What are the factors that have influenced individual music therapists'
professional identity over time and have those factors impacted on their
practice and the field as a whole in New Zealand?

Penny Warren

A thesis submitted

to Victoria University of Wellington in fulfilment

of the requirements for the degree of

Masters of Music Therapy

New Zealand School of Music

2015

ABSTRACT

The purpose of this research project is to investigate the factors that influence individual music therapists' professional identities in New Zealand over time and whether these factors impacted on their practice and the field as a whole in New Zealand. Professional identity is a multi-dimensional process that develops over time and is underpinned by the concepts of personal and social identity. For music therapists, this process is also interconnected with the ongoing shaping of the boundaries of the music therapy profession.

A qualitative case study methodology was employed. Nine music therapists who had over five year's clinical experience in New Zealand were engaged in open-ended interviews and a process of thematic analysis was used to generate the findings from verbatim transcriptions of each interview.

An overarching category and three core themes relating to personal, profession-specific individual and collective features of identity have emerged as influences on the individual music therapists' professional identities. The overarching category is to be validated by others. The three core themes are to i) feel a sense of professional competence, ii) experience direct or indirect reciprocal communication with other music therapists, and iii) develop an ability to adapt and manage change in response to new conditions or client need. Within the overarching category and core themes are an overlapping interplay of subsidiary themes that hold different levels of salience for each music therapist and reflect the dynamic, interwoven nature of professional identity. All but one of the participants in this study had trained overseas. Now working in New Zealand as experienced practitioners, it is clear they would have had a significant international influence on the music therapy community in this country. In future it would be interesting to explore how the professional identity of music therapists in New Zealand might have changed as more locally trained music therapists become experienced practitioners.

The results of this study also draw attention to the presence and value of supervision within the New Zealand community of music therapists; an individual sense of belonging to a professional group that holds common values and norms, shared approaches and theories; and the strength of the participant's own musical identity. Music is a key distinguishing factor in the professional identity of

music therapists, and the primary modality that they use in their clinical practice. However, that it was rarely used as a method of supervision for music therapists' in this study seemed significant.

The results suggest that a stronger and more expansive awareness of professional identity can potentially be developed through reflection upon the influences on identity, and can consequently positively influence clinical practice.

ACKNOWLEDGEMENTS

I would like to acknowledge the clients, colleagues and teachers who have accompanied me on my journey as a music therapist to get to the point of being where I am now.

I wish to thank;

ETHICS STATEMENT

Ethics Approval

Following the completion of the Massey University Human Ethics Screening Questionnaire, this research has been identified as being low risk. According to Massey University Human Ethics Guidelines, a low risk research project is one in which the nature of the harm is minimal and no more than is normally encountered in daily life. Research considered low risk does not receive approval from a Human Ethics Committee. A Low Risk Notification is used to record the research on the Low Risk Database which is reported in the Massey University Human Ethics Committee Annual Report. Massey University Human Ethics Committee was informed that the study was being undertaken.

Informed consent was secured from each participant before data collection began. The data that is collected from this study will be securely held at the New Zealand School of Music for 5 years.

CONTENTS

Chapter One

Introduction

"Being a music therapist is an in-depth, lifelong process, not begun or completed with a degree"
(Hesser, 1987, p.67).

"What do you do" is a regularly asked question which implies, from a social perspective, the importance of the presence of one's profession or occupation in their identity. As a registered music therapist, I have often been asked this question and I have not always found it easy to answer. That is, I have struggled to capture the essence of my profession in verbal form. Furthermore, for music therapists, shaping the boundaries of the music therapy profession has always been, and will always be, an ongoing process which indicates an ever changing landscape (O'Grady and McFerran, 2007) and identity.

There are variations in the development of the professional identity of music therapists within different countries. Hanser (2005) states that music therapists are "striving for greater recognition of music therapy by developing training, clinical applications, standards, and/or research" (p. 223). It is important to note therefore, that this investigation is situated within the New Zealand context, and that findings are likely to be unique to this country. Music therapy in New Zealand is a relatively small and new profession. In 2003, when the first tertiary music therapy training course in New Zealand was introduced at Massey University, (now the New Zealand School of Music), there were 14-16 qualified music therapists in New Zealand (Croxson, 2003). In 2014, this number had increased to 66 (Music Therapy New Zealand Registration Board, 2014). With the growth in the number of practitioners in New Zealand, music therapy's presence and identity will be evolving. It is common for music therapists to need to generate and create their work for themselves as there are minimal professional posts available to them. However this is not preventing an expansion of the range of settings and client populations that music therapists are working with in their clinical practices. I have been a part of the New Zealand community of music therapists for 19 years and have been intrigued by the changes and developments that have occurred during this time frame, which has led me to this research.

