professional musical pursuits to enrich and/or restore your musical-self (agree/disagree/undecided).....	43
23. Question 23: You participate in extra-professional musical pursuits to enrich and/or restore your musical-self (participation rates).....	46
24. Question 24, Answer #1.....	50
25. Question 24, Answer #2.....	50
26. Question 24, Answer #3.....	51
27. Question 24, Answer #4.....	52
28. Question 24, Answer #5.....	52
29. Question 24, Answer #6.....	53
30. Question 24, Answer #7.....	53
31. Question 24, Answer #8.....	54

32. Question 24, Answer #9.....55

33. Question 24, Answer #10.....55

34. Question 24, Answer #11.....56

35. Question 24, Answer #12.....56

List of Tables

Table	Page
1. Results of question 3 cross-tabulated by longevity groups.....	21
2. Similarities between questions 10 and 11.....	30
3. Results of question 15 cross-tabulated by longevity groups.....	34
4. Results of question 16 cross-tabulated by longevity groups.....	35
5. Results of question 17 cross-tabulated by longevity groups.....	37
6. Results of question 18 cross-tabulated by longevity groups.....	38
7. Results of question 19 cross-tabulated by longevity groups.....	40
8. Results of question 21 cross-tabulated by longevity groups.....	42
9. Results of question 22 cross-tabulated by longevity groups.....	44
10. Question 22, responses within longevity groups by percentages.....	45
11. Results of question 23 cross-tabulated by longevity groups.....	46
12. Question 23 examined by rates and percentages within the age groups.....	47
13. Results of question 24 listed by rate of report.....	48
14. Results of question 24 cross-tabulated by longevity groups.....	49
15. Results of question 24 cross-tabulated by sample rates and response rates of the longevity groups.....	57

Chapter One

Introduction

My musical journey, which began with the gift of an acoustic guitar from my parents, ultimately led me to experience the possibilities and power of music during an internship conducted at a developmental center for special children. The internship, part of my undergraduate studies, was a pivotal moment in my personal and professional life, for it defined the destination and set the course for the journey I am currently on: the journey to become a professional music therapist.

Over the course of my music therapy training, I've been fortunate to study and work with music therapists who exemplify the idea that the journey is more the goal than is the destination. These professionals remain passionate about their work and dedicated to the health and well-being of their clients, no matter their level of accomplishment. Importantly, I've learned a crucial lesson from these professionals: In order to care for my clients, I have to care for myself, physically, emotionally, spiritually, and musically. This lesson, in turn, led me to contemplate the role music has played in my life. I realized that throughout my life, music has been my constant companion and my own agent of change. For instance, many of my most-valued friendships and relationships began with making and sharing music. Music provided (and provides) me with a unique identity. Music has always helped me to express myself—it has been an invaluable tool with which to communicate with and engage others. I've made my living through music. And, perhaps most importantly, I have been blessed with the ability to share my music with others. In essence, I feel as if I have been given the gift of music for a specific reason: to give this gift to others. Yet, I believe that to give one's music to others, an act of

caring, requires one to attend to, and care for, one's musical-self. It is this belief that led me to pursue this study.

The Musical-Self, Burnout, and Career Longevity: Definitions

This study discusses the musical-self as it relates to professional burnout and career longevity. Therefore, this study requires that these three concepts be defined.

Musical-self. The literature describes musical-self as musical experiences that “enhance innate creative ability” (Borczon, 2004) in a “personally fulfilling way” (Dessau, 2002). Critically, the literature, noting the link between nurturing the musical-self and clinical application and effectiveness, declared, “creative, responsive freedom in clinical improvisation depends on increasing a therapist's...[musical] facility while widening his or her musical resources” (Nordoff & Robbins, 2007, p. 461). Therefore, based on the literature (Borczon, 2004; Dessau, 2002), as well as my personal views, musical-self is defined by this study as:

- The personal use of music-based activities to maintain creative and artistic happiness, passion for music, satisfaction in musical endeavors, and interest in continued artistic and professional growth

Professional burnout. In the field of music therapy, giving (e.g., therapeutic services, care, compassion, empathy, physical and emotional care), often without receiving, can leave the professional music therapist feeling misused, misunderstood, ignored, bitter, and disillusioned about their profession. As a result, music therapists experience professional burnout (Clements-Cortés, 2006; Fowler, 2006; Nordoff & Robbins, 2007). However, professional burnout continues to be defined by its characteristics; there is not a single, universally accepted definition (Felton, 1998; Weber & Jaekel-Reinhard, 2000).

Burnout, as defined by the literature, includes “physical or emotional exhaustion, usually caused by stress at work” (Felton, 1998, p. 238); “emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach, 2003, p. 2); “chronic [work-related] stress....and reduced satisfaction in [job] performance” (Weber & Jaekel-Reinhard, 2000, pp. 512-513); and, “a syndrome of physical exhaustion including a negative self-concept, negative job attitude, and loss of concern and feelings for patients” (Keidel, 2002, p. 200). Yet, according to these definitions, professional burnout does not include the possibility of, or actually withdrawing from, the music therapy profession. Therefore, based upon the literature and my personal beliefs, this study defined burnout as:

- Chronic, work related physical, mental, and emotional exhaustion that results in an individual’s loss of interest in their work; their clients’ health and well being; and a diminished sense of personal satisfaction, causing the affected individual to consider leaving or actually leave their profession

Career longevity. The literature within and without the music therapy profession does not provide a precise definition for career longevity. This is not particularly surprising; different careers may provide their own definition of longevity. Oppenheim (1987) found that the results of her study might have been “confounded due to the number of years that respondents had worked...76.9% had worked five years or less; many...may not have worked long enough to experience burnout” (p. 97). The participants in the study conducted by Cohen and Behrens (2002) totaled an average of 13 of years in the music therapy profession. Vega (2010), noting that career longevity is “closely linked” to job satisfaction (p. 156), surveyed music therapists who had an average of 17.75 years of professional experience (p. 161). The numerical average between Vega’s (2010) participants and those of Cohen and Behren’s (2002) study is

approximately 15 years. Additionally, the American Music Therapy Association (AMTA) recently conducted a survey of its membership and found the average length of time its members have worked as music therapists to be 15 years (AMTA, 2010). Therefore, this study defined career longevity as “professional music therapists who have a minimum of 15 years in the music therapy profession.”

This survey-based study explored the role of the musical-self in promoting career longevity among music therapists. This study asked:

- 1) Does nurturing one’s musical-self contribute to career longevity?
- 2) If so, what techniques do music therapists use to nurture their musical-selves?

Chapter Two

Literature Review

A review of the literature concerning the role of the musical-self as it relates to career longevity among music therapists revealed a lack of materials. Studies that specifically address the role of the musical-self in promoting career longevity among music therapists have not been found. Therefore, as a result of this gap in the literature, the majority of this review has been generalized to topics associated with career longevity and professional burnout among music therapists.

This literature review discusses three topical areas related to career longevity among music therapists: 1) factors that influence career satisfaction and professional longevity, and career dissatisfaction and professional burnout; 2) measures for preventing, coping with, and treating professional burnout; and 3) the relationship between the musical-self and the music therapy consumer.

Factors That Influence Career Satisfaction and Professional Longevity, and Career Dissatisfaction and Professional Burnout

In the field of music therapy, the literature noted a correlation between career satisfaction and professional longevity (Braswell, Decuir, & Jacobs, 1989; Cohen & Behrens, 2002; Vega, 2010), and concluded that several factors contribute to career satisfaction (Braswell et al., 1989; Clements-Cortés, 2006; Vega, 2010).

Career satisfaction. Braswell et al. (1989) used a 36-item survey to measure job satisfaction among music therapists. The respondents included 1,344 music therapists whose responses were scored using a Likert scale. The quantitative study found that several factors contributed to job satisfaction among music therapists, including: salary; annual salary increases;

increased number of years working as a music therapist; working in suburban and urban areas, rather than in rural areas; and the support provided by an immediate supervisor. Notably, the study found that full-time music therapists who have advanced music therapy degrees received higher salaries and experienced increased job satisfaction. The study determined that the most significant factors relating to job satisfaction included: professional respect, job importance, the challenging nature of the work, the chance to learn, relationships with other staff members, one's immediate supervisor, and job security.

Investigating professional status among clinical music therapists, Cohen and Behrens (2002) examined the relationship between type of music therapy degree and five constructs: 1) career satisfaction; 2) career longevity; 3) level of promotion; 4) job responsibilities; and 5) geographical location. The descriptive study included 218 clinical music therapists and utilized a questionnaire to determine that music therapists with music therapy degrees beyond a Bachelor's degree, as well as increased time working in the field experienced increased career opportunities and career longevity. Further, career longevity was positively linked to increased job responsibilities and promotions. The study noted that at least 50% of the respondents were: 1) full-time music therapists with an average of six years of professional experience; and 2) satisfied with their work. Almost half of the respondents (49.1%) did not have a degree beyond their Bachelor's degree.

Decuir and Vega (2010) surveyed 176 music therapists to identify why music therapists remain in the music therapy profession. The study revealed that career longevity might be influenced by clinical relationships and outcomes with clients, i.e., observing growth and change in clients, the creative aspects of music, as well as the respondent's spiritual connection to music. The study also determined that being a part of a growing profession, and the sense of personal

and professional growth gained in clinical work, contributed to the respondent's continuing professional enthusiasm. The study also discovered that the primary reason (23%) music therapists leave the profession or change positions was burnout, largely caused by low salaries and a lack of employment and advancement opportunities.

A correlational study from Fowler (2006) examined the relationship between personality, work environment, and the professional well-being of music therapists. The respondents included 49 music therapists and incorporated three measures: 1) a self-designed questionnaire that included a Likert scale; 2) the *Stress Profile* (Nowack, K. M., 1999); and 3) the *Maslach Burnout Inventory* [MBI] (Maslach, C., & Jackson, S. E., 1986). The results presented several positive correlations, including links between career longevity and personal achievement ($r = .20$) and age and personal achievement ($r = .53$). Overall, the MBI subscales indicated a high level of personal achievement, a moderate level of emotional exhaustion, and a low level of depersonalization. The data revealed by the *Stress Profile* indicated a strong correlation between career longevity, personal achievement, and cognitive coping strategies such as “threat minimization.”

Professional burnout. In contrast to career satisfaction and longevity, professional burnout was found to be a serious concern for people who work in the health care and helping professions (Felton, 1998; Keidel, 2002; Oppenheim, 1987; Weber & Jaekel-Reinhard, 2000). Although studies relating to career dissatisfaction and professional burnout were found, the research was limited (Vega, 2010), and several of the studies originated from related disciplines such as music education and health care.

A meta-analysis conducted by Felton (1998) examined the impact of professional burnout in the health care profession. The review, which included 91 studies, examined the

prevalence of burnout among specific occupations such as physicians, nurses, social workers, dentists, emergency service personnel, mental health workers, and related disciplines such as critical care and Neonatal Intensive Care Unit (NICU). The study concluded that workers in health care-related professions experienced stress and professional burnout as a result of corporate downsizing, mergers and buyouts, and longer time spent at work. Results also suggested that those who work with special populations, such as people with disabilities and the severely ill, risk developing professional burnout. Felton declared that the most significant step employers can take to increase morale and prevent professional burnout among their employees is to grant employees greater autonomy in how their work is to be carried out.

Weber and Jaekel-Reinhard (2000) conducted a meta-analysis of the aetiology of professional burnout in the workplace. The review included 38 studies that examined the causes and development of burnout, as well as proposed methods of prevention. The study declared an urgent need to determine whether professional burnout is a work-related disease, and suggested that a misfit, or mismatch, between workers and their work environments could contribute to professional burnout.

Researching professional burnout in the workplace, Maslach (2003), developer of the *Maslach Burnout Inventory*, posited that the problem of burnout does not originate from those who experience burnout. Instead, burnout results from a mismatch between individuals and their work environment. Maslach pointed to six areas in which these mismatches occur: 1) work overload, 2) insufficient compensation, 3) conflict of values, 4) work overload, 5) breakdown of workplace community, and 6) lack of control. While the researcher identified three core areas related to burnout (i.e., exhaustion, cynicism, and inefficacy), she also noted the emergence of

a new and positive focus: job engagement and its three core aspects: a state of energy, involvement, and efficacy. According to the researcher, these three factors contribute to an ideal work environment.

Hamann (1990) used a mixed-methods approach to examine burnout among professional music educators. The researcher suggested that burnout might be a primary cause of ineffectiveness among educators; explored the causes; described its effects; and offered measures that might help avert, decrease, and prevent burnout among music educators. Examining related literature, the researcher concluded that many professional music educators possess high levels of commitment, desire, and drive, and noted that professional burnout often affects those with these types of personality traits. The study also stated that burnout can be experienced at low, moderate, and high levels and described accompanying symptoms, which include: loss of enthusiasm, job dissatisfaction (low level); increased fatigue, withdrawal (moderate level); and problems such as chronic fatigue, paranoia, and hopelessness (high level).

Hamann and Gordon (2000) examined the factors that contribute to burnout, declaring that, at some point in their career, music educators will experience professional burnout at some level (i.e. low, moderate, high). Reporting on the related literature and personal interviews, the study concluded that class size, budgets, lack of training, inadequate support, problematic students, and long work hours are major causes of professional burnout.

In a mixed-method report on burnout and compassion fatigue among hospice caregivers, Keidel (2002) set out to provide a framework intended to facilitate a workplace-based examination and discussion of professional burnout. Reporting on related literature and a single case-study, the researcher declared an urgent need for hospice caregivers to be aware of,

identify, and communicate about burnout so as to prevent and treat the high rate of burnout found in the helping professions. Further, the study identified “compassion fatigue” as a form of burnout specific to caregivers in helping professions such as hospice care. The study identified several causes of burnout, including: flaws within the healthcare system; workplace stressors such as insufficient staffing, forced overtime, and unpaid time off due to low patient rosters; problems related to the hospice system; problems related to the nursing system; and personal qualities of, and interrelational dynamics between, the patient, caregiver, and hospice staff.

A quantitative study from Vega (2010) examined possible correlations between personality types and professional burnout among music therapists. The study included 137 music therapists and utilized a personal data form; the *Maslach Burnout Inventory Human Services Survey* [MBI-HSS] (Maslach, C., Jackson, S., & Leiter, M., 3rd ed., 1996); and the *Sixteen Personality Factor Questionnaire* [16PF] (Cattell, R. B., Cattell, A. K., & Cattell, H. E., 5th ed., 2002). Overall, the data indicated a positive relationship between highest education degree earned and professional longevity. To this point, the study explained that the highest degree earned by the majority of respondents (51%) was a Bachelor’s degree, and suggested that music therapy professionals who have higher academic degrees may experience less professional burnout than those with Bachelor degrees.

In a qualitative inquiry, Clements-Cortés (2006) interviewed four music therapists working in an inpatient, palliative care setting. The study sought to identify the stresses music therapists confront and the roles they play within a palliative care setting. Results indicated that music therapists who work in a palliative care setting might be highly vulnerable to the effects of work-related stress. Reasons for this included: lack of understanding of music therapy by related disciplines; difficulty dealing with the loss of patients while remaining emotionally

available for other patients and their families; lack of a proper or dedicated work environment; lack of a unified, palliative care philosophy among related disciplines; difficulty dealing with countertransference issues with patients; and experiencing emotional exhaustion coupled with feelings of helplessness. Importantly, however, participants expressed satisfaction with their work, which they described as meaningful, important, and valuable.

In a quantitative study that included 239 music therapists, Oppenheim (1987), used a personal data form and the *Maslach Burnout Inventory* [MBI] (Maslach, C., & Jackson, S., 1981) to determine the level of professional burnout experienced by music therapists. Using multiple regression and multiple correlation strategies, the researcher found moderate levels of respondent burnout in five of the six MBI subscales: emotional exhaustion frequency, emotional exhaustion intensity, depersonalization intensity, personal accomplishment frequency, and personal accomplishment intensity. The exception was depersonalization frequency, which indicated a low level of burnout among respondents. The researcher opined that study results might have been skewed due to the number of years respondents reported working as music therapists; 76.9% of the respondents reported working five years or less. In addition, the researcher noted that many respondents expressed harsh comments about their work, such as concern about the lack of respect from management and insufficient compensation (i.e. salary).

Measures for Preventing, Coping With, and Treating Professional Burnout

A review of the literature, including studies already discussed, reveals a lack of materials specific to the topic of self-care as it relates to career longevity and professional burnout.

Conducting first-person research, Williams, Richardson, Moore, Eubanks-Gambrel, and Keeling (2010) declared self-care to be a professional responsibility, essential to meeting the

needs of clients. Using themselves as study participants, the study concluded that listening to music could influence the listener's mood and affect, both positively and negatively.

Therefore, music could be therapeutically utilized to help clients access and express their feelings, moods, and emotions. Notably, the study recognized the anecdotal evidence connecting the therapist's need for self-care to the healthcare consumer's experience, and cautioned that not taking care of one's self could negatively influence the client-therapist relationship.

In her narratives on analytical music therapy, Priestley (1994) acknowledged the demanding nature of the work music therapists do. To counteract these stresses and strains, she advised music therapists to stay continually involved in their music, and noted the need for taking personal time and living a full, complete life.

The first-person research offered by Dessau (2002) described self-care areas of concern and the techniques she employed to counteract work-related aches and pains. These areas of concern include: Body care, ergonomics, nutrition, exercise, sleep, emotional well-being, stress management, and maintaining a positive attitude. Dessau spoke to the role of music and self-care when she advised music therapists to explore musical and creative outlets so as to achieve personal fulfillment.

The Relationship Between the Musical-Self and the Music Therapy Consumer

A review of the literature regarding the relationship between the musical-self and the music therapy consumer revealed a limited discussion (Bruscia, 1987; Priestley, 1994; Robbins & Robbins, 1998). However, the limited research on the need for music therapists to nurture their musical-selves in order to meet the needs of music therapy consumers was reviewed (Bruscia, 1987; Borczon, 2004; Kennedy, 2001; Nordoff & Robbins, 2007; Priestley, 1994; Robbins & Robbins, 1998; Wheeler, Shultis, & Polen, 2005).