Music therapists need to be clear about the factors that influence their professional identity, and the ways in which these factors interact with and influence their clinical practice. However, the process of professional identity development is underpinned by the concepts of personal and social identity; both of which make us unique. The music therapist does not exist in isolation of their life experiences, beliefs and values; these combine to influence and shape their professional identities. This indicates that the professional identity of the music therapist is interwoven with individual, group and cultural dimensions that evolve over time. Therefore, it seems important to develop an understanding of each element and how they evolve throughout one's career. Furthermore, as a fundamental part of music therapy is engaging with those different from ourselves, it would appear important that the music therapist develops self-awareness and an understanding of how identity influences their clinical practice.

As professional identity relates to one's clinical practice and the profession as a whole this study would seem to address a topic that is highly relevant for other music therapists.

1.1   Personal Position

I trained as a music therapist in 1989, at the Guildhall School of Music and Drama, London. I subsequently worked in the National Health Service in the UK, within a music therapy department with five other music therapists. At that stage, my professional identity was evolving from being a student to a newly employed professional. My clinical identity was developing in terms of my job duties and role boundaries, theoretical orientation, clinical approach, use of music methods and clinical supervision. Additional influences were the interactions and experiences I had within a team of experienced music therapists, multi-disciplinary teams and a changing health service that involved the resettlement of clients from large institutions into the community. Aspects of my individual identity relating to musical history, musician and performer were influential during this time as I explored new musical styles and developed balance between my new professional role, performance opportunities and personal use of music for self-care and expression. I was in my early twenties, with few additional personal responsibilities.

In 1995, I immigrated to New Zealand, where my personal and professional identity underwent a huge change. I was a sole practitioner in a small city within New Zealand where the profession of music therapy was at a very different level of development in comparison to the UK. In contrast to my early professional experience, there were no jobs to apply for in New Zealand and it was necessary to create the work myself. I was also in a new culture where I knew very few people and my support networks

were not in place in the community. I noticed that I developed new ways to explain, describe and define music therapy in my journey to create and establish a music therapy practice whilst I was also relearning about music therapy in relation to the new context of living in New Zealand. This process reinforced my purpose and identity as a music therapist. I had considered working in other forms of employment but came back to my desire to work in music therapy. My musical identity became of greater importance as an emotional support and expression during this time of transition and it also became a way of building a social community for myself. Opportunities to work with new client populations emerged, and required the development of musical skills and genres that could be applied to new musical methods in my clinical work.

In 2013, I made another physical move to a new, larger city in New Zealand. This transition has involved leaving an established clinical practice, and turning from the professional reputation I had built up, and the client populations and professional colleagues I had worked with over the last 18 years. I have experienced more challenges to my identity as I balanced new clinical work with becoming a student again after over 20 years. The development of a new role of researcher has added another dimension to my professional identity. No doubt this will also be an evolving and developing process.

1.2   The Research Question

In my initial consideration of the research question my approach was to assume that over a person's career their professional identity changes, and so, I wondered what might have influenced New Zealand music therapists' professional identity over time and how the influencing factors might have shaped the profession as a whole.

1.3   Thesis Structure

The thesis begins with an Introduction (Chapter One), followed by a Literature Review (Chapter Two), to investigate literature relating to identity development, professional identity and music therapy. The methodology and methods are then outlined in the next chapter (Chapter Three), followed by a presentation of the findings (Chapter Four), a discussion of the findings (Chapter Five) and conclusions (Chapter Six).

Chapter Two

Literature Review

2.1   Introduction

In this chapter, I review and discuss the literature relating to personal, social, and professional identity. Then I look to the music therapy literature, specifically to a number of studies that investigate specific aspects of a music therapist's identity, their professional roles and the impact on their professional and clinical practice. I will not be investigating literature involving student music therapists as this topic is focussing on experienced music therapists. Literature from a range of related professions such as art therapy, counselling and psychotherapy will also be investigated. The search strategy for this study used 'Discover' and Te Waharoa within the EBSCO Databases including: Scopus, Web of Science, Sage Online Journals, JStor, ProQuest, Science Direct, Emerald and Cinahl Plus to access recent research articles about professional identity in music therapy and other related professions, and theories related to identity and professional identity formation.

Keywords included: *professional identity of music therapists, development of music therapy, professional identity, identity, social identity, music identity, reflective practice, adaptation.*

2.2   Identity

Identity is a complex and broad concept, and can be perceived in terms of one's personal identity or one's social identity; shaped by contextual factors (Clarke, Hyde & Drennan, 2013). Identity is defined as "the characteristics that determine who or what a person or thing is" (Oxford English online Dictionary, 1989).

Personal identity relates to the distinctive characteristics belonging to an individual that are not shared with other people, although group life can provide a context where personal identity forms (Hogg, Abrams, Otten & Winkle, 2004). A person's social identity on the other hand, relates to the distinctive characteristic/s shared by all members of a particular social category or group which includes "the various meanings attached to oneself by self and others" (Gecas & Burke, 1995, p.42). Identity can therefore be considered to be a person's conception and expression of their individuality or group affiliations.

There is a large source of literature from the disciplines of anthropology, developmental and social psychology that reflect the complexity of identity and are shaped by the field of origin of the theorist; however many derive from our lives as social beings.

"On the one hand, identity refers to the individual's unique combination of personal characteristics, such as name, age, gender, profession and so on. This more public aspect of identity is contrasted with the inner, experiential side of self-awareness. Within the field of social and personality psychology, identity is sometimes used to describe dimensions within the personality, or traits which distinguish people. In a more subjective, phenomenological sense we may speak about a feeling or awareness of identity. Identity then refers to the person's consciousness about being the same, the experience of continuity and about being uniquely different from others" (Ruud 1997, p.5).

Erikson (1950, 1968) offered a theory of human development that created an influential framework highlighting a process for personal identity development. The theory takes place over an individual's lifespan and is divided into eight stages of the life cycle. Identity formation is the key developmental task of adolescence which occurs in the fifth stage and is described as the adolescent identity crisis (Erikson, 1968). In each stage the key task is not isolated to that stage of development and therefore in the case of identity, it is not something one has, but something that develops during one's whole life. Over time, Erikson (1950) identified additional factors which suggested the roots of identity span the social, cultural and historical realms, whilst also being shaped by the circumstances of the present such as the relative political, social and economic position. These factors have been developed and extended over time within other theories of identity (Côté, 1960).

Quinn (2005) supports the perspective that a music therapist's identity not only exists from their present but also from their identity from birth, highlighting the influence of personal identity in a professional's identity. Through childhood there is firstly a development of self-understanding that reflects how we understand and define ourselves. This is accompanied by a growing self-other understanding that reflects how we understand, define and relate to others (Macdonald, Meill, & Hargreaves, 2002). This description of self-other understanding would seem to encapsulate what the music therapist brings to their practice, as well as the ways in which they as a group relate to each other, and to the other professions.

A person can hold a number of social identities. Identity is therefore context dependant; the form the identity takes and the level of meaning the identity holds for the individual is variable (Hogg et al., 2004).

2.3   A Social Identity Perspective

The social identity perspective emerged from the concept that identity and sense of self, is developed in social settings and through interactions with the environment (Mead, 1934).   An individual's identity forms as part of a social process that is constantly being constructed and reconstructed by their interactions with society (Mead, 1934; Foucault, 1969). This offers a psychosocial explanation of the concepts of group membership and behaviour, and intergroup relations, and is built up from the interconnected theoretical approaches of social identity theory and self-categorisation theory (Turner, Hogg, Reicher, & Wetherell, 1987; Taijel & Turner, 1979). This seems a particularly relevant area of literature in relation to music therapists' identities as it defines a group in terms of people's self-concepts as group members (Hogg & Reid, 2006).

Social identity theory was developed by Tajfel and Turner (1979), who argued that individuals refer to their social environment and that membership of a group influences developing aspects of their identities and self-definition. The theory posits that social behaviour varies between interpersonal and intergroup behaviour and the individual will use certain psychological, personality and social strategies of identity formation to adapt to society (Cote and Levine, 2002 as cited in Cote and Schwartz, 2002). Self-categorisation theory on the other hand, primarily focuses on a person's perceptions of a group (Taijel, Billig, & Flament, 1971). This includes what draws a person to identify with groups, define themselves and others in group terms, and how group behaviours manifest. Similarities and differences are identified amongst the members of the same group as they go through the categorisation process (Taijel et al., 1971). Furthermore, this process builds the groups distinctive character and can support the development of group cohesion.