Bruscia (1987) utilized a mixed-method approach to produce his comprehensive reference source on improvisational models of music therapy, and discussed the role of the therapist within the context of the client-therapist relationship in *Creative Music Therapy*. Bruscia explained that because the therapist uses the entirety of their musical resources in service of the client, it is the therapist's ultimate responsibility to attend to their own musical growth and musical needs.

In her narratives, Priestley (1994) described music therapists as musical instruments who require care, tuning, and attention if they are to join with others in playing music. Critically, according to Priestley, music therapists must meet their own musical needs if they are to meet the musical and clinical needs of music therapy consumers.

Robbins and Robbins (1998) presented case studies and transcripts containing the firsthand views of Paul Nordoff in his 1974 talks with his students on the clinical significance of the musical elements. During this discussion, Nordoff (Robbins & Robbins, 1998) cautioned his students on the importance of enriching themselves musically in order to be musically available to their clients.

In a mixed-methods approach, Nordoff and Robbins (2007), developers of *Creative Music Therapy*, discussed the need for music therapists to deepen and broaden their musical resources, capabilities, consciousness, and clinical improvisational skills. These are the foundations upon which the therapist's technical skills and musical abilities come together in order to meet the therapeutic needs and challenges of the clients.

Wheeler, Shultis, and Polen (2005) utilized meta-analysis to research their clinical training guide for music therapists. The authors, discussing clinical musicianship, noted that because every client presents with different musical needs, it is contingent upon the music

therapist to become musically aware while simultaneously developing a broad base of musical skills and resources.

Providing a historical and philosophical perspective, Aigen (2005b) declared that the primary goal for music therapists who work within a music-centered approach such as Creative Music Therapy is to facilitate the client's ability to create music that is spontaneous, expressive, aesthetic, and creative. To achieve this, music-centered music therapists must commit the entirety of their musical-self to the music so as to elicit a similar response from the client (Aigen, 2005a).

Writing from an educational and practical perspective, Borczon (2004) highlighted the need for music therapists to continue their musical growth so as to increase their innate creative abilities. He declared that the musical dimension of music therapy is enhanced when the music therapist brings deep and broad musical resources to the clinical setting.

A study from Brookins (1984), which included the views of 19 clinical training directors, set out to identify the skills, knowledge, and attributes considered important by clinical directors when choosing music therapy interns. Results found that the respondents considered piano to be the most important instrument on which an intern should exhibit proficiency, followed by guitar and voice. Importantly, several of the respondents commented that many potential interns exhibited deficiencies in functional music skills. This finding, according to the researcher, suggests a need for music therapy programs to provide a strong background in functional music skills so as to prepare music therapists to meet the clinical and musical needs of music therapy consumers.

Using a self-designed questionnaire, a mixed-methods study by Kennedy (2001) sought to examine the value of studying guitar as it relates to clinical success. The study included 48

music therapy program directors from every region of the American Music Therapy Association. Respondents suggested that strong guitar skills could lead to increased musical versatility and increased confidence in clinical settings, and expressed a need for increased emphasis on teaching functional music skills, improvisation skills, and advanced musical skills. Overall, the researcher described a need for music therapy programs to increase teaching of musical competencies in order to further undergraduate students' musical-self, strengthen therapeutic relationships between students and their clients, and increase clinical success.

Overall, a review of the literature revealed the need for further research concerning the relationship between the musical-self and the music therapy consumer. Importantly, the gap in literature as it relates to this study suggests a need for an empirical study that will focus on the role of the musical-self in promoting career longevity among music therapists.

Chapter Three

Methodology

This study employed a descriptive survey that included a questionnaire created by the researcher. The study surveyed the opinions of music therapists regarding the role of the musical-self and its relation to professional burnout and career longevity.

Participants

Participants in the study were professional music therapists who are currently working or retired. To be eligible for the study, participants were required to be board certified music therapists (MT-BC) and included on the mailing lists of the Certification Board for Music Therapists (CBMT). Participants in the study were identified through the CBMT mailing lists. The researcher purchased 300 email addresses from the CBMT lists following IRB approval. The target number of respondents was between 100 and 300 participants. The final response rate was 57 participants ($n=57$), resulting in a 19.7% participation rate.

Procedure

A total of 300 potential participants were initially entered into the Survey Monkey software. These professionals would be contacted through an email message sent via Survey Monkey. The email message contained detailed information explaining the type and purpose of the study, the informed consent form, and a link to the survey website (see Appendix B). Of these 300 potential participants, the Survey Monkey software automatically “opted-out” 10 names, leaving 290 potential participants. When these 290 professionals were contacted via email, one chose to manually opt-out of the survey, resulting in a total of 289 potential participants.

An initial reminder email, containing a consent form and a link to the survey website, was sent seven days after the initial email (see Appendix C). A second reminder email (making a total of three invitational emails) was sent 14 days after the initial email (see Appendix D). Upon opening the link contained in the email, the potential respondents were redirected to the online survey. Information on the survey website instructed the participants to thoroughly read and answer each question before submitting their response. The survey, completed on a voluntary basis, took approximately 15 to 20 minutes to complete.

Data was collected between May 2013 and June 2014. During this period, participants were able to complete the survey at their own leisure. To ensure confidentiality and accuracy, the survey was distributed and completed through Survey Monkey.com. All email communications were sent to individual participants through the website to prevent third parties from receiving any and all confidential information. No tracking devices were used; participants were identified by an assigned number.

Instrumentation

Respondents of the survey were provided with a predetermined set of questions related to the role of the musical-self as it relates to promoting career longevity among music therapists. Demographic information was also collected as part of the survey, including questions related to respondent's education and training, years of professional experience, gender, age, and clinical orientation. The survey consisted of 24 questions, including both Likert scale and multiple choice questions (see Appendix A). In addition, a comments section (question 25) was included. Completion and submission of the survey assumed consent. Questions were based upon four categories: 1) Demographics and musical background (questions 1-14); 2) nurturing your musical-self (questions 15-19); 3) satisfaction in the workplace (questions 20-21);

and 4) solutions and strategies for nurturing your musical-self (questions 22-24). Question 25, “Additional Comments,” was an open-ended question, allowing the respondents to express, e.g., their thoughts, comments, questions, and concerns (see Appendix F).

Data Analysis

Upon the expiration of the data collection period, data was automatically compiled through the survey administration company. Multiple choice responses were graphed, based on numerical frequency and percentages through Survey Monkey.com.

Chapter Four

Results

Out of 300 email addresses purchased from the CBMT mailing lists, 10 potential participants were automatically “opted-out” by the Survey Monkey software, and one potential participant declined to participate in the survey. Of the remaining 289 potential participants, 57 ($n=57$) completed the survey. This produced a 19.7% participation rate.

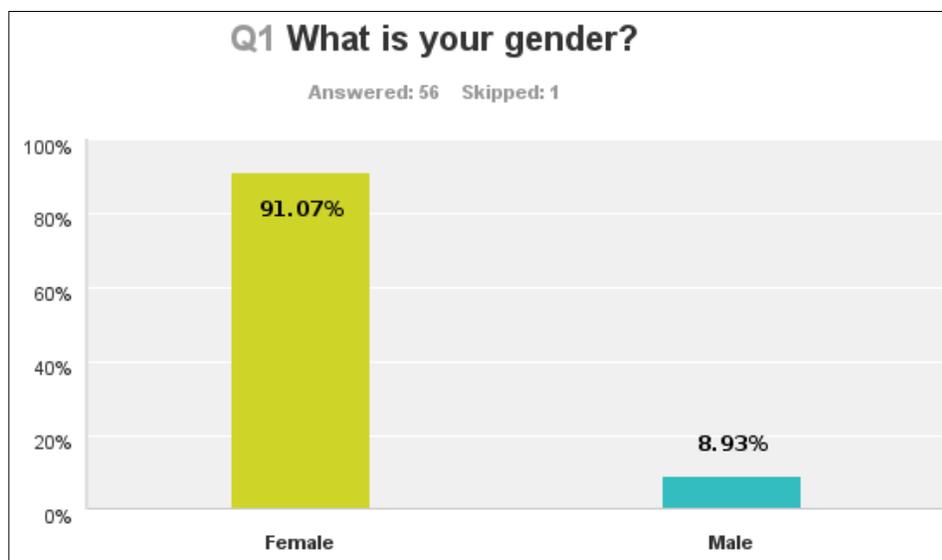
From the information collected by this study, certain results were presented in a straightforward, simple manner (e.g. percentages, rates). Other results were cross-referenced to determine possible trends and correlations (e.g. correlations between nurturing the musical-self and career longevity). The results are as follows:

Demographics and Musical Background

Questions 1-14 queried the respondents about their demographic and musical backgrounds.

Figure 1:

Source: The Author.

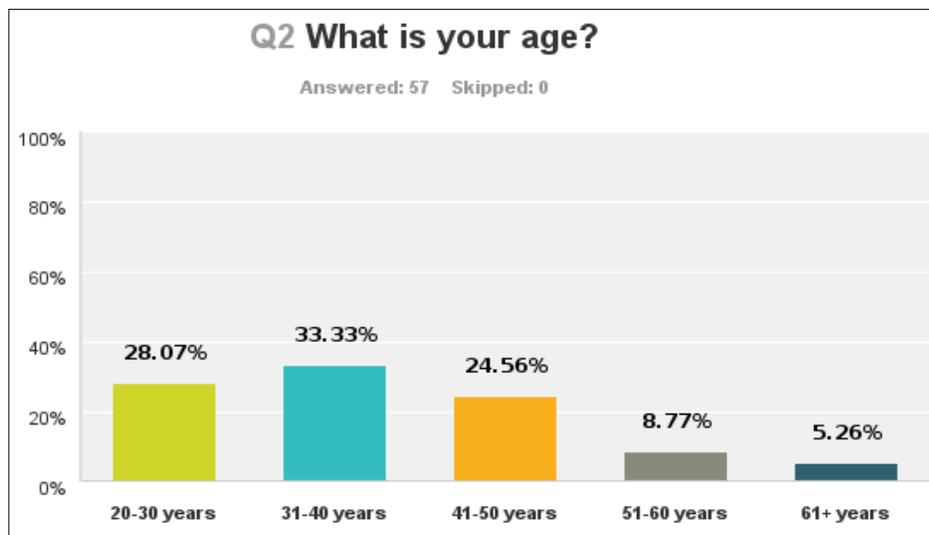


As shown in Figure 1, the ratio of female to male respondents was 91.07% to 8.93%

(51 women: 5 men). One participant skipped this question. This number reflects the 10:1 female-male gender ratio within the music therapy profession as noted by the American Music Therapy Association (AMTA, 2011, p. 9).

Figure 2

Source: The Author



As seen in Figure 2, with an average age of 37 years, the majority of respondents were between the ages of 31-40 (33.33%, $n=19$), and the minority was 61 years+ (5.26%, $n=3$). The sample rate within the additional age ranges was 20-30, $n=16$; 41-50, $n=14$; and 51-60, $n=5$.

Figure 3

Source: The Author

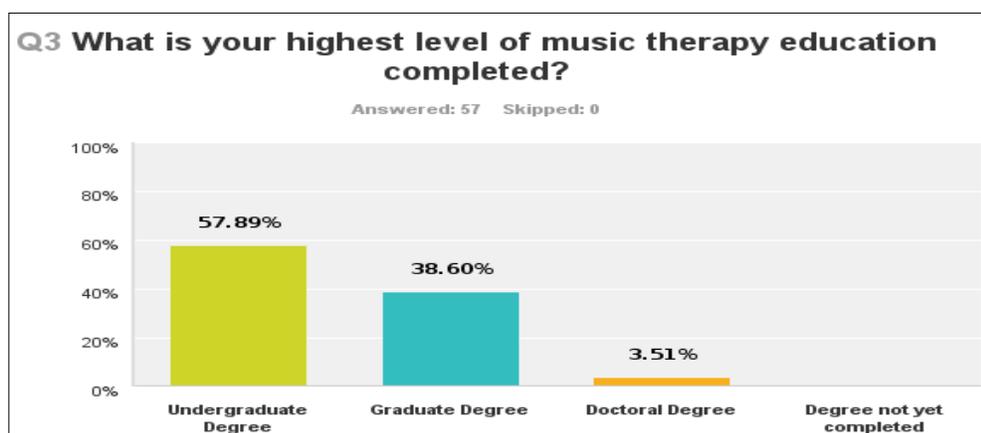


Figure 3 displays the highest level of music therapy education completed.

While all respondents had completed at least one level of formal academic training (57.89%, undergraduate degree), 38.60% of respondents had received their master's degree, and 3.51% received their doctoral degree.

Table 1

Source: The Author

Table 1. Question 3.							
Longevity Groups	Longevity	Longevity	Longevity	Longevity	Longevity	Longevity	
Level of MT Education	0-1	1-5	6-10	11-15	16-20	20+	Total Rates
Undergraduate	3	10	10	3	4	3	33
Graduate	0	7	5	5	1	4	22
Doctoral	0	0	0	0	0	2	2
Total	3	17	15	8	5	9	n=57

Table 1 reveals the results of question 3 (the highest level of music therapy education completed) when distributed by the number of years of professional clinical experience (“longevity”) reported by the respondents (see question 6).

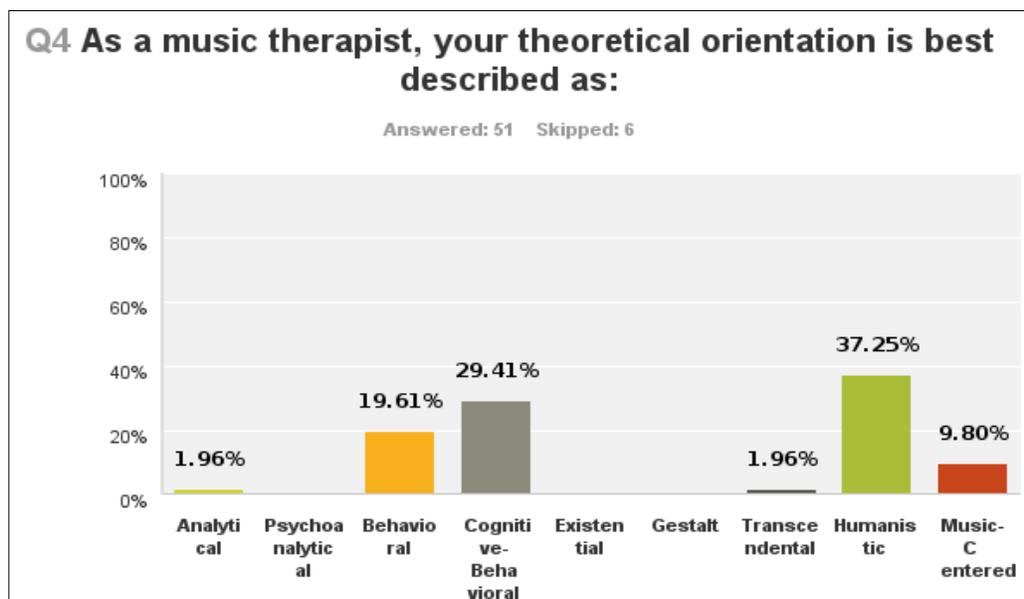
The data reveals that an undergraduate degree in music therapy was completed by 100% of the 0-1 longevity group, 58.88% of the 1-5 longevity group, 66.66% of the 6-10 longevity group, 37.5% of the 11-15 longevity group, 80% of the 16-20 longevity group, and 33.33% of the 20+ longevity group.

A graduate degree in music therapy was completed by 41.17% of the 1-5 longevity group, 33.33% of the 6-10 longevity group, 62.5% of the 11-15 longevity group, 20% of the 16-20 longevity group, and 44.44% of the 20+ longevity group.

The only group to report completing a doctoral degree in music therapy was the 20+ longevity group, which did so at a rate of 22.22%.

Figure 4

Source: The Author

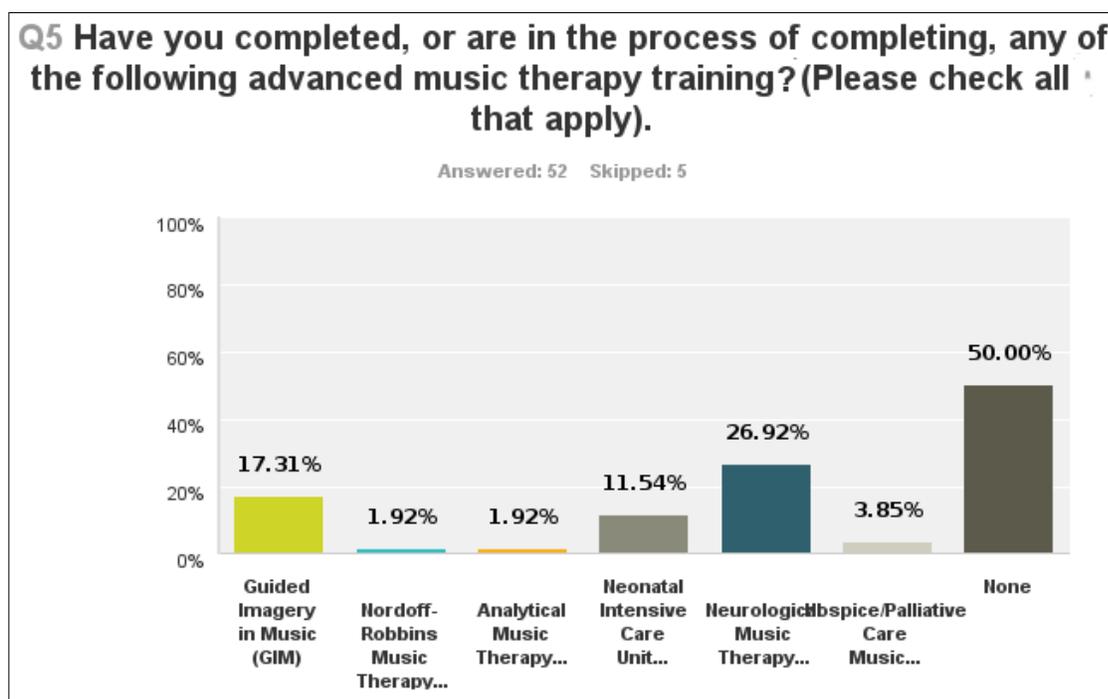


As seen in Figure 4, the survey inquired into the respondents' theoretical orientation. The majority of respondents (37.25%) described their orientation as Humanistic, while no respondent (0%) chose Existential, Gestalt, or Psychoanalytic. Six respondents chose to skip this question.