A group's distinctive character involves a set of norms and values about how things should work and how people should behave in a group; which in turn leads to the development of a collective identity (Schein 1990). Individuals begin by being positioned in particular ways according to who they are friends with, where they live, what their profession, gender, and other cultural affiliations are. They become a group through consensus; through a shared understanding of whom and what they are as a group and through the different collective experiences (Meusse, Delvaux, & Phalet, 2013; Pavlicevic, 2003). When a social identity is meaningful, individuals act in ways that enhance and

6

advance the groups interests and enforce boundaries with other groups (Turner et al., 1987). Furthermore an individual's identity is influenced by the intergroup behaviour over time, engendering a sense of belonging for a person (Pavlicevic, 2003; Ruud, 1997; Taijel, 1981; Hogg & Reid, 2006).

Identity salience is a key element of the social identity perspective (Stets & Burke, 2000); where various identities exist for an individual and some are experienced as more meaningful than others (Showers & Zeigler-Hill, 2012). The identities that are more relevant for the individual become activated in certain social situations and influence their life roles. The identities that have the greatest meaning to a person therefore contribute the most to their definition of self-concept (Hogg, 2000). A person's interpretation and response to life events will be impacted by these salient identities and will guide their behaviours when faced with unfamiliar or uncertain situations (Ng & Feldman, 2007). Furthermore, salient life roles can change at different stages of life for an individual and psychological well-being, attitudes and behaviour can be affected (Gergen, 1991).

Stets and Burke (2000) acknowledge three types of identity; an individual's role identity tied to particular roles; their self-concept; and their social identity tied to a social group. Life roles intrinsically link the individual with their social structure and culture. Furthermore, the meanings and expectations associated with different life roles will vary as the identities linked with a role will differ from person to person. The dynamics of how the role is sustained whilst interacting with others is a focus for the development of an individuals' role identity (Burke & Stets, 1999; Burke & Reitzes, 1981). Role identity formation influences an individual's self-concept and is affected by meaningful emotional experiences (Burke & Stets, 1999). Positive emotions are generated and experienced by individuals when a role identity is affirmed by the responses of others. Conversely when a role identity is not affirmed, individuals will experience negative emotions such as; distress, anxiety, and lowered self-esteem (Stets & Burke, 2000). The internal structure within groups creates different roles for members of the group and consequently subsidiary groups can form that enhance, or develop conflict within, the group (Hogg et al., 2004).

Bronfenbrenner's ecological model of human development offers a framework that represents the relationship between individual identity development and the organisation of the elements of collective identity (Tobella & Donnell, 2013). This model proposes an interactive and dynamic process.

"between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by the relations between these settings, and by the larger contexts in which the settings are embedded" (Bronfenbrenner, 2005, p.107).

Bronfenbrenner (1986) created a five layered, interconnected system that is made up of a microsystem, mesosystem, exosystem, macrosystem and chronosystem. The importance of interaction with others, quality of relationships, the reciprocity of human activity, and the interplay with the wider cultural mechanisms are key aspects of the system (Bronfenbrenner, 1986). The social contexts provide settings and situations for the individual to act and behave and they impact on a person's identity formation (Kroger, 2004). Cultural tools shape the development of human beliefs, values, and ways of acting (Baumeister & Moraven, 1996; Wertsch, 1991). Vygotsky (in Penuel & Wertsch, 1995), and Mead (1934), also suggested an individual's sense of self is influenced by their ability to adapt to specific contexts as they experience complex interactions with others and their environments. Consequently, identity can change as a result of the reciprocal interaction between the individual and multiple contexts over time (Lerner, 1995).

Esteban and Moll (2014) introduced a recent sociocultural approach which draws on a 'funds of identity' theory. A fundamental aspect of 'funds of identity theory' is the understanding that different people experience and therefore respond to the same situations differently. It evolved from the 'funds of knowledge' approach and offers a dynamic theory that is based on a Vygotskian perspective. Esteban and Moll (2014) state that identity formation is a social experience, impacted on by meaningful experiences. That is, people define themselves through interactions with others. Through the process of self-understanding and self-defining the individual makes connections and reflections that impact on their identity. 'Funds of identity' highlights the fluid interaction between 'personality characteristics and environmental characteristics' that the person integrates into their identity (Esteban & Moll, 2014, p. 33).