In addition to the multiple-choice answers, this question included the open-ended choice of "Other," and allowed respondents to manually fill in their answer. Seven respondents chose this option. Their answers included: "humanistic-existential-music-centered," "strength-based," "behavioral," "medical/neurological," "person-centered," and "eclectic" (answered by two respondents).

Figure 5

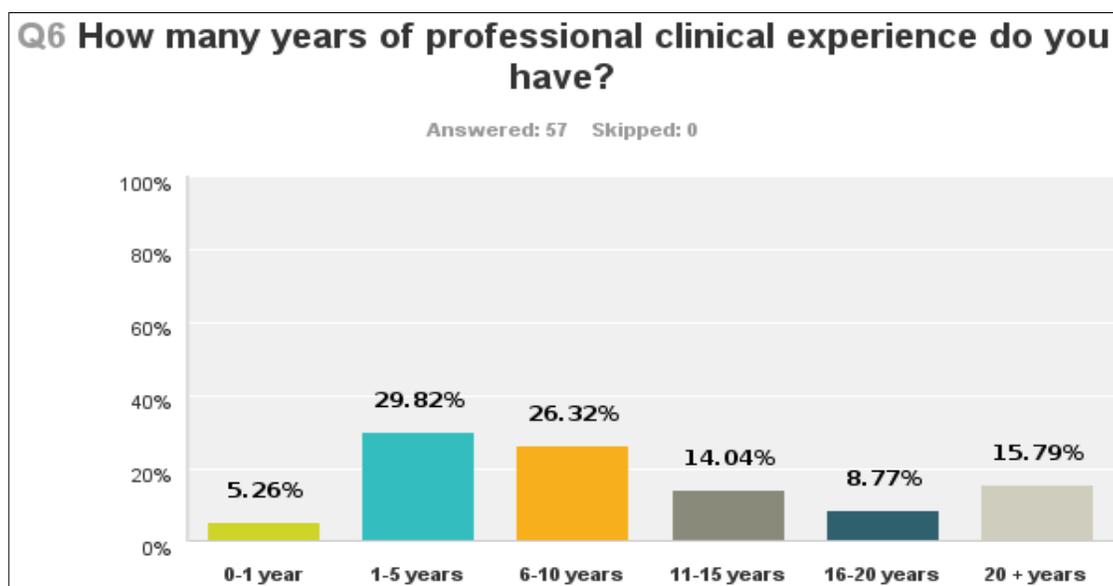
Source: The Author



Question 5 (Figure 5) examined any advanced music therapy training the respondents might have completed or were in the process of completing. Five respondents chose to skip this question. Of the remaining 52 respondents, 26, (or 50% of respondents) answered None. In contrast, 1.92% answered Nordoff-Robbins Music Therapy (NRMT) and 1.92% answered Analytical Music Therapy (AMT), while 3.85% of respondents chose Hospice/Palliative Care Music Therapy (HPMT). Additionally, in the Additional Comments section (question 25), one respondent wrote, “Not sure if all of the ‘advance trainings’ are actually advanced.”

Figure 6

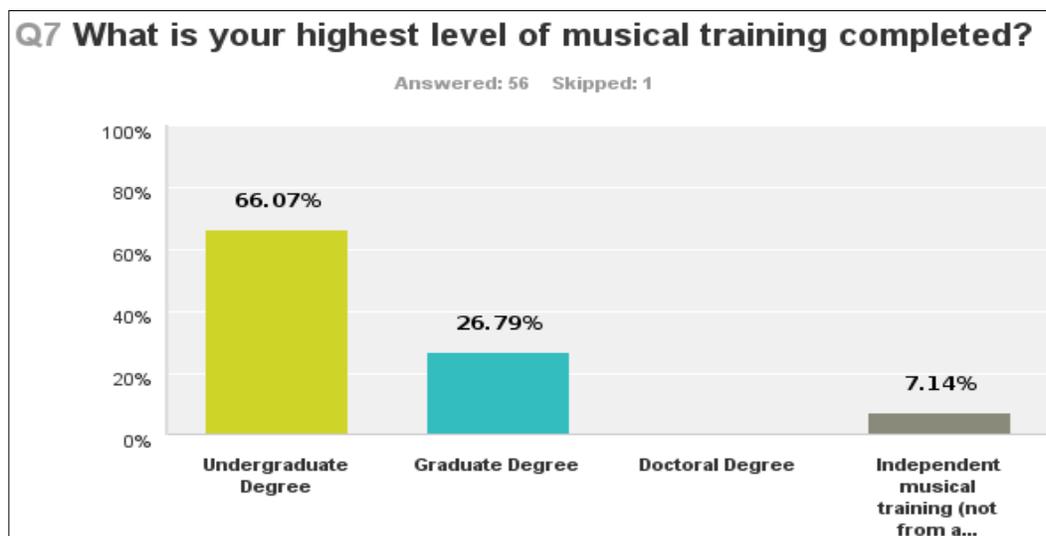
Source: The Author



As to the number of years of professional clinical experience the respondents had (i.e., “longevity”), the survey revealed a wide range of years working as a professional music therapist. For instance, Figure 6 shows that the majority (29.82%) of respondents answered 1-5 years; the minority of respondents (5.26%) answered 0-1 years; and 15.79% answered 20+ years. However, results show no specific correlation between the respondents’ chronological age and their longevity. For instance, all ($n=3$) respondents with 0-1 years of longevity were in the 20-30 age range. Yet, the next longevity category (1-5 years of clinical experience) showed one respondent in the 41-50 age range and one respondent in the 51-60 age range. Taken as a whole, respondents reported an average of 9.5 years of professional clinical experience.

Figure 7:

Source: The Author.



As seen in Figure 7, 66.07% of respondents ($n=37$) reported that their highest level of musical training completed was at the undergraduate level; 26.79% ($n=15$) completed graduate level training; no respondents (0%) completed doctorate level training; and 7.14% ($n=4$) completed independent musical training (not from a degree-certifying institution). To further clarify the latter category (Independent musical training, not from a degree-certifying institution), the answer option “Other” was included. Five respondents provided additional responses, all of which are listed in Appendix E.

Figure 8:

Source: The Author.

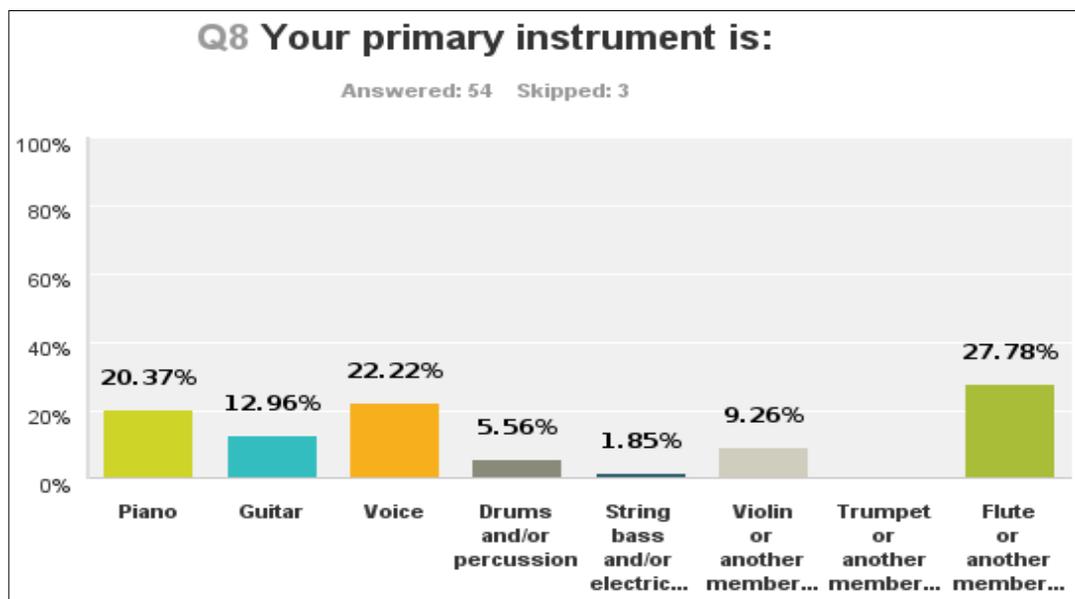
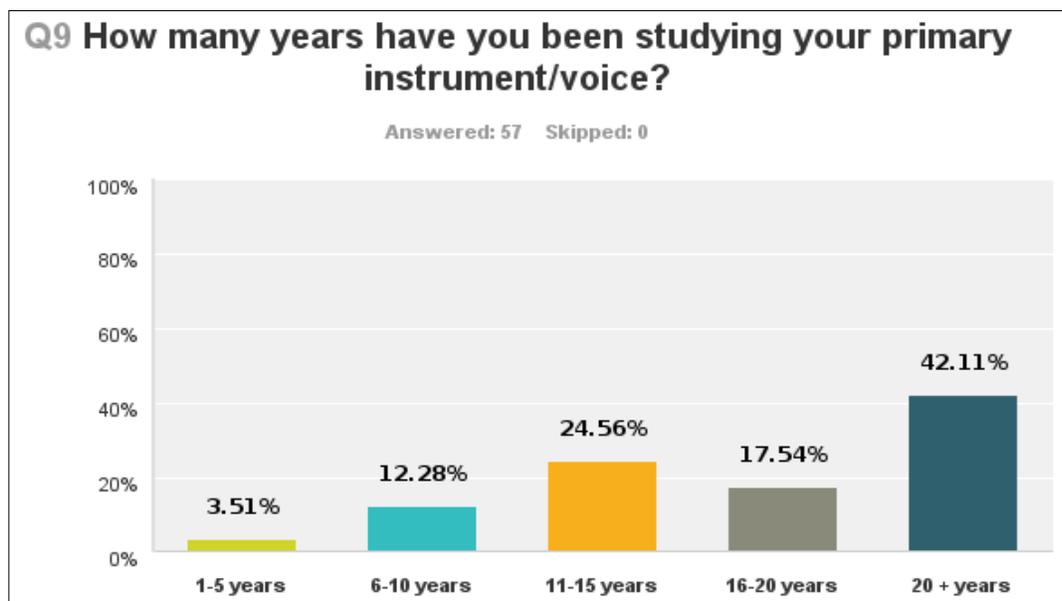


Figure 8 displays the respondents' primary instrument. Most respondents (27.78%) chose Flute or another member of the woodwind family, while Voice (22.22%) and Piano (20.37%) were second and third choices, respectively. Guitar, considered an important instrument in music therapy (Brookins, 1984; Decuir & Vega, 2010), was noted by just 12.96% of respondents. This question included the open-ended choice of "Other," which seven respondents chose to answer. Their replies included "Guitar and voice," "organ," "I have used piano and guitar equally throughout my MT career," "voice," "voice and piano," and "harp" (answered by two respondents). Three respondents skipped this question.

Figure 9:

Source: The Author.



As shown in Figure 9, a clear majority of respondents (42.11%) reported studying their primary instrument/voice for 20+ years, while the minority of respondents (3.51%), reported studying their primary instrument/voice for 1-5 years. Yet, question 6 shows that the majority (29.82%) of respondents had 1-5 years of professional clinical experience. This suggests that the majority of respondents, with relatively few years of professional experience, nonetheless had a long-standing relationship with their primary instruments, and thus, music itself.

Figure 10:

Source: The Author.

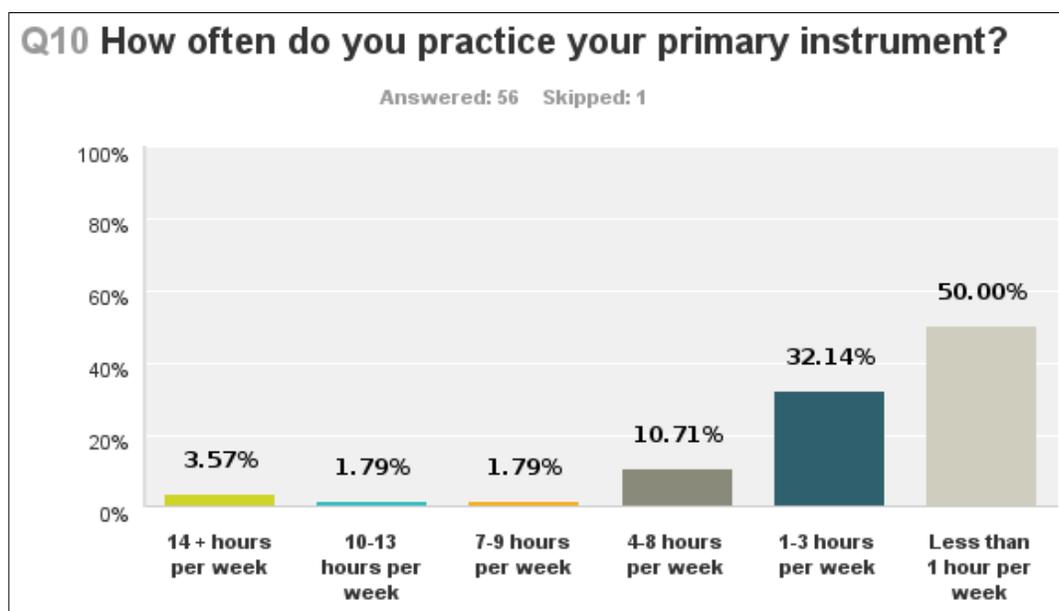


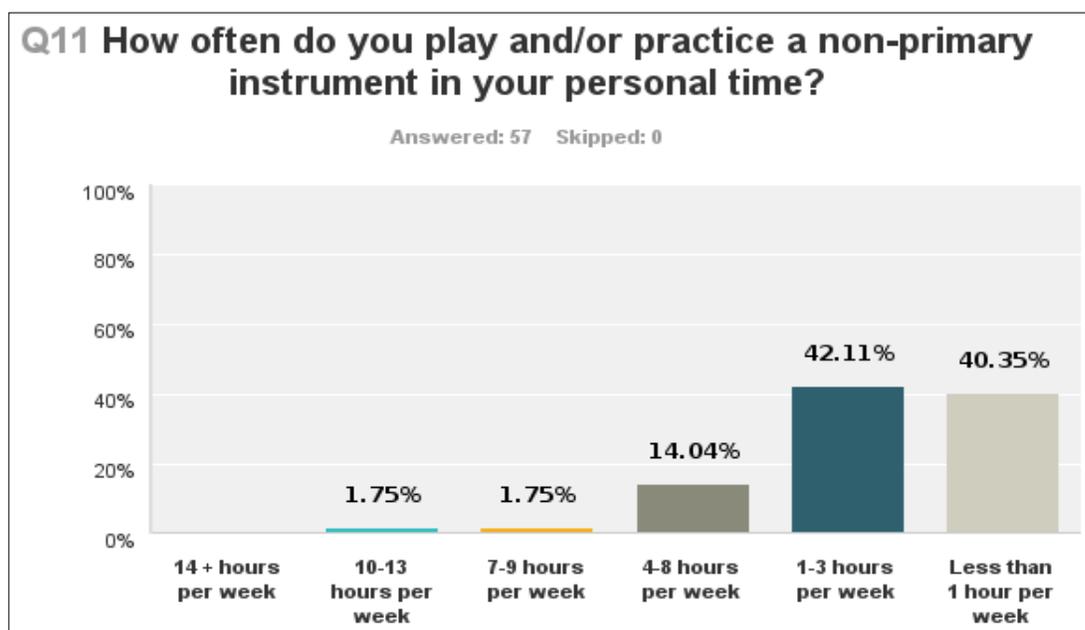
Figure 10 displays the amount of time respondents practice their primary instrument on a weekly basis. One participant skipped this question. Of the remaining 56 respondents, exactly half (50%, $n=28$) reported they practice their primary instrument less than one hour per week. In contrast, 3.57% of respondents ($n=2$) reported practicing 14+ hours per week, while the answers 10-13 hours per week and 7-9 hours per week each received a response rate of 1.79% ($n=1$), respectively.

Looking further into the data, among those with the most years of professional clinical experience (20+ years, $n=9$), seven respondents practiced their primary instrument 1-3 hours per week, one respondent practiced less than one hour per week, and one respondent chose not to answer this question. Conversely, 100% of respondents with the least amount of professional clinical experience (0-1 years, $n=3$) reported that they practice their primary instrument less than one (1) hour per week.

While the average amount of time practicing a primary instrument was seven (7) hours per week, this question does not account for the amount of time (or hours) the respondents actually play their primary instruments in their clinical work. Further, this question does not consider whether or not the respondents were of the opinion that playing their primary instruments in their clinical work was a form of, or equivalent to, practicing their primary instruments.

Figure 11:

Source: The Author.



Because music therapists often use a variety of instruments in their clinical work (Decuir & Vega, 2010), the study inquired into how often the respondents played and/or practiced these non-primary instruments in their personal time. As seen in Figure 11, categories 1-3 hours per week and Less than 1 hour per week were nearly identical, with response rates of 42.11% and 40.35%, respectively. Further, as seen in Table 2, the results for 10-13 hours per

week and 7-9 hours per week in this question (#11) were nearly identical to the same categories in the previous question (#10).

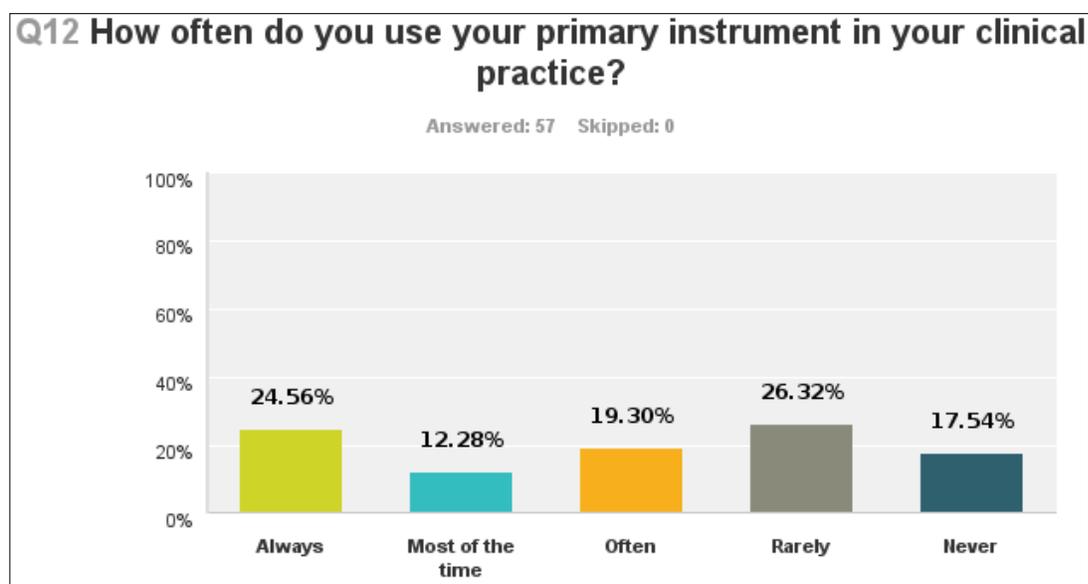
Table 2:

Source: The Author.

Table 2 Questions 10 and 11	Question 10	Question 11
10-13 hours per week	1.79%	1.75%
7-9 hours per week	1.79%	1.75%

Figure 12:

Source: The Author.

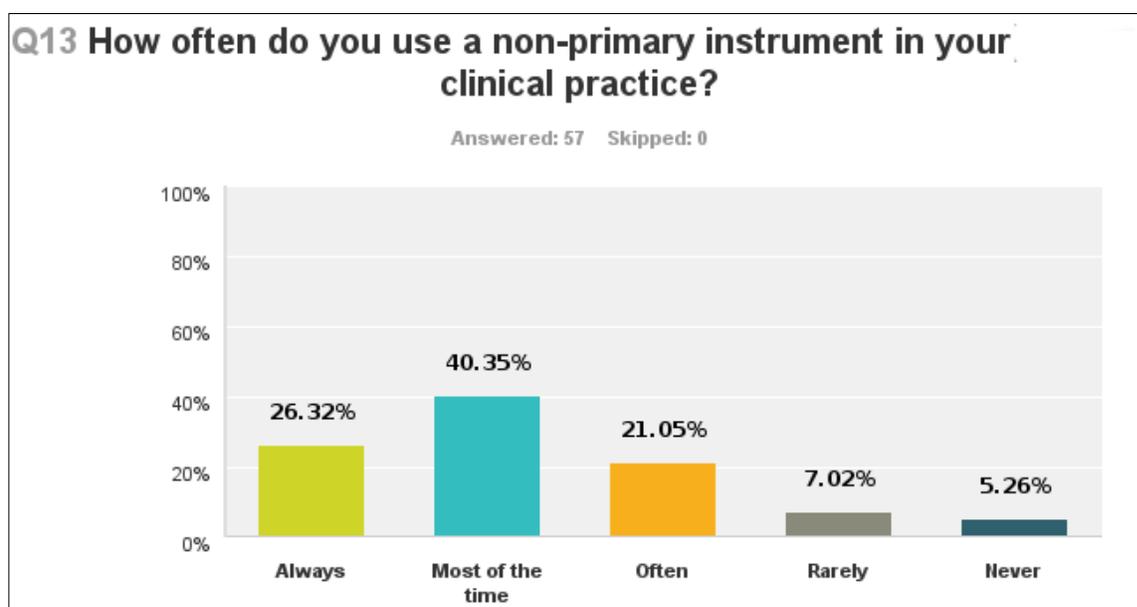


As shown in Figure 12, respondents reported they Always and Rarely use their primary instruments at similar rates, 24.56% and 26.32% respectively. Often and Never were also reported at similar rates, 19.30% and 17.54% respectively. Looking at individual longevity rates, 66.7% of respondents with 0-1 years longevity ($n=2$) reported Rarely, while the remaining 33.3% ($n=1$) reported Always.

In contrast, among respondents with the highest degree of longevity (20+ years, $n=9$), 11.1% ($n=1$) reported Always, 33.3% ($n=3$) reported Most of the Time, 22.2% ($n=2$) reported Often, 22.2% ($n=2$) reported Rarely, and 11.1% ($n=1$) reported Never. Overall, Always, Most of the time, and Often accounted for 56.14% of total responses, while Rarely and Never accounted for 43.86% of responses.

Figure 13:

Source: The Author.



As seen in Figure 13, respondents were asked how often they use a non-primary instrument in their clinical work. Always, Most of the time, and Often accounted for 87.72% of total responses (as compared to 56.14% for the same categories in question 12), while Rarely and Never accounted for 12.28% of responses (as compared to 43.86% for the same categories in question 12). These results suggest that music therapists are using non-primary instruments in their clinical work at a far higher rate than the rate at which they use their primary instruments.

Figure 14:

Source: The Author.

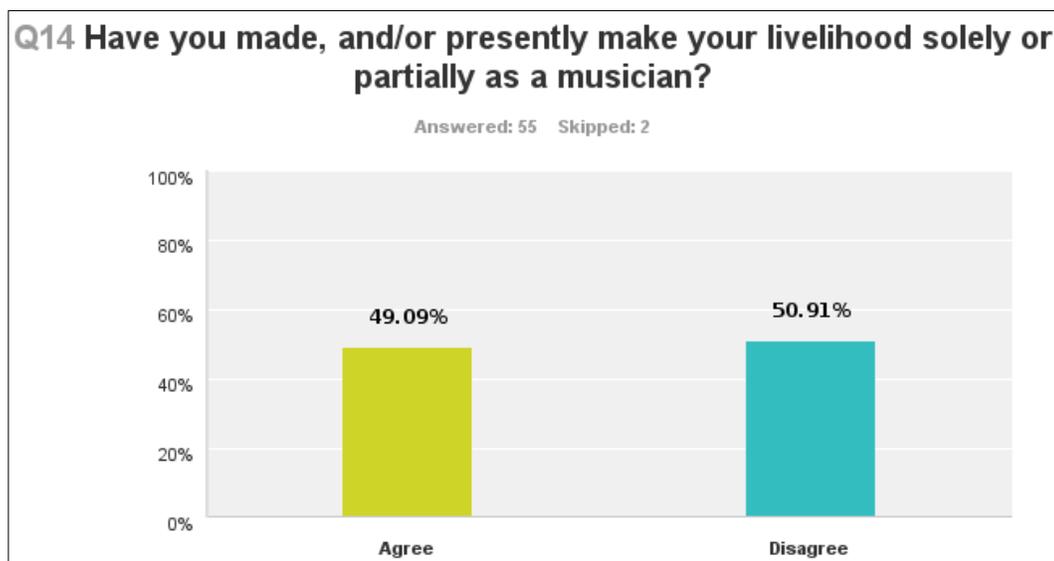


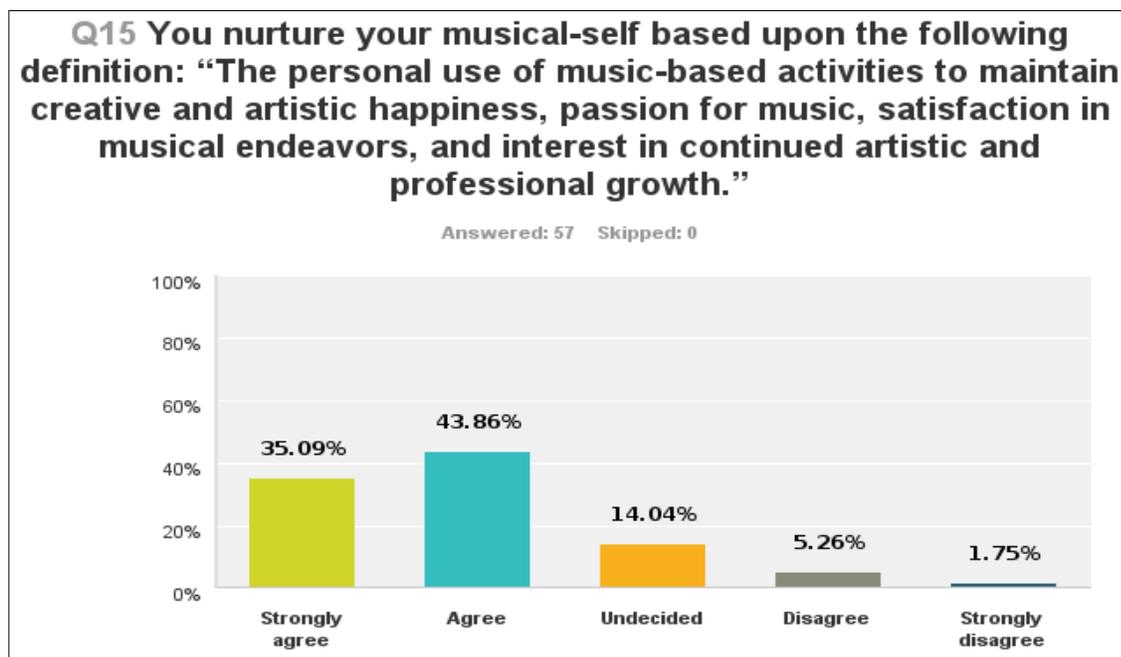
Figure 14 displays the rate at which respondents made or presently make their living solely or partially as a musician. Two participants skipped this question; 55 answered. The equal nature of the response percentages is largely reflected in the agree/disagree ratios of the respondents as found within the results. For instance, the agree/disagree ratio of respondents in the 0-1 longevity group was 2:1; the 1-5 group was 7:9 (one respondent chose to not answer this question); the 6-10 group was 7:8; the 11-15 group was 4:3 (one respondent skipped this answer); the 16-20 group was 3:2; and the 20+ group was 4:5.

Nurturing the Musical-Self

Questions 15-19 examined the respondents' beliefs on nurturing the musical-self. In addition, this set of questions examined possible links between clinical work and the musical-self, possible correlations between nurturing the musical-self and the well-being of clients, and potential links between professional responsibilities and the musical-self.

Figure 15:

Source: The Author.



As seen in Figure 15, question 15 inquired as to whether the respondents nurture their musical-self. As such, this question directly relates to one of the two primary questions addressed by this study (“Does nurturing one’s musical-self contribute to career longevity?”).

Overall, 78.95% ($n=45$) of respondents strongly agreed/agreed with question 15, 7.01% ($n=4$) disagreed/strongly disagreed, and 14.04% ($n=8$) reported as undecided. All participants answered this question.

Table 3:

Source: The Author.

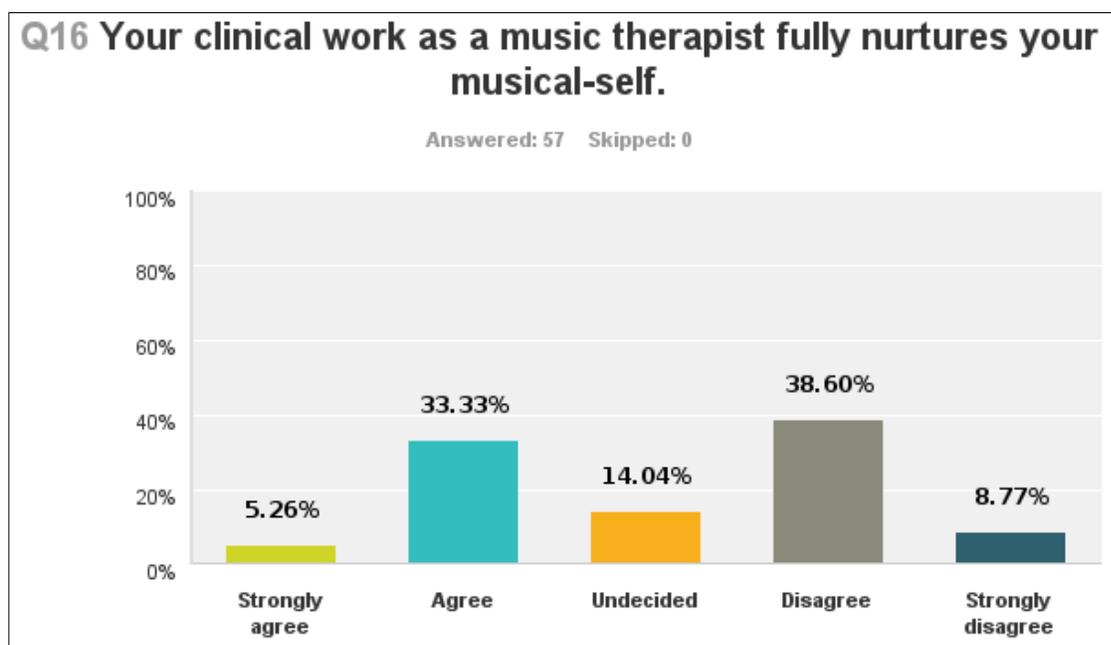
Table 3 Question 15	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Strongly Agree	0	4	7	3	2	4	20
Agree	1	9	5	4	2	4	25
Undecided	1	3	2	1	0	1	8
Disagree	1	0	1	0	1	0	3
Strongly Disagree	0	1	0	0	0	0	1
Total →	3	17	15	8	5	9	n=57

Taking a further look at question 15, Table 3 (respondents' answers distributed among the individual longevity categories) shows that Strongly Agree was reported by 83% of the longevity categories, Agree was reported by 100% of the longevity categories, Undecided was reported by 83% of the longevity categories, Disagree was reported by 50% of the longevity categories, and Strongly Disagree was reported by 16.7% of the categories.

Examined by percentages, 35% of respondents Strongly Agreed with question 15, 43.85% Agreed, 14% were Undecided, 5.26% Disagreed, and 1.75% of respondents Strongly Disagreed with the question. Thus, a strong majority of respondents (nearly 79%) reported that they nurture their musical-self. In contrast, just over 7% of respondents disagreed/strongly disagreed with question 15, resulting in a ratio exceeding 10:1 in favor of the question.

Figure 16:

Source: The Author.



As shown in Figure 16, 38.59% of respondents ($n=22$) strongly agreed/agreed with question 16. Conversely, 47.37% of respondents ($n=27$) disagreed/strongly disagreed with question 16. The undecided rate of 14.04% ($n=8$) matches the undecided rate of the previous question (#15). All participants answered this question.

Table 4:

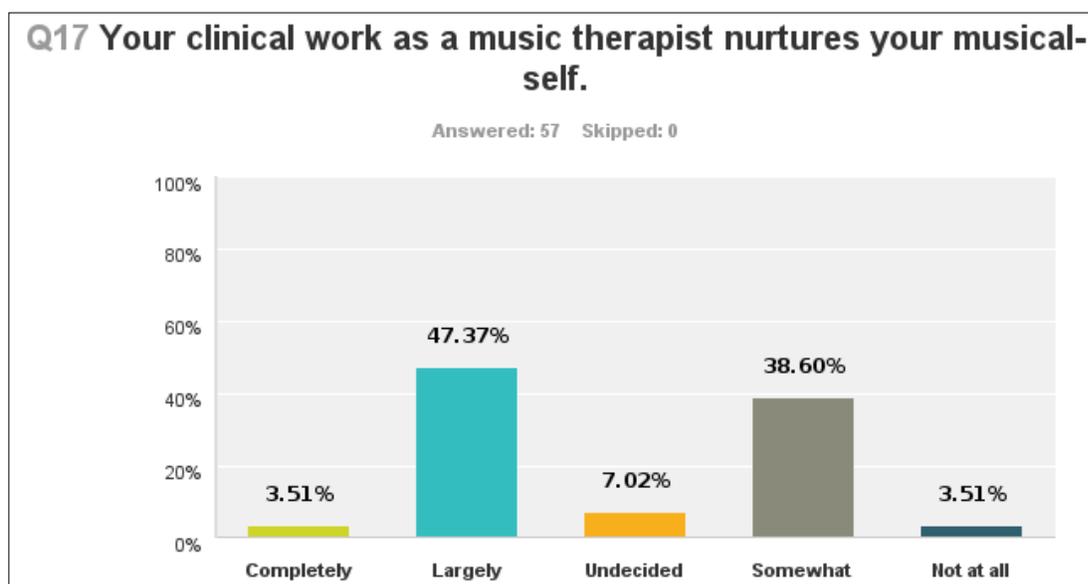
Source: The Author.

Table 4 Question 16	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+ Years Longevity	Total
Strongly Agree	0	0	2	0	1	0	3
Agree	1	6	3	4	3	2	19
Undecided	1	2	1	0	0	4	8
Disagree	1	7	7	3	1	3	22
Strongly Disagree	0	2	2	1	0	0	5
Total →	3	17	15	8	5	9	$n=57$

Table 4 displays the respondents' answers to question 16 when placed across the longevity groups. The highest rates of Strongly Disagree ($n=2$ for each group) were found in the 1-5 and 6-10 years longevity groups. These same groups also reported the highest rate of Disagree ($n=7$ for each group). However, the 1-5 years longevity group reported the highest rate of Agree ($n=6$), while the 6-10 years longevity group reported the highest rate of Strongly Agree ($n=2$).

Figure 17:

Source: The Author.



As displayed in Figure 17, question 17 asks a nearly identical question to question 16. However, question 17 does not contain the criteria “Fully” when inquiring whether the respondents' clinical work nurtures their musical-self. A majority of respondents (50.88%, $n=29$) Completely/Largely agreed with question 17. Expressing a less supportive sentiment, 42.11% of respondents ($n=24$) reported Somewhat/Not at all, while 7.02% of respondents ($n=4$) reported as Undecided.