The social identity perspective extends the concept of a music therapist's identity by making connections with personal identity and the processes that are involved with, and their links to, the professional group.

2.4   Professional Identity

"The profession of music therapy as a whole grows out of, and interacts with, culture and society. Music therapy is different in different places and at different times, not just because science moves forward, but because therapy is embedded in culture" (Stige, 2002, p.121)

Professional identity is not a stable entity and is one of the multiple social identities an individual holds (Clarke et al., 2013; Hotho, 2008). It is a term used to describe both the collective understanding of a profession held by its members and an individual's sense of self within the professional role (Feen-Calligan, 2012). A key aspect of professional identity is its inextricable link to the personal identity of the individual (Bruss and Kopola, 1993; Friedman & Kaslow, 1986; Ronnestad & Skovholt, 2003; Skovholt & Ronnestad, 1992). Ibarra (1999) states that an individual's professional self-concept is based on personal attributes, beliefs, values, motives and experiences and these are used to define themselves within a specific professional framework. Their professional roles, and self-concepts in those roles, develop over time and with experience. Furthermore, identities adapt in response to role demands in order to maintain valued aspects of professional identity (Feen-Calligan, 2012).

Two important features of professional identity are group agency and collective definitions, particularly when identifying oneself as a member of a professional group (Cerulo, 1997; Crossley and Vivekananda-Schmidt, 2009). Distinctive characteristics that are demonstrated by a professional group generate a label or name that is associated with its uniqueness; therefore reducing ambiguity that may exist (Giddens, 1997; Hotho, 2008). These include the skills agreed on by the profession that form its area of expertise and professional values, to present a sense of professional cohesion (Bonny, 1997; Feen-Calligan, 2005). Mőssler (2011) states that the group identity as a psychological understanding "only exists if different individuals pass through similar identification processes" (p.158). However, there can be variation in the practices of individuals within the cohesive collective identity (Bonny, 1997; Feen-Calligan, 2005).

Slay and Smith (2010) describe three ways that an individual's professional identity is influenced. Firstly, it is influenced through the socialisation process and the language that establishes meanings associated with a profession. Secondly, it is influenced by the adjustment and adaptation that individuals make during periods of transitions in their career. Finally, it is influenced as individuals clarify priorities and develop greater self-understanding through life and work experiences. Wilson (2003) suggests that within a professions' group identity, there are dynamically interacting layers of

the individual, inside and outside the profession, and it is this interplay that influences the identity of the profession. Furthermore, self-definition and how others think about an individual is influenced by group membership (Slay & Smith 2010).

In human services professions; such as music therapy, art therapy and counselling, where there is close interaction with, and responsibility for other human beings, it is important that professional identity is developed in these areas (Nelson & Jackson, 2003). Professional identity is not simply the acquisition of skills but a set of values, and an entire way of understanding the world (Glen, 1999). Feen-Callighan (2012) discusses professional identity evolving for the art therapist through the acquisition of discipline specific knowledge and skills alongside a sense of responsibility and commitment regarding one's role.

Music therapy is a relatively new discipline, and practitioners are developing work in a range of contexts which require diverse approaches. Alongside the specific skills and knowledge of the music therapist, some fundamental skills are needed to enable them to work effectively and integrate successfully into a new team or work place (Twyford & Watson, 2008). Furthermore, Pelliterri (2009) states that "it is necessary for music therapists to be clear about our own professional identities so to present ourselves and our clinical specialty in a manner to others that commands respect and understanding" (p.228).

Examination of the music therapy literature reveals that there does not seem to be any research focusing primarily on professional identity. However, a recent publication by Aigen (2014) thoroughly examines current professional issues and contrasting viewpoints including those related to professional identity. Psychotherapy and therapy-related professional literature offers a fuller picture of professional identity especially as music therapy has strong links to these professions in some countries (Aigen, 2014). Alves and Gazzola (2011), and Rodgers (2012) investigated the factors that influence professional identity whilst Bruss and Kopala (1993), Friedman and Kaslow (1986), Ronnestad and Skovholt (2003), and Skovholt and Ronnestad (1992), investigated the stages of development and growth of psychotherapy, and how the development of the profession is enhanced and limited.