Table 5:

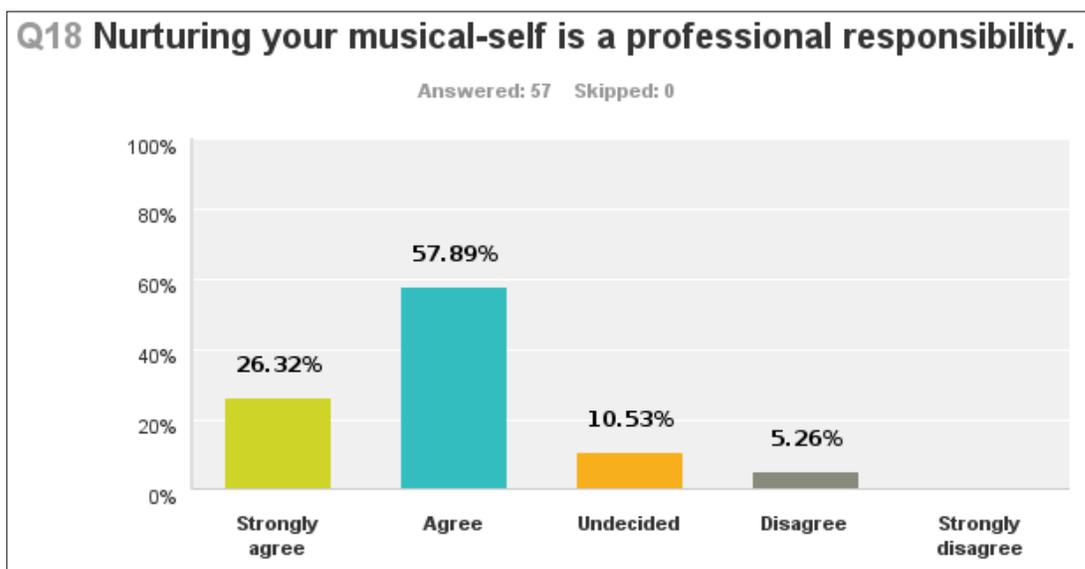
Source: The Author.

Table 5 Question 17	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Completely	0	0	1	0	0	1	2
Largely	1	8	9	3	3	3	27
Undecided	1	1	1	0	0	1	4
Somewhat	0	8	4	4	2	4	22
Not at all	1	0	0	1	0	0	2
Total →	3	17	15	8	5	9	<i>n</i> =57

Table 5 displays the results for question 17 when distributed across the individual responses and longevity groups. Overall, 33% of longevity groups reported Completely, 100% of longevity groups reported Largely, 66.6% of longevity groups reported as Undecided, 83.3% reported Somewhat, and 33.3% reported Not at all.

Figure 18:

Source: The Author.



Question 18 inquired into whether nurturing the musical-self is a professional responsibility. As shown in Figure 18, a large majority of respondents (84.21%, *n*=48) reported

they Strongly Agree/Agree that nurturing one's self is a professional responsibility. In contrast, 5.26% of respondents ($n=3$) chose Disagree as their answer, and 10.53% ($n=6$) reported as Undecided. (Links between the CBMT Scope of Practice [2013b], the AMTA Professional Competencies [2013], and nurturing the musical-self are discussed later in this work).

Table 6:

Source: The Author

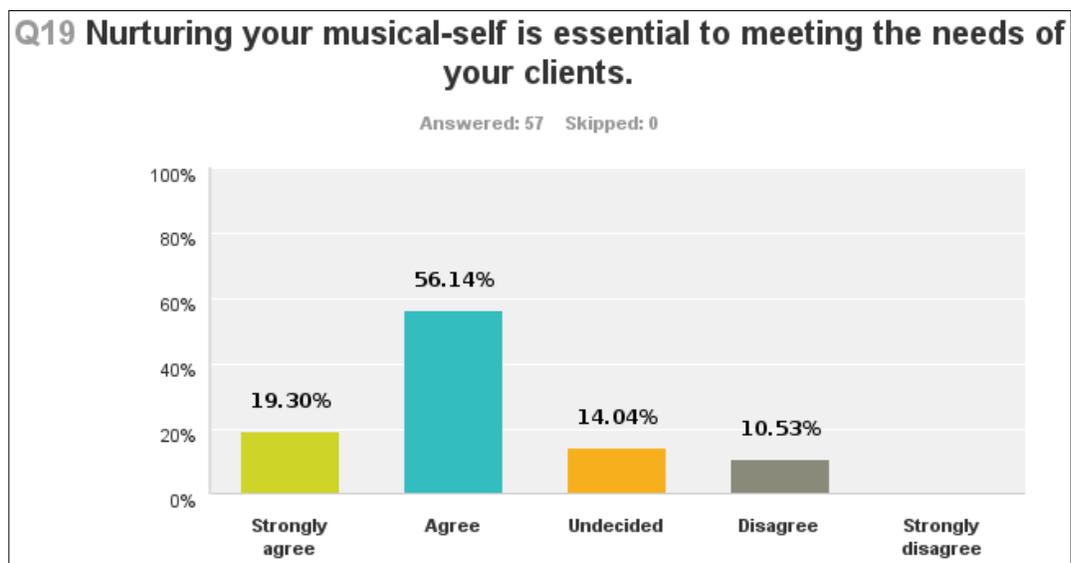
Table 6 Question 18	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Strongly Agree	0	5	4	2	0	4	15
Agree	3	9	8	4	5	4	33
Undecided	0	3	2	0	0	1	6
Disagree	0	0	1	2	0	0	3
Strongly Disagree	0	0	0	0	0	0	0
Total →	3	17	15	8	5	9	$n=57$

As seen in Table 6, in response to question 18, Strongly Agree was reported by 66% of longevity groups, Agree was reported by 100% of longevity groups, 50% of longevity groups reported as Undecided, Disagree was reported by 66% of longevity groups, and no longevity groups (0%) chose Disagree.

The highest rates of Strongly Agree and Agree were found in the 1-5 longevity group ($n=5$, $n=9$ respectively), while the 6-10 longevity group returned similar results ($n=4$, $n=8$ respectively). The highest rate of Disagree was reported by the 11-15 longevity group ($n=2$), followed by the 6-10 longevity group ($n=1$). Three longevity groups reported as Undecided: the 1-5 group ($n=3$), the 6-10 group ($n=2$), and the 20+ group ($n=1$). No groups returned an answer of Strongly Disagree.

Figure 19:

Source: The Author



As seen in Figure 19, question 19 linked the practice of nurturing the musical-self to meeting the needs of ones' clients. Additionally, this question included the criteria, "Essential." Respondents ($n=43$) answered Strongly Agree/Agree at a rate of 75.44%. In contrast, Undecided/Disagree was reported by 24.57% of respondents ($n=14$). Thus, answers with a positive response, compared to answers with a neutral or negative response, were returned at a ratio of 3:1.

Table 7 displays the rate of answers to question 19 when distributed among the longevity groups. As in question 18, the 1-5 and 6-10 longevity groups returned the highest rates of Strongly Agree/Agree answers. However, in question 19 these two groups also returned the highest rates of Undecided ($n=3$, $n=2$ respectively). Moreover, the 1-5 group (along with the 11-15 group) returned the highest rate of Disagree ($n=2$ for each group).

Table 7:

Source: The Author

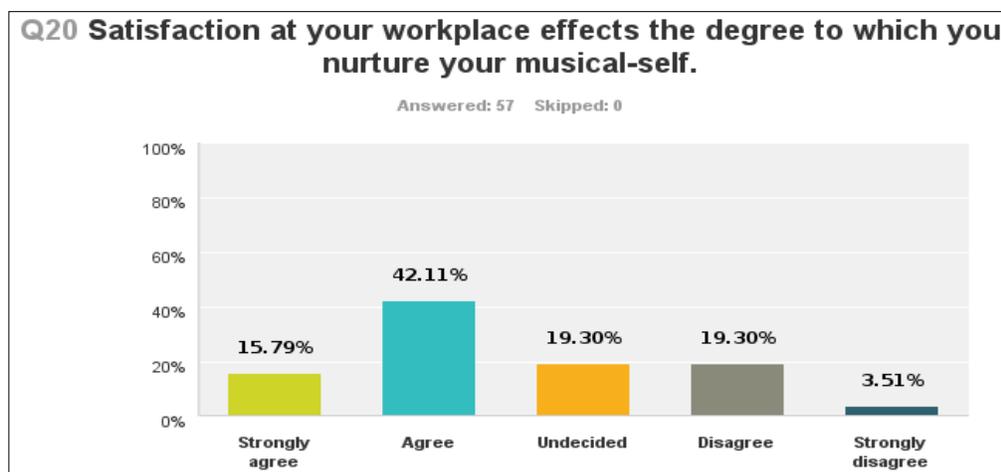
Table 7 Question 19	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Strongly Agree	0	4	3	2	0	2	11
Agree	3	8	9	3	4	5	32
Undecided	0	3	2	1	1	1	8
Disagree	0	2	1	2	0	1	6
Strongly Disagree	0	0	0	0	0	0	0
Total →	3	17	15	8	5	9	<i>n=57</i>

Satisfaction in the Workplace

Questions 20 and 21 examined satisfaction in the workplace, its possible influence on how respondents nurtured their musical-selves, and whether clients' response to treatment impacted the respondents' sense of workplace satisfaction. This line of questioning is relevant to the problem of professional burnout found within the health care and helping professions, discussed earlier in this work (see Felton, 1998; Keidel, 2002; Maslach, 2003; Oppenheim, 1987; Vega, 2010; Weber & Jaekel-Reinhard, 2000).

Figure 20:

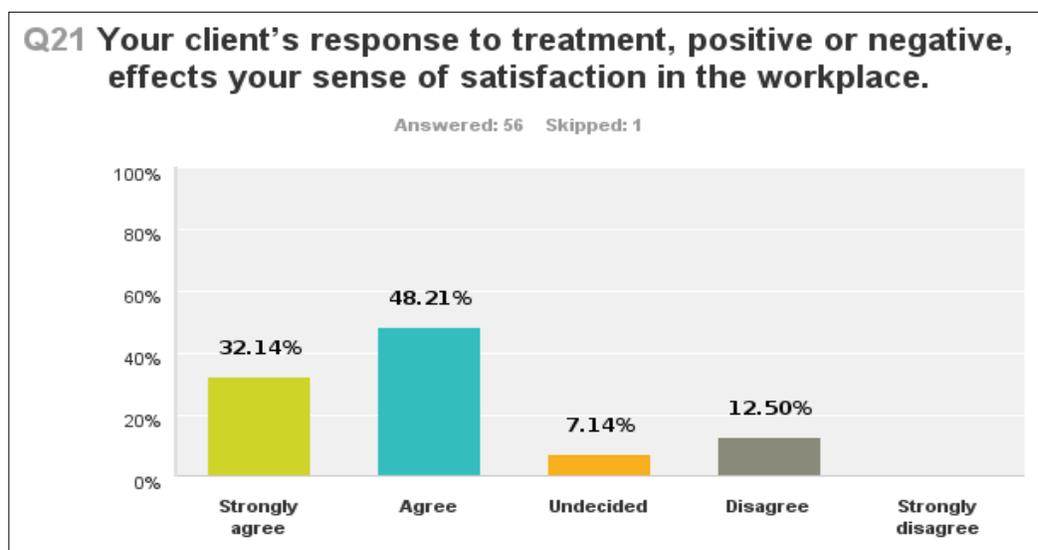
Source: The Author



As shown in Figure 20, respondents ($n=33$) replied to question 20 by returning a Strongly Agree/Agree rate of 57.90%. Yet, the response to Undecided/Disagree was 38.6% ($n=22$), and the Strongly Disagree response was 3.51% ($n=2$). Moreover, as shown in Figure 21, Undecided and Disagree were reported at identical rates (19.30%, $n=11$ each group). Thus, seen from a positive/negative (i.e. agree/undecided-disagree) perspective, respondents reported at a ratio of approximately 3:2. Do these results, then, suggest that some music therapists are more emotionally (and perhaps musically) connected to their work (and thus their clients) than other therapists?

Figure 21:

Source: The Author



As seen in Figure 21, question 21 examined whether the respondents' sense of workplace satisfaction is effected by their clients' response to the treatment they receive. By a wide margin (80.35%), respondents reported the answers of Strongly Agree/Agree. In contrast, Disagree was reported by 12.50%, and 7.14% of respondents reported as Undecided. Taken at face value, these results suggest that most music therapists' sense of workplace satisfaction is effected by their

clients' response to treatment, positive or negative. However, this question did not provide a means for the respondents to define the specifics of how they might be affected by their clients' response to treatment.

Table 8:

Source: The Author

Table 8 Question 21	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Strongly Agree	1	4	8	2	3	0	18
Agree	2	9	4	5	2	5	27
Undecided	0	1	1	0	0	2	4
Disagree	0	3	2	1	0	1	7
Strongly Disagree	0	0	0	0	0	0	0
Total →	3	17	15	8	5	8/9	<i>n=56/57</i>

Table 8 displays the results of question 21 when placed across the longevity groups. One participant in the 20+ longevity group skipped this question. Out of total responses, the highest rate of Strongly Agree/Agree was returned by the 1-5 longevity group (23.2%, $n=13$), followed closely by the 6-10 longevity group (21.4%, $n=12$). Looking further at the Strongly Agree/Agree answers, the 11-15 longevity group ($n=7$) provided a rate of 12.5%, the 16-20 and 20+ longevity groups ($n=5$ each group) reported at a rate of 8.92% each, and the 0-1 longevity group ($n=3$) returned a rate of 5.35% of total Strongly Agree/Agree responses.

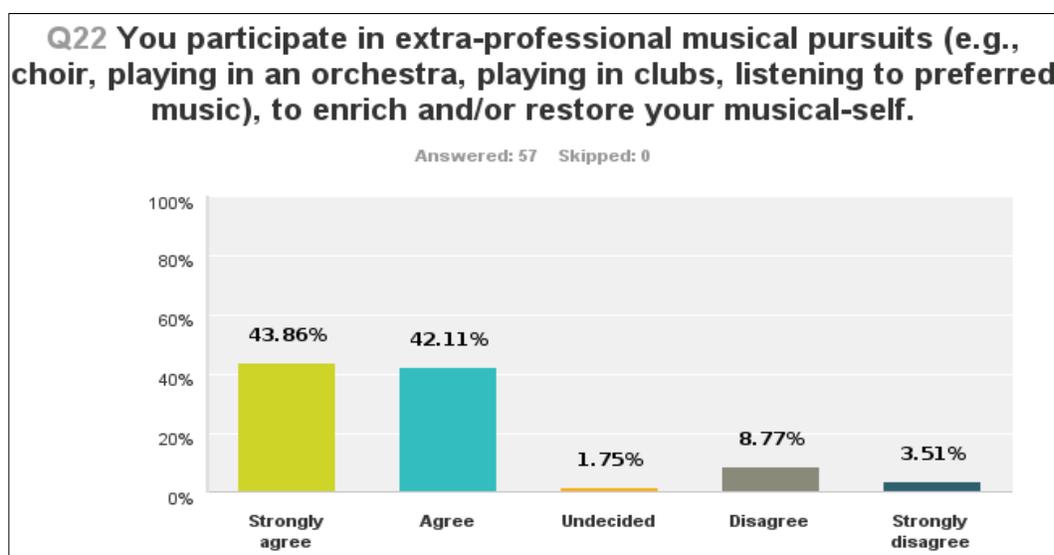
Within the total Undecided/Disagree responses, respondents ($n=4$) in the 1-5 longevity group returned a rate of 7.14%, those in the 16-20 and 20+ longevity groups ($n=3$ each group) replied at a rate of 5.35% each, the 11-15 longevity group ($n=1$) answered at a rate of 1.78% of total responses, and the 0-1 longevity group returned no answers (0%).

Solutions and Strategies for Nurturing Your Musical-Self

Questions 22 -24 inquired as to whether participants nurture their musical-selves by participating in extra-professional musical pursuits and the rates at which they participate. Additionally, question 24 asked respondents to identify the techniques and/or activities they use to nurture their musical-selves.

Figure 22:

Source: The Author



Question 22 examined whether the participants purposefully participate in extra-professional musical pursuits with the goal of enriching and/or restoring their musical-selves (i.e., “participate” rate). The question included several examples of music-based experiences, but did not include a section for the participants to specify which musical activities they might participate in.

As shown in Figure 22, by a significant margin (85.97%), respondents ($n=49$) reported that they Strongly Agree/Agree with question 22, while 12.28% ($n=7$) selected Disagree/Strongly Disagree, and 1.75% ($n=1$) reported as undecided.

Table 9:

Source: The Author

Table 9 Question 22	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
Strongly Agree	0	8	8	2	2	5	25
Agree	2	7	7	3	1	4	24
Undecided	0	0	0	0	1	0	1
Disagree	1	2	0	1	1	0	5
Strongly Disagree	0	0	0	2	0	0	2
Total →	3	17	15	8	5	9	<i>n=57</i>

Table 9 presents the results of question 22 when distributed across the longevity groups. Examining total responses for the answers Strongly Agree/Agree, the 1-5 and 6-10 longevity groups reported at identical rates, 26.31%, $n= 15$ each group; the 20+ longevity group returned a rate of 15.78%, $n= 9$; the 11-15 longevity group reported at a rate of 8.77%, $n= 5$; the 16-20 longevity group returned a rate of 5.26%, $n= 3$; and the 0-1 longevity group reported a rate of 3.5%, $n=2$.

Overall, results show that those with the least amount of career longevity (0-1 group) returned the lowest participate rate. Conversely, those with the greatest amount of career longevity (20+ group) returned the second highest rate. The highest participate rate was reported by those respondents with 1 to 10 years of career longevity.

Exploring total responses to the answers Disagree/Strongly Disagree, the 11-15 longevity group returned the highest rate, 5.26%, $n= 3$. This was followed by the 1-5 longevity group, 3.5%, $n= 2$; and the 0-1 and 16-20 groups, reporting at a rate of 1.75%, $n=1$ for each group. The 6-10 and 20+ groups returned no answers (0%).