Rodgers (2012) conducted a study that investigated the professional identities and related issues of counsellors, counselling psychologists and psychotherapists within New Zealand and in the context of the professions in Australia, America and the UK (Rodgers, 2012). The author examined

distinguishing aspects of respective historical contexts, philosophical foundations, therapeutic practices, training requirements and employment situations, whilst locating them within the context of their social, cultural, economic and political domains (Rodgers, 2012). The study concluded that in New Zealand, the professions have the potential to adopt multiple identities that are dynamic and adaptive in different work environments; thus freeing the different disciplines from perceived "restricting and limiting definitions" (p. 202). The challenge of how to maintain the uniqueness of professions whilst also encompassing aspects of inclusive scopes of practice was also discussed. However, the author emphasised the need for the professions to be locally responsive and adaptive; uniquely and distinctly of New Zealand.

Alves and Gazzola (2011) interviewed counsellors from a mid-size city in Canada to investigate how they experienced their professional identities and what they perceived as the major influences on their professional identities. There are obvious parallels between Alves and Gazzola (2011) work and the current study. Their investigation generated data through semi-structured interviews with counsellors in Canada, and took place following a period of change in the practice of counselling and psychotherapy in that country. The study highlighted a number of similarities between the profession of music therapy, and that of counselling in Canada. Firstly, counselling is a relatively new profession compared to other allied health professionals. Secondly it falls between education and psychology and can be seen to have a dual identity, holding shared roles, goals and purposes as other multidisciplinary teams and/ or other allied mental health professionals (Alves & Gazzola, 2011). Finally, the investigation also highlighted that others may have misperceptions of counselling, because practitioners can work in a variety of settings with varied client groups and use a range of theories and practice. The findings of the investigation offered experienced counsellors a potential framework to view their professional identity.

Alves & Gazzola (2011) found that professional identities were defined by participants as strong and connections were made between their personal and professional identities. Interventions and counselling approaches used by participants developed over time and changed to fit their personal style, attitudes and values towards life and people. A significant influencing factor in the development of a strong professional identity for participants was feeling part of a group. Furthermore, participants felt that their professional identity was influenced by feelings of competence, confidence and self-awareness in their work. Without this they developed a sense of confusion around work roles, boundaries with clients and how they would proceed in counselling.

The label of 'Canadian Certified Counsellor' was not valued by participants, whereas professional development, membership and work experience were (Alves & Gazzola, 2011).

In music therapy, O'Brien and Goldstein (1985) describe three stages that are essential in the development of the professional identity of the music therapist; early experience and education (both formal and informal), demonstration of professional skills, and consolidation and integration of music therapy experiences and concepts. "The feeling that one is a music therapist at the core, must be maintained" (O'Brien & Goldstein, 1985, p.37). The professional identity of individual music therapists is influenced by their life experiences and interactions with others, music history, training, education and work settings and will be discussed in the following sections of this chapter.

2.5   Musical Identities

Aldridge (1996) suggests that music is a suitable metaphor for identity and can play a large part in formulating, developing, and expressing individual identities. Music not only elicits emotions within us, it is also involved in different aspects of daily life and offers a way to share emotions, intentions, and meanings (Hargreaves, Miell, & Macdonald, 2002; Ruud, 1998). Furthermore, musical identities can develop and change over time both on an individual and group level (Hargreaves, Miell, & Macdonald, 2002). Therefore it is important for music therapists who work with music with others to develop an awareness of how music influences their own identity.

> "Music therapists should be aware of their own musical identity. To know the role of music in some of our significant experiences in life may increase our sensitivity towards our own cultural background and personal history. This may extend into areas of body and feelings, early interpersonal relationships as well as making us aware of deeper transcendental experiences. The knowledge of how music may help to construct an individual's conception of one's self may help music therapists choose the right music for their clients, as well as choosing the proper music to empower people within their own cultural context" (Ruud, 1997, p.12).

Loth (2006) offered a vivid description that captured the influence that playing Indonesian Gamelan music had on her musical identity and her work as a therapist, teacher and researcher. As a performer, playing the Gamelan was an exhilarating experience which contrasted with her previous musical experiences. She experienced the instrument as offering an inclusive and connecting musical experience that bypassed language barriers and brought people together. Loth (2006) draws parallels with music therapy group work and the Gamelan orchestra, where each member of

the group is valued without the presence of a hierarchy. In the orchestra musicians play all the instruments and take all the musical roles. This is a similar process to the client being given time, space and support to become comfortable and familiar with all the instruments in the music therapy room. Furthermore, the process of active listening developed by the music therapist is mirrored in the musician's responsive working together in the orchestra without a conductor.