Table 10:

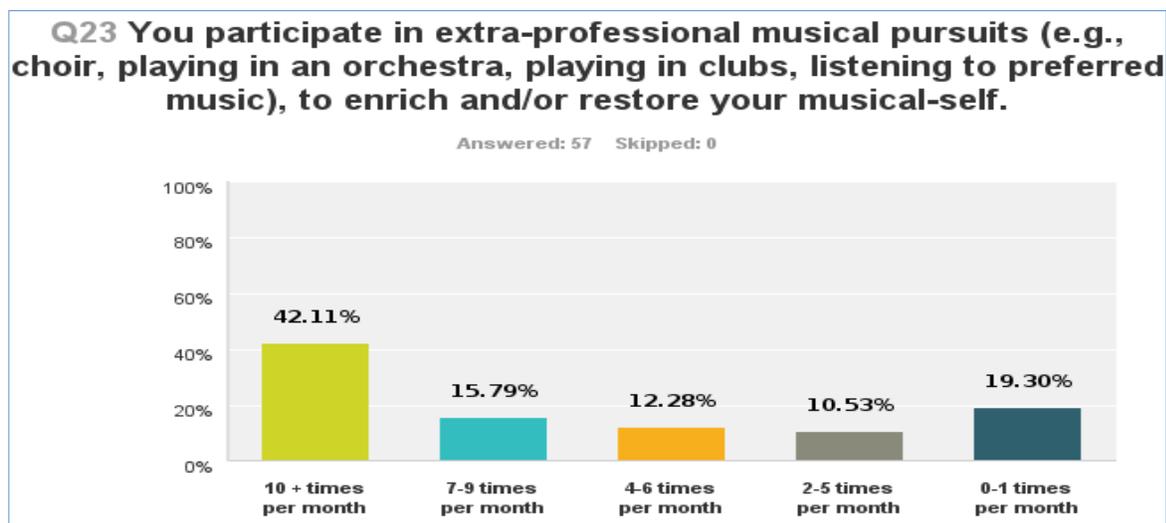
Source: The Author

Table 10. Question 22.	Positive/Negative Responses Within Longevity Groups, by Percentages					
Longevity Groups	20+ Longevity	6-10 Longevity	1-5 Longevity	0-1 Longevity	11-15 Longevity	16-20 Longevity
Strongly Agree/Agree	100%	100%	88.23%	66.66%	62.50%	60%
Undecided	0%	0%	0%	0%	0%	20%
Disagree/Strongly Disagree	0%	0%	11.76%	33.33%	37.50%	20%
Total Percentage	100%	100%	100%	100%	100%	100%

Table 10 provides a look at question 22 when results within the longevity groups were reported by percentage of respondents reporting particular answers. From this perspective, 100% of the 6-10 and 20+ longevity groups reported in the positive (i.e. Strongly Agree/Agree). Yet, as previously noted, the 20+ group returned the second highest participate rate when counting number of responses provided, rather than what percentage of respondents within a particular group reported a particular answer. To this end, although the 0-1 group returned the lowest participation rate (see Table 9), the majority of the 0-1 group (66.66%) returned a positive response to question 22.

Figure 23:

Source: The Author



Following up on question 22, question 23 examined the rates at which respondents reported participating in extra-professional musical pursuits (i.e., “participation rate”). As seen in Figure 23, this question revealed a wide range of participation rates.

While 42.11% of respondents ($n=24$) reported a participation rate of 10+ times per month, 19.30% of respondents ($n=11$) reported a participation rate of 0-1 times per month.

Table 11:

Source: The Author

Table 11 Question 23	0-1 Years Longevity	1-5 Years Longevity	6-10 Years Longevity	11-15 Years Longevity	16-20 Years Longevity	20+Years Longevity	Total
10+ times per month	1	4	8	3	2	6	24
7-9 times per month	0	3	2	1	1	2	9
4-6 times per month	0	4	3	0	0	0	7
2-5 times per month	0	4	0	1	1	0	6
0-1 times per month	2	2	2	3	1	1	11
Total →	3	17	15	8	5	9	$n=57$

Table 11 displays the results of question 23 when distributed across the longevity groups. The highest participation rate (10+ times per month) was reported by the 6-10 longevity group ($n=8$), followed by the 20+ longevity group ($n=6$). The lowest participation (0-1 times per month) rate was returned by the 11-15 longevity group ($n=3$).

Table 12:

Source: The Author

Table 12. Question 23.	Rates/Percentages Within Age Groups				
Age Groups	10+ times per month	7-9 times per month	4-6 times per month	2-5 times per month	0-1 times per month
20-30, $n=16$	$n=4$, 25%	$n=2$, 12.5%	$n=4$, 25%	$n=2$, 12.5%	$n=4$, 25%
31-40, $n=19$	$n=8$, 42.10%	$n=4$, 12.5%	0	$n=3$, 15.78%	$n=4$, 12.5%
41-50, $n=14$	$n=9$, 64.28%	$n=1$, 7.14%	$n=1$, 7.14%	$n=1$, 7.14%	$n=2$, 14.28%
51-60, $n=5$	$n=2$, 40%	$n=1$, 20%	$n=2$, 40%	0	0
61+, $n=3$	$n=1$, 33.33%	$n=1$, 33.33%	0	0	$n=1$, 33.33%

Table 12 presents the results of question 23 when examined by rates and percentages within the age groups. Examining which of the age groups participated at the highest levels (10+ times per month), the highest rates and percentages were reported by the 31-40 ($n=8$, 42.10%) and 41-50 ($n=9$, 64.28%) age groups.

Conversely, examining which of the age groups participated at the lowest levels (0-1 times per month), the 61+ age group produced the lowest participation rate ($n=1$, 33.33%), followed by the 20-30 age group ($n=4$, 25%).

Techniques and/or Activities Used by Respondents to Nurture Their Musical-Selves

Table 13:

Source: The Author

Table 13.		Question 24.	
Position	<i>Techniques and/or activities you use to nurture your musical-self include: (Please check all that apply)</i>		
		Percentage	Rate
#1	Listening to recordings of preferred music	94.74%	n=54
#2	Performing/playing pre-composed music	70.18%	n=40
#3	Listening to live music at clubs and/or concert venues	57.89%	n=33
#4	Singing with other people on an occasional basis	47.37%	n=27
#5	Playing music with other people on an occasional basis	40.35%	n=23
#6	Improvising	38.60%	n=22
#7	Singing in a choir or ensemble that meets on a regular basis	31.58%	n=18
#8	Playing music with other people on a regular basis	31.58%	n=18
#9	Songwriting	28.07%	n=16
#10	Recording	15.79%	n=9
#11	Composing	12.28%	n=7
#12	Performing music in clubs, either alone or with other people	5.26%	n=3
#13	Other (seven responses)		n=270

Table 13 reveals the results of question 24 presented in order of report (highest to lowest percentages and response rates). This question is critical to the survey, as it directly examines the second of two research questions upon which this study is based: “[W]hat techniques do music therapists use to nurture their musical-selves?”

The high rate of response to this question, coupled with the results of question 15 (78.95%, n=45 of respondents nurture their musical-selves), suggests that not only do music therapists from every longevity group actively nurture their musical-selves, they do so because it is important to them.

In addition to the 12 pre-determined choices, this question included the open-ended answer, “Other,” which received the following seven responses: “Accompanying choir,” “Dance in an organized setting on a regular basis,” “I have certainly done lots of these things intermittently throughout my career. However, not presently,” “I also chant regularly as a form

of musical self-nurture individually,” “Singing along to favorite music in the car,” “Planning to perform with my new band,” and “Singing in church services and leading worship.”

Table 14:

Source: The Author

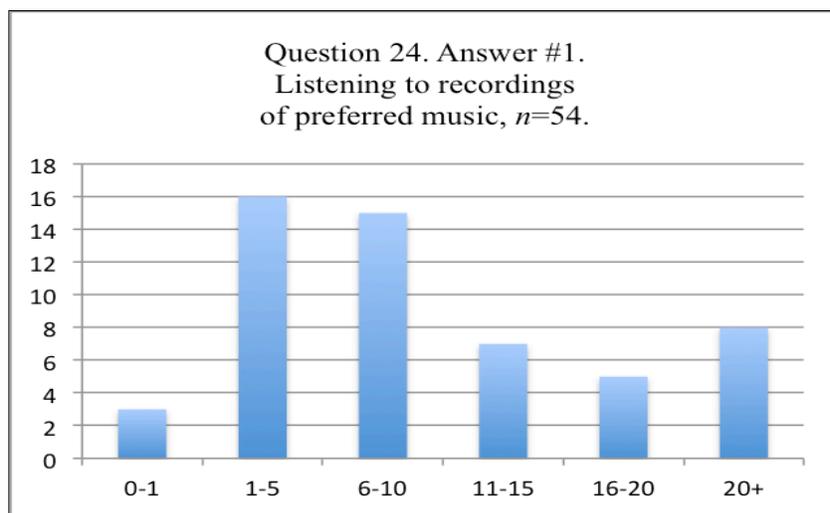
Table 14. Question 24.		Longevity Groups and Rates (n=)					
#	Answers: Highest to Lowest Report Rate, n=	0-1 Longevity	1-5 Longevity	6-10 Longevity	11-15 Longevity	16-20 Longevity	20+ Longevity
#1	Listening to recordings of preferred music, n=54	3	16	15	7	5	8
#2	Performing/playing pre-composed music, n=40	2	14	11	4	2	7
#3	Listening to live music at clubs and/or concert venues, n=33	1	11	7	4	2	8
#4	Singing with other people on an occasional basis, n=27	1	8	8	4	1	5
#5	Playing music with other people on an occasional basis, n=23	1	9	7	2	0	4
#6	Improvising, n=22	2	9	4	1	1	5
#7	Singing in a choir or ensemble that meets on a regular basis, n=18	0	4	6	2	1	5
#8	Playing music with other people on a regular basis, n=18	0	5	5	1	1	6
#9	Songwriting, n=16	1	7	3	1	3	1
#10	Recording, n=9	0	4	2	1	0	2
#11	Composing, n=7	0	5	2	0	0	0
#12	Performing music in clubs, either alone or with other people, n=3	1	2	0	0	0	0
	Total Responses: Longevity Groups	12	94	70	27	16	51
#13	Other (Seven Responses)	0	1	3	0	1	2

Table 14 reveals the responses to question 24 when distributed across the longevity groups. As in Table 13, the answers in Table 14 are presented according to report rates, with answer #1 receiving the highest rate of report and answer #12 receiving the lowest rate of report. The 1-5 longevity group was the only group to respond to every answer.

Figures 24-35 display the individual results of question 24 when the report rates of the answers were cross-tabulated among the longevity groups. As in the previous two tables, the figures are offered in order of report rate, (i.e. highest to lowest rates).

Figure 24:

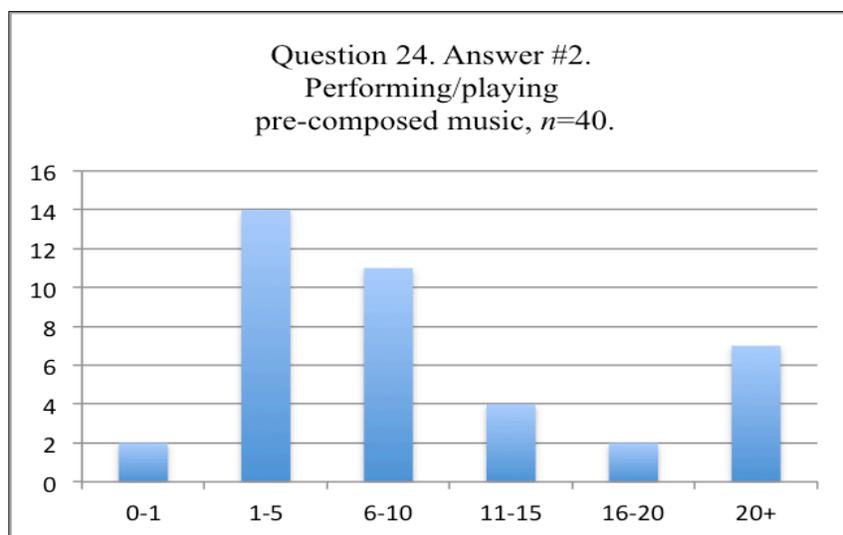
Source: The Author



As seen in Figure 24, the most reported answer in question 24, “Listening to recordings of preferred music,” received the highest rates of report from the 1-5 and 6-10 longevity groups ($n=16$, $n=15$, respectively), followed by the 20+ group ($n=8$).

Figure 25:

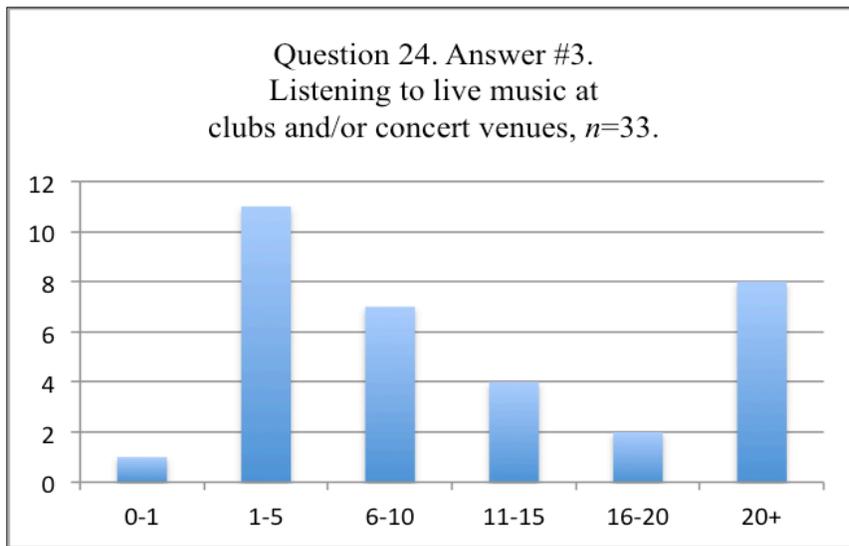
Source: The Author



As in the previous answer, Figure 25 revealed that the 1-5 and 6-10 groups returned the highest rates of report to answer #2 ($n=14$, $n=11$, respectively), succeeded by the 20+ group ($n=7$). Interestingly, Figures 24 and 25 revealed nearly identical trends in the rates of response to both answers.

Figure 26:

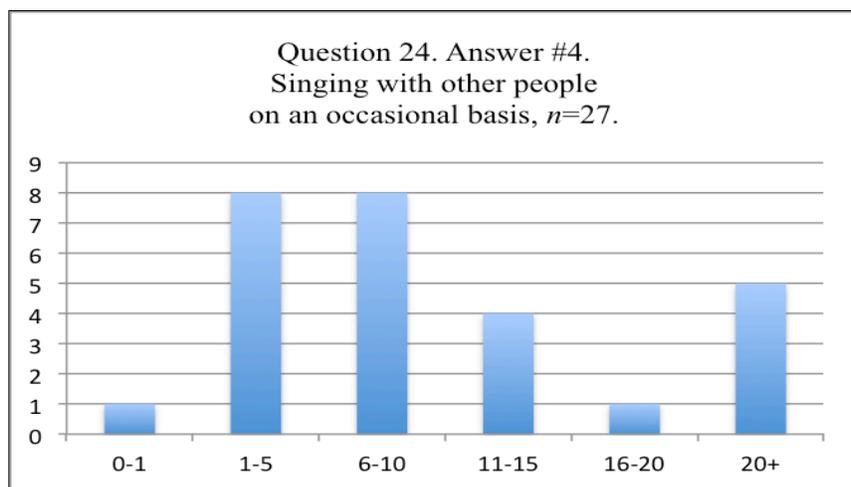
Source: The Author



As seen in Figure 26, the responses to answer #3 continue the trend seen in the preceding answers. The 1-5 and 6-10 groups reported the highest rates, followed by the 20+ group.

Figure 27:

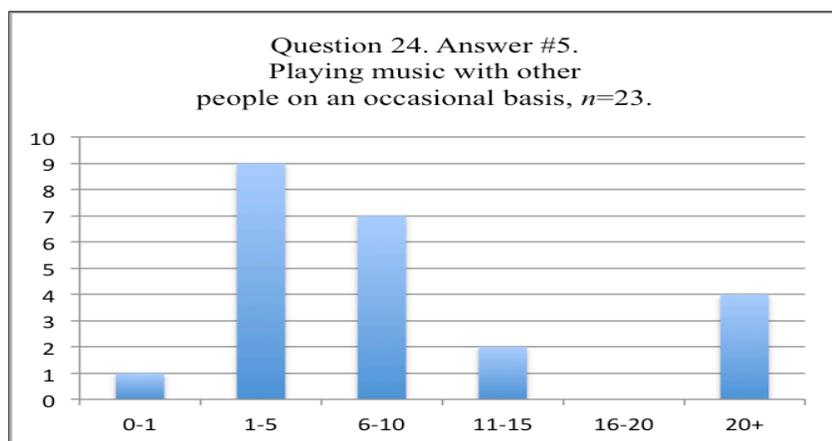
Source: The Author



As shown in Figure 27, responding to answer #4, the 1-5 and 6-10 longevity groups returned identical rates ($n=8$) followed by the 20+ group. A visual examination of Figure 27 (i.e. the graphical contour created by the columns) shows a continuation in the trend seen in the previous answers.

Figure 28:

Source: The Author



As shown in Figure 28, the 16-20 longevity group did not respond to answer #5, providing a deviation in the data trend revealed within the previous questions.

Figure 29:

Source: The Author

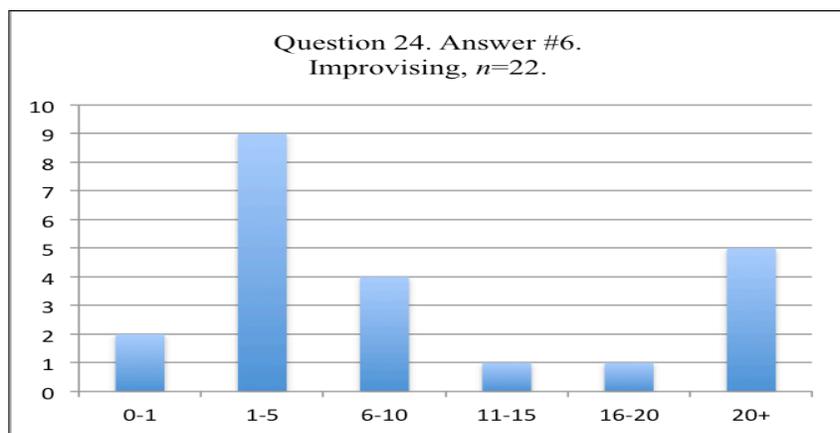


Figure 29 reveals a slight shift in the data. This is displayed in the identical response rates returned by the 11-15 and 16-20 longevity groups. (These longevity groups returned differing response rates in previous answers). In addition, the 1-5 longevity group continued to report at the highest rate, followed by the 20+ group, rather than the 6-10 group as reported in each of the previous questions.

Figure 30:

Source: The Author

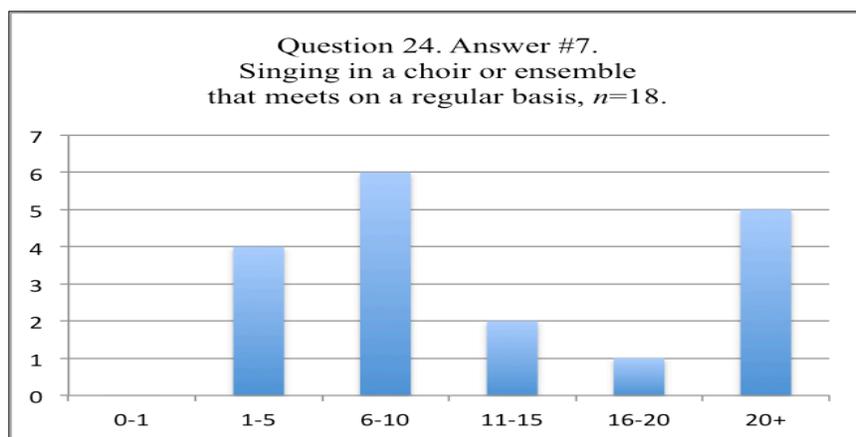


Figure 30 displays another shift in the data, with no response offered by the 0-1 longevity group. Further, unlike previous answers, the two highest response rates were found in the 6-10

and 20+ groups, followed by the 1-5 group, which returned a noticeably lower rate of response than in all previous questions.

Figure 31:

Source: The Author

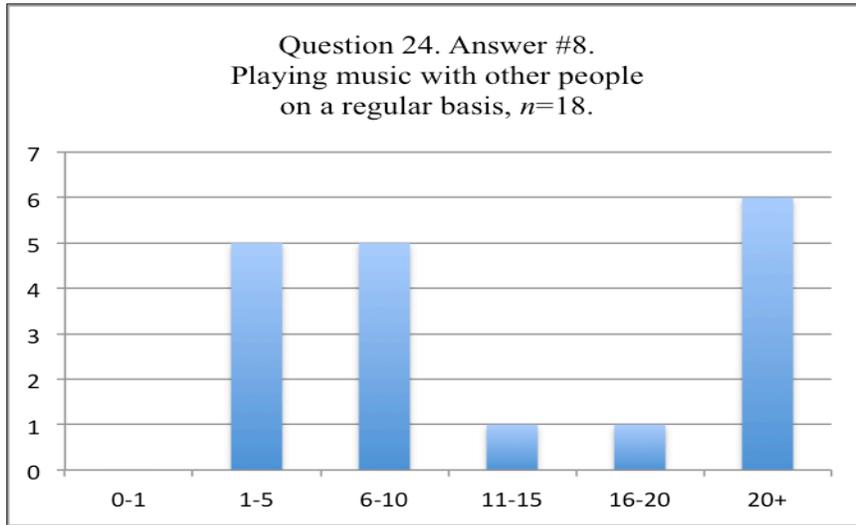
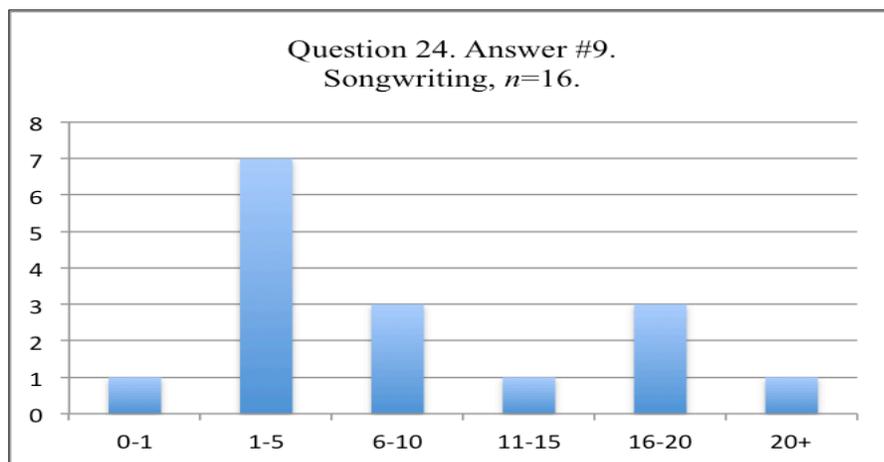


Figure 31 displays a further shift in the data. As in the previous answer, the 0-1 longevity group offered no response to answer #8. Moreover, as in the preceding answer, the 20+ group presented the highest response rate. Additionally, the 1-5 and 6-10 groups returned identical rates.

Figure 32:

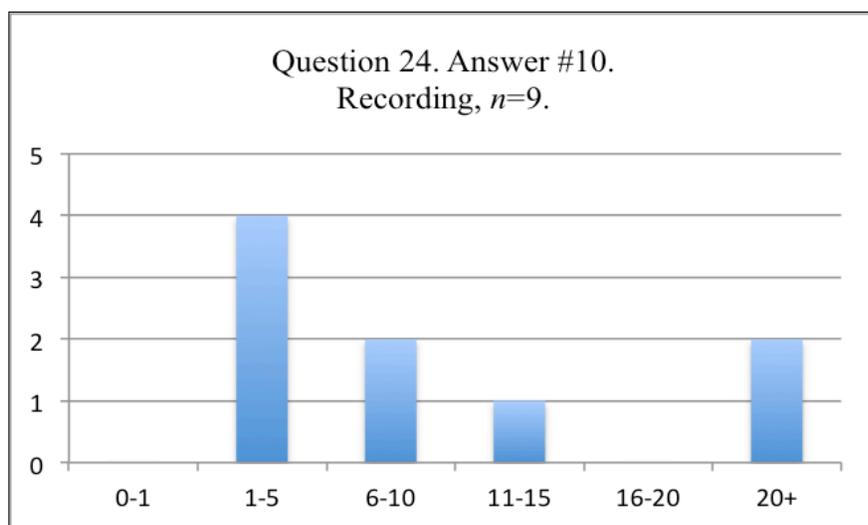
Source: The Author



As seen in Figure 32, all longevity groups reported songwriting as a technique and/or activity they used to nurture their musical-selves.

Figure 33:

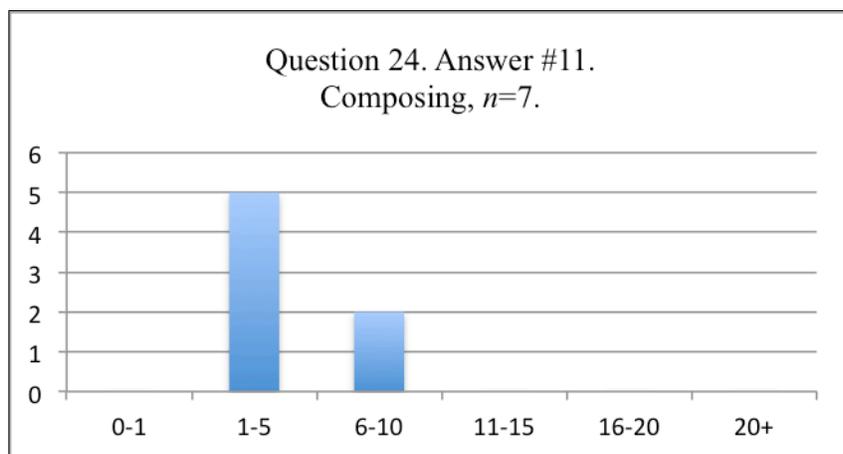
Source: The Author



As shown in Figure 32, the 0-1 and 16-20 longevity groups did not respond to answer #10. This marks the first answer in which the overall response rate was less than 83%.

Figure 34:

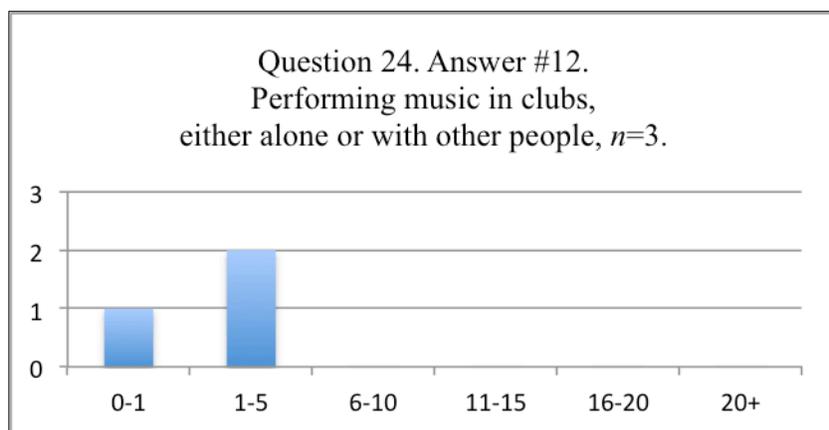
Source: The Author



As seen in Figure 34, 33.33% of the longevity groups provided a response to answer #11, the lowest rate of its kind to this point.

Figure 35:

Source: The Author



As seen Figure 35, similar to the preceding answer, only two out of the six longevity groups responded to answer #12. Thus, three responses to this answer, as compared to 54 responses to answer #1, provided an 89.47% difference in the response rate between answer #1 and answer #12.

Table 15:

Source: The Author

Table 15. Question 24.			
Longevity Groups	Rate (<i>n</i>=)	Number of Responses	Answered at a Rate of (?x) Base Sample Rate
20+ Longevity	<i>n</i> =9	51	5.66x
1-5 Longevity	<i>n</i> =17	94	5.52x
6-10 Longevity	<i>n</i> =15	70	4.6x
0-1 Longevity	<i>n</i> =3	12	4x
11-15 Longevity	<i>n</i> =8	27	3.3x
16-20 Longevity	<i>n</i> =5	16	3.2x
Total (<i>n</i>=)	<i>n</i>=57	<i>n</i>=270	26.28x

Although the data revealed a wide range in the rate of responses to question 24 (see Table 14), a closer look provides another perspective. Table 15 lists the sample rates of each longevity group and the number of responses reported by each group. When the sample rate of each group is paired to the number of reported responses, one finds that the 20+ group provided the highest response rate (5.66x) in relation to its sample rate (*n*=9). Conversely, the 16-20 longevity group provided the lowest response rate (3.2x) in relation to its sample rate (*n*=5).

Thus, when viewed from this perspective, the differences between the report rates of the longevity groups proved to be far less dramatic than might first appear.

Question 25: Additional Comments

Question 25, “Additional Comments,” provided respondents with an unfiltered way to voice their feelings, concerns, and opinions about the survey. Respondents returned seven comments, all of which are listed in Appendix F.

Summary

Survey questions were organized into four categories: 1) Demographics and musical background; 2) nurturing your musical-self; 3) satisfaction in the workplace;

and 4) solutions and strategies for nurturing your musical-self. In addition, question 25, “Additional Comments,” provided the respondents with a means to express their reactions, thoughts, comments, and suggestions about the survey.

From the collected data, a limited profile of the respondents was uncovered. In addition, certain trends and correlations were revealed. Yet, no singular picture of the respondents emerged from the data.

Demographics and Musical Background

Of 289 potential participants, 57 chose to participate, producing a participation rate of 19.7%. Of these respondents, women outnumbered men by a ratio of approximately 10:1. The age-range of the participants ranged from 20 years to 61+ years, and the average age of the respondents was 37 years. As to the highest level of music therapy education completed, 57.89% ($n=33$) of respondents had completed an undergraduate degree in music therapy, 38.60% ($n=22$) completed their graduate degree in music therapy, and 3.51% ($n=2$) had completed their doctoral degree in music therapy.

Respondents reported a wide range of theoretical orientations. The highest report rate was Humanistic (37.25%), while both Analytical and Transcendental received the lowest report rates (1.95% each). No respondents (0%) reported Existential or Gestalt as a theoretical orientation. Seven “Other” answers were offered: “humanistic-existential-music-centered,” “strength-based,” “behavioral,” “medical/neurological,” “person-centered,” and “eclectic” (answered by two respondents).

Five respondents chose to skip the question on completing, or being in the process of completing advanced music therapy training. Of the remaining respondents ($n=52$), half reported None. Among the other choices, Neurologic Music Therapy received the highest rate of report

(26.92%), while the lowest rates of report were found among Nordoff-Robbins Music Therapy and Analytical Music Therapy (1.92% each).

With an average career longevity rate of 9.5 years, the majority of respondents (29.82%, $n=17$) reported having 1-5 years of professional clinical experience (i.e. longevity), while the minority (5.26%, $n=3$) reported having 0-1 years of professional clinical experience.

The highest level of musical training completed by the majority of respondents was an undergraduate degree (66.07%, $n=37$). This was followed by graduate level musical training at a rate of 26.79% ($n=15$). Independent musical training, not from a degree certifying institution was reported at a rate of 7.14% ($n=4$). No respondents (0%) reported as having completed musical training at the doctorate level.

Most respondents (27.78%) reported flute or another member of the woodwind family as their primary instrument. Conversely, string bass and/or electric bass guitar was reported at the lowest rate (1.85%). As to longevity in studying a primary instrument/voice, a majority of respondents (42.11%) reported studying their primary instrument for 20+ years, while the minority (3.51%) reported studying their primary instrument for 1-5 years.

Examining the amount of time respondents spent practicing their primary instruments on a weekly basis, 50% ($n=28$) reported as practicing less than one hour per week. In contrast, 3.57% of respondents ($n=2$) reported practicing their primary instrument 14+ hours per week. A look at playing and or practicing a non-primary instrument in ones' personal time revealed that 40.35% of respondents ($n=23$) practiced a non-primary instrument less than one hour per week. A slightly higher percentage of respondents (42.11%, $n=23$) reported practicing a non-primary instrument 1-3 hours per week. No respondents reported practicing a non-primary instrument 14+ hours per week.

At a combined rate of 56.14%, respondents ($n=42$) reported using a primary instrument in their clinical practice always, most of the time, and often. As to using a non-primary instrument in clinical practice, by a wide margin (87.72%, $n=50$), respondents reported that they always, most of the time, and often use a non-primary instrument in their clinical practice.

Examining if respondents made, and/or presently make their livelihoods solely or partly as a musician revealed similar rates of response, with 49.09% of respondents ($n=27$) agreeing, and 50.91% ($n=28$) disagreeing.

Nurturing the Musical-Self

A healthy majority of respondents (78.95%, $n=45$) nurtured their musical-self as defined by the operational definition provided in the survey. The remaining respondents (21.05%, $n=12$) were neutral or did not nurture their musical-self.

Fewer respondents (38.59%, $n=22$) declared that their clinical work as a music therapist fully nurtures their musical-selves than did not (61.41%, $n=22$). Yet, 50.88% of respondents ($n=29$) felt that their clinical work as a music therapist largely or completely nurtures their musical-selves, while 38.60% ($n=22$) reported that that their clinical work as a music therapist somewhat nurtures their musical-selves.

By a ratio of over 5:1, 84.21% of respondents ($n=48$) expressed the opinion that nurturing their musical-selves is a professional responsibility. Similarly, 75.71% of respondents ($n=43$) felt that nurturing their musical-selves is essential to meeting the needs of their clients.

Satisfaction in the Workplace

A majority of respondents (57.90%, $n=33$) felt that their sense of workplace satisfaction effected the degree to which they nurtured their musical selves. Moreover, most respondents

(80.35%, $n=45$) sense of workplace satisfaction was effected by their clients' response to treatment, negative or positive.

Solutions and Strategies for Nurturing Your Musical-Self

Most respondents (85.97%, $n=49$) participated in extra-professional musical pursuits (e.g., choir, playing in an orchestra, playing in clubs, listening to preferred music), to enrich and/or restore their musical-selves. Further, respondents participated in these extra-professional musical pursuits at varying rates. For example, most respondents (42.11%, $n=24$) participated in extra-professional musical pursuits at a rate of 10+ times per month. In contrast, 19.30% of respondents ($n=11$) participated in extra-professional musical pursuits at a rate of 0-1 times per month.

Techniques and/or Activities Used by Respondents to Nurture Their Musical-Selves

In order to nurture their musical-selves, respondents engaged in a wide variety of techniques and activities. First among these was listening to recordings of preferred music (94.74%, $n=54$). Last among these techniques and activities was performing music in clubs, either alone or with other people (5.26%, $n=3$). In total, respondents returned 277 responses (including seven "other" responses) that defined the techniques and activities they used to nurture their musical-selves.

Additional Comments

In addition to the 24 pre-determined questions, question 25 allowed open-ended additional comments. Respondents returned seven additional comments, all of which are listed in Appendix F.

Chapter Five

Discussion

The purpose of this study was to examine the role of the musical-self in promoting career longevity among music therapists. To achieve this, the study set out to answer two questions:

- 1) Does nurturing one's musical-self contribute to career longevity?
- 2) If so, what techniques do music therapists use to nurture their musical-selves?

The 57 participants who completed this study were board-certified music therapists with a diverse range of chronological age, professional clinical experience, music therapy education, music education, and theoretical orientations. Using descriptive analysis, trends and correlations were produced based upon the survey data. These trends and correlations resulted from an examination of the data and its relationship to the research questions and career longevity as reported by the survey participants.

Nurturing the Musical-Self

While this study did not return an absolute, yes or no answer as to whether nurturing one's musical-self contributes to career longevity, results suggest that most music therapists nurture their musical-selves for a variety of personal and professional reasons. Further, the data suggests that a small majority of music therapists are able to nurture their musical-selves to a healthy degree via their clinical work. However, results indicate that the musical-selves of most music therapists are not fully nurtured through their clinical work.

Importantly, results suggest that most music therapists maintain a strong sense of professional values. Further, results indicate that most music therapists are of the opinion that they must nurture their musical-selves if they are to meet the needs of their clients.

Solutions and Strategies for Nurturing the Musical-Self

In order to nurture their musical-selves, the data indicates that most music therapists participate in a wide range of music-based activities outside of the clinical milieu. Further, they do so at a high rate, no matter their chronological age or degree of career longevity. Moreover, the survey revealed that some music therapists nurture their musical-selves so as to address their spiritual needs, creative needs, and to help prevent professional burnout (see Appendix E). However, the data showed that some music therapists have, to varying degrees, forgone self-care due to the demands placed upon them in the workplace.

Reporting the Data

Although the sample rate for this study was modest ($n=57$), the researcher was surprised by the amount of data that was collected. Moreover, while analyzing the data, the researcher came to realize (at times to his dismay) that this data could be interpreted and presented in a myriad of ways. Thus, while trends and possible correlations were described, this reporter presented the data as he found it. Ultimately, the reader can decide what the data means.

Limitations of the Study

In the opinion of the researcher, the study sample was relatively small (57 respondents, 19.7% of potential participants). Nonetheless, Fowler (2006), referencing the work of Fraenkel and Wallen (2000), noted, “a correlational study should include a random sample of at least 30 participants” (p. 180). Fowler added, “ ‘Data obtained from a sample smaller than thirty participants may give an inaccurate estimate of the degree of relationship that exists. Samples larger than thirty are more likely to provide meaningful results’ ” (Fraenkel & Wallen, 2000, p. 368, in Fowler, 2006, p. 180).

However, at the time of this writing there are over 5,600 board-certified music therapists (CBMT, 2013a). Thus, the present study represents the views of just over 1% of these professionals. On that statistic alone, the researcher is reluctant to generalize the results of the present study onto the larger music therapy profession.

Considerations for the Future

This study revealed a large amount of information about the respondents and their personal, professional, and in some cases, spiritual connection to music and music therapy. Yet, although many questions were answered, many other questions were raised. For example, question 18 (“Nurturing your musical-self is a professional responsibility”) revealed that 5.26% of respondents did not agree with the premise of the question, and 10.53% reported as undecided. Yet, if the researcher had included a comment section into this question, these respondents might have provided further insight into why they answered as they did.

Additionally, question 21 (“Your client’s response to treatment, positive or negative, effects your sense of satisfaction in the workplace”) did not provide a means for the respondents to define how they might be affected by their clients’ response to treatment. As this is relevant to the issues of professional burnout and career longevity, future research might consider examining the specific ways in which music therapists are effected by their client’s response to treatment.

It is the hope of this researcher that the present study provided an accurate look at the role played by the musical-self in promoting career longevity among music therapists. Further, this researcher hopes that others will continue to explore this subject and build upon the groundwork laid by this study. To this, future researchers might consider involving a larger,

more inclusive sample rate of participants so as to better portray how music therapists meet their own musical needs, and thus meet the needs, musical and non-musical, of their clients.

Closing Thoughts

Earlier in this work, the author declared his belief that gathering and understanding this information might be relevant to the music therapy profession. Conducting and completing this study reinforced that sentiment. To this, the researcher points to the CBMT Scope of Practice (2013b), which includes a Professional Development and Responsibilities section. This section notes that a music therapist should: “Expand music skills,” (Section IV, subsection A.6) and “Maintain and expand music repertoire” (Section IV, subsection B.2). These two responsibilities might meet the definition of nurturing the musical-self as stated in question 15 (“The personal use of music-based activities to maintain creative and artistic happiness, passion for music, satisfaction in musical endeavors, and interest in continued artistic and professional growth”).

Moreover, the AMTA Professional Competencies (2013) declared that music therapists must “demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice” (Section A, subsection 3.1). Perhaps, then, by caring for and nurturing our musical-selves, we can meet the needs of our clients, meet the standards of our profession, and advance the cause and standing of the music therapy profession, a profession unique among the helping professions.

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Appendix A

Survey Questions

This survey is part of a study that seeks to identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession. Thank you for completing this survey. Please answer all questions.

For the purposes of this study, musical-self is defined as:

- The personal use of music-based activities to maintain creative and artistic happiness, passion for music, satisfaction in musical endeavors, and interest in continued artistic and professional growth

For the purposes of this study, burnout is defined as:

- Chronic, work related physical, mental, and emotional exhaustion that results in an individual's loss of interest in their work; their clients' health and well being; and a diminished sense of personal satisfaction, causing the affected individual to consider leaving or actually leave their profession

For the purposes of this study, career longevity is defined as:

- Professional music therapists who have a minimum of 15 years in the music therapy profession

For the purposes of this study, regularly is defined as:

- Engaging in the discussed activity, all or most days of the week

Demographics and Musical Background

1) *What is your gender?*

- 1) Female
- 2) Male

2) *What is your age?*

- 1) 20-30 years
- 2) 31-40 years
- 3) 41-50 years
- 4) 51-60 years
- 5) 61+ years

3) *What is your highest level of music therapy education completed?*

- 1) Undergraduate Degree
- 2) Graduate Degree
- 3) Doctoral Degree
- 4) Degree not yet completed

4) *As a music therapist, your theoretical orientation is best described as:*

- 1) Analytical
- 2) Psychoanalytical
- 3) Behavioral
- 4) Cognitive-Behavioral
- 5) Existential
- 6) Gestalt
- 7) Transcendental
- 8) Humanistic
- 9) Music-Centered
- 10) Other _____

5) *Have you completed, or are in the process of completing, any of the following advanced music therapy trainings?*

- 1) Guided Imagery in Music (GIM)
- 2) Nordoff-Robbins Music Therapy (NRMT)
- 3) Analytical Music Therapy (AMT)
- 4) Neonatal Intensive Care Unit (NICU)
- 5) Neurological Music Therapy (NMT)
- 6) Hospice/Palliative Care Music Therapy (HPMT)
- 7) None

6) *How many years of professional clinical experience do you have?*

- 1) 0-1 years
- 2) 1-5 years
- 3) 6-10 years
- 4) 11-15 years
- 5) 16-20 years
- 6) 20 + years

7) *What is your highest level of musical training completed?*

- 1) Undergraduate Degree
- 2) Graduate Degree
- 3) Doctoral Degree
- 4) Independent musical training (not from a degree-certifying institution)
- 5) Other _____

8) *Your primary instrument is:*

- 1) Piano
- 2) Guitar
- 3) Voice
- 4) Drums and/or percussion
- 5) String bass and/or electric bass guitar
- 6) Violin or another member of the string family
- 7) Trumpet or another member of the brass family
- 8) Flute or another member of the woodwinds family
- 9) Other _____

9) *How many years have you been studying your primary instrument/voice?*

- 1) 1-5 years
- 2) 6-10 years
- 3) 11-15 years
- 4) 16-20 years
- 5) 20 + years

10) *How often do you practice your primary instrument?*

- 1) 14 + hours per week
- 2) 10-13 hours per week
- 3) 7-9 hours per week
- 4) 4-8 hours per week
- 5) 1-3 hours per week
- 6) Less than 1 hour per week

11) *How often do you play and/or practice a non-primary instrument in your personal time?*

- 1) 14 + hours per week
- 2) 10-13 hours per week
- 3) 7-9 hours per week
- 4) 4-8 hours per week
- 5) 1-3 hours per week
- 6) Less than 1 hour per week

12) *How often do you use your primary instrument in your clinical practice?*

- 1) Always
- 2) Most of the time
- 3) Often
- 4) Rarely
- 5) Never

13) *How often do you use a non-primary primary instrument in your clinical practice?*

- 1) Always
- 2) Most of the time
- 3) Often
- 4) Rarely
- 5) Never

14) *Have you made, and/or presently make your livelihood solely or partially as a musician?*

- 1) Agree
- 2) Disagree

Nurturing the Musical-Self

15) *You nurture your musical-self based upon the following definition: “The personal use of music-based activities to maintain creative and artistic happiness, passion for music, satisfaction in musical endeavors, and interest in continued artistic and professional growth.”*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

16) *Your clinical work as a music therapist fully nurtures your musical-self.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

17) *Your clinical work as a music therapist nurtures your musical-self.*

- 1) Completely
- 2) Largely
- 3) Undecided
- 4) Somewhat
- 5) Not at all

18) *Nurturing your musical-self is a professional responsibility.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

19) *Nurturing your musical-self is essential to meeting the needs of your clients.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

Satisfaction in the Work Place

20) *Satisfaction at your workplace effects the degree to which you nurture your musical-self.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

21) *Your client's response to treatment, positive or negative, effects your sense of satisfaction in the workplace.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

Solutions and Strategies for Nurturing Your Musical-Self

22) *You participate in extra-professional musical pursuits (e.g., choir, playing in an orchestra, playing in clubs, listening to preferred music), to enrich and/or restore your musical-self.*

- 1) Strongly agree
- 2) Agree
- 3) Undecided
- 4) Disagree
- 5) Strongly disagree

23) *You participate in extra-professional musical pursuits (e.g., choir, playing in an orchestra, playing in clubs, listening to preferred music), to enrich and/or restore your musical-self.*

- 1) 10 + times per month
- 2) 7-9 times per month
- 3) 4-6 times per month
- 4) 2-5 times per month
- 5) 0-1 times per month

24) *Techniques and/or activities you use to nurture your musical-self include (please check all that apply):*

- 1) Improvising
- 2) Listening to recordings of preferred music
- 3) Performing/playing pre-composed music
- 4) Composing
- 5) Recording
- 6) Songwriting
- 7) Singing with other people on an occasional basis
- 8) Singing in a choir or ensemble that meets on a regular basis
- 9) Playing music with other people on an occasional basis
- 10) Playing music with other people on a regular basis
- 11) Performing music in clubs, either alone or with other people
- 12) Listening to live music at clubs and/or concert venues
- 13) Other _____

25) *Additional Comments:*

The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists

APPENDIX B

Invitational Email Consent Form

Dear Music Therapist:

My name is Peter Davis. As a part of the requirement for my music therapy graduate thesis course at Molloy College, I am conducting a research study entitled, *The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists*. The purpose of this study is to identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession. This information might be useful to music therapists, whatever their level of professional experience and theoretical orientation. Participating in this survey may help you gain further insight into your career as a music therapist. This study and data analysis will take place from May 2013 to June 2014.

To participate in this study you must:

- Be a music therapy professional with the MT-BC credential
- Be included on the mailing list of the Certification Board for Music Therapists

If you meet these criteria and are willing to participate in this study, I invite you to take this survey. The survey will ask the participants' age, gender, level of music therapy education, level of musical training, theoretical orientation, and number of years working as a professional music therapist. The survey will also inquire as to the participant's beliefs on the role of the musical-self as it pertains to their careers as professional music therapists, as well as identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and

longevity in the music therapy profession. A section for additional comments will also be included. This survey should only take about 15-20 minutes to complete.

The data will be securely stored on Survey Monkey's website, with access granted only to the researcher. Survey Monkey will be configured to keep all of your responses anonymous. Once the research is complete, your data will be deleted from Survey Monkey's server and the researcher will no longer have access to your responses. Please know that none of the questions are personal in nature. However, you will be allowed to skip any question that causes discomfort.

Please feel free to contact my faculty advisor or myself (information below) if you wish to receive the results of the study, or have questions or concerns. If you have further questions about your rights as a research participant please visit the Molloy Institutional Review Board website at [http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-\(IRB\)](http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-(IRB)).

Please note that participation in this study is completely anonymous and voluntary. There is no compensation offered for completing this survey. You can withdraw from the study at any time by not completing the survey. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

Survey Link: www.SurveyMonkey.com

Thank you for your time and consideration,

Peter Davis, MT-BC

Molloy College

mailto: pdavis@lions.molloy.edu

10/1/13

Faculty Advisor

John A. Carpente, PhD, MT-BC, LCAT

Molloy College

Tel: 516-323-3325

mailto: jcarpente@molloy.edu

The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists

APPENDIX C

First Reminder Email

Dear Music Therapist:

A few days ago you were sent an invitational email to complete the survey entitled, *The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists*.

This email is a reminder to invite you to complete the survey if you:

- Are a music therapy professional with the MT-BC credential
- Are included on the mailing list of the Certification Board for Music Therapists

As stated in the previous email regarding this study, the purpose of this study is to identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession. This information might be useful to music therapists, whatever their level of professional experience and theoretical orientation. Participating in this survey may help you gain further insight into your career as a music therapist. This study and data analysis will take place from May 2013 to June 2014.

The survey will ask the participants' age, gender, level of music therapy education, level of musical training, theoretical orientation, and number of years working as a professional music therapist. The survey will also inquire as to the participant's beliefs on the role of the musical-self as it pertains to their careers as professional music therapists, as well as identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the

music therapy profession. A section for additional comments will also be included. This survey should take about 15-20 minutes to complete.

The data will be securely stored on Survey Monkey's website, with access granted only to the researcher. Survey Monkey will be configured to keep all of your responses anonymous. Once the research is complete, your data will be deleted from Survey Monkey's server and the researcher will no longer have access to your responses. Please know that none of the questions are personal in nature. However, you will be allowed to skip any question that causes discomfort.

Please feel free to contact my faculty advisor or myself (information below) if you wish to receive the results of the study, or have questions or concerns. If you have further questions about your rights as a research participant please visit the Molloy Institutional Review Board website at [http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-\(IRB\)](http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-(IRB)).

Please note that participation in this study is completely voluntary. There is no compensation offered for completing this survey. You can withdraw from the study at any time by not completing the survey. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

Survey Link: www.SurveyMonkey.com

Thank you for your time and consideration,

Peter Davis, MT-BC

Molloy College

mailto: pdavis@lions.molloy.edu

10/8/13

Faculty Advisor

John A. Carpente, PhD, MT-BC, LCAT

Molloy College

Tel: 516-323-3325

mailto: jcarpente@molloy.edu

Appendix D

Second Reminder Email

To: Recipient

From: "pdavis@lions.molloy.edu via surveymonkey.com" <member@surveymonkey.com>

Subject: Reminder: Musical-Self Survey Closes on 10/16/13

10/13/13

Dear Music Therapist:

A few days ago you were sent a reminder email to complete the survey entitled, "The Role of the Musical-Self in Promoting Career Longevity Among Music Therapists." As the survey will close on 10/16/13, I encourage you to make your voice heard by participating in the survey.

Please complete the survey if you:

- Are a music therapy professional with the MT-BC credential
- Are included on the mailing list of the Certification Board for Music Therapists

As stated in the previous email, the purpose of this study is to identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession. This information might be useful to music therapists, whatever their level of professional experience and theoretical orientation. Participating in this survey may help you gain further insight into your career as a music therapist. This study and data analysis will take place from May 2013 to June 2014.

The survey asks the participant's age, gender, level of music therapy education, level of musical training, theoretical orientation, and number of years working as a professional music

therapist. The survey also inquires as to the participant's beliefs on the role of the musical-self as it pertains to their careers as professional music therapists, and seeks to identify musical-self care solutions and strategies that can help professional music therapists prevent or cope with the effects of professional burnout while promoting professional satisfaction and longevity in the music therapy profession. A section for additional comments is included. This survey should take about 15-20 minutes to complete.

The data will be securely stored on Survey Monkey's website, with access granted only to the researcher. Survey Monkey is configured to keep all of your responses anonymous. Once the research is complete, your data will be deleted from Survey Monkey's server and the researcher will no longer have access to your responses. Please know that none of the questions are personal in nature. However, you will be allowed to skip any question that causes discomfort.

Please feel free to contact my faculty advisor or myself (information below) if you wish to receive the results of the study, or have questions or concerns. If you have further questions about your rights as a research participant please visit the Molloy Institutional Review Board website at [http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-\(IRB\)](http://www.molloy.edu/academics/office-of-academic-affairs/institutional-review-board-(IRB)).

Please note that participation in this study is completely voluntary. There is no compensation offered for completing this survey. You can withdraw from the study at any time by not completing the survey. Clicking on the link below indicates your understanding of this consent form, as well as your consent to participate in this survey study.

Thank you for your time and consideration.

Sincerely,

Peter Davis, MT-BC

Molloy College

mailto: pdavis@lions.molloy.edu

Faculty Advisor

John A. Carpentre, PhD, MT-BC, LCAT

Molloy College

Tel: 516-323-3325

mailto: jcarpentre@molloy.edu

Here is a link to the survey:

<https://www.surveymonkey.com/s.aspx>

Note: This link is uniquely tied to this survey and your email address. Please do not forward this message.

If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.

<https://www.surveymonkey.com/optout.aspx>

Appendix E

Question 7: Additional Responses

- “Some graduate education/in process”
- “Oboe”
- “This question is confusing...do you mean separate from my graduate MT degree?”
- “Other years in addition to degreed training”
- “Not sure if I am allowed to include my music therapy degree...?”

Appendix F

Question 25: Additional Comments

- “I think that nurturing ones musical self is not a professional responsibility but furthering musical repertoire and musical skills is...but the two are quite different. One is practicing skills while nurturing musical self is more like therapy for ones own growth and change. It makes us better therapists but is not essential to meeting our clients’ needs.”
- “Some of the questions in this survey were difficult for me to answer due to poor wording or being unable to understand the question.”
- “I do believe that playing music outside of music therapy is something I need to do for myself, but I haven't yet been able to incorporate that into my life as a professional music therapist. I've been working in the field for two years, and so far my work life has been fairly chaotic. I recently left my first job in the field, due to burnout related to working somewhere I felt had serious ethical issues. I'm working two part time jobs now, and working on slowly incorporating some self care to my schedule. I hope to someday soon find a way of adding some recreational music making to my schedule.”
- “Back in college, I engaged in music for enjoyment more frequently, constantly writing songs and performing in ensembles (regardless of credit). Now, I feel as though I spend so much time dealing with music at work that sometimes silence is more rewarding for myself than even self-preferred styles of music.”
- “Involvement in music is as much for my spiritual well being and this impacts me professionally in my work.”
- “Much of my current music usage is in an academia setting, and if I didn't take time to refresh myself through playing music that inspires me on my own, I would soon burnout,

I know! I LOVE what I do, but I need the balance of playing for personal therapy and relaxation.”

- “Not sure if all of the "advanced trainings" are actually advanced... like the hospice one is not, nor would I say the NICU, but that's my opinion. I also didn't know how to respond to #14...seemed like a yes or no question, not agree or disagree. I loved #24, and would be interested in how many hours people spend doing these activities a week. Great topic and good luck to you!!!”