Music therapy literature includes a number of studies that investigate how music therapists' musical identity is important in the identity formation and development of the individual music therapist and the profession (Amir, 2012; Gonzalez, 2011; Ruud, 1997). A qualitative study by Ruud (1997), was based on the assumption that music can be used and experienced in a way which positions people in relation to time and place, other persons or transcendental values. Sixty music therapy students were invited to collect some of the pieces of music which had made a significant impact upon their lives. The participants were also asked to give a personal reflection, or their musical biography. The findings of this study reflected key concepts in the formation of identity; mastery and achievement, appreciation and recognition from others, empowerment and agency.

Amir (2012), a contemporary of Ruud, discusses 'Musical Presentation' as a therapeutic tool for expressing and formulating identity, and increasing a person's knowledge of self and others. In her study, participants were asked to choose a collection of different musical compositions and to present them to others in recorded form, in relation to their 'importance and meaning' in the individual's life. The musical collections created musical collages that reflected personal and musical identity. This was followed by a process of feedback from peers in the group to the participants, which aimed to create greater understanding of participants' intra and inter personal communication and relationships. Parallels are drawn between the 'Musical Presentation' and identities as they are both dynamic in nature and will change over time (Amir, 2012).

In contrast, Gonzalez (2011) investigated individual music therapists' music cultures and the impact that these had on the development of their professional identities. Music had nurtured each participant during adolescence in some way and had been used as a means of support and expression. The findings highlighted the way that participants responded to their family dynamics and how these dynamics influenced their beliefs and values about music, their reliance on music, and their behaviour within their music cultures. Participants' music therapy experiences and the way each worked as a music therapist were either congruent with, or in conflict with their values and beliefs. The findings of this study provide the music therapy community with a better

understanding of one aspect of a music therapist's identity; that of the impact of the music therapists' music cultures on professional identities and foundations in clinical practice. However the study concludes that "there is a need to learn more about the processes that music therapists go through to integrate their self-concepts as musicians and therapists to form their professional identities" (Gonzalez, 2011, p.7).

Music therapists generally begin their professional lives with well-developed musical skills, following traditional or non-traditional musical training (Gonzalez, 2011). For the music therapist there is the additional self-concept of the therapist to integrate into their professional identity, alongside their musician identity. MacDonald, Hargreaves & Miell (2002), and Pelliterri (2009) state that it is necessary to have clarity about our professional identities and how we combine the self-concepts of musician and therapist. Therefore, it seems necessary to attach meanings to both these self-concepts to form the music therapists' self-identity. There are strengths and drawbacks in the dominance of either (Aigen, 2014).

Gonzalez (2011) states that there is evidence to suggest that music therapists "may regard their therapy roles as more salient than their musician roles" (p. 5). Aigen (2014) supports this statement, stating that this prevalence reflects a more conventional view of therapy. It allows music therapists to model their practice after other professionals such as doctors, psychotherapists, and teachers, and therefore to fit more easily into the various settings they work in. Aigen (2014) contends that where the therapist, rather than musician, is the salient identity the value of music is essentially different from its value outside therapy. In contrast, the music therapist who identifies more strongly as musician than therapist, tends to draw on theory from musical domains, to formulate goals in musical terms, and in practice to draw on the intrinsic features of musical experience and expression to evoke client responses. Where the musician is the salient identity, Aigen (2014) proposes that the value of music within therapy is the same as outside. It is important to note however, that Aigen (2014) concedes that "it is certainly possible that these portraits represent abstractions to some extent and music therapists exist in different places on the spectrum" (p. 30).

Certain music therapy approaches will be more congruent with a salient therapist or musician identity. When investigating music therapists' professional identity from a psychotherapeutically informed standpoint Mőssler (2011) suggests that the therapist identity is more salient however she contends that a consolidation of the two identities would lead to music becoming as "transparent and strong as the therapeutic one" (p.180).

2.6   The Music Therapy Profession

Almost two decades ago, when reviewing the status of music therapy, Bonny (1997) noted that the profession had grown 'exponentially' in many areas. She drew parallels with the development of the profession and that of an adolescent who is "convinced of its own worth" (p. 65), as it tries to express its unique identity. She suggested that music therapists were trying to move away from reliance on existing psychological and theoretical frameworks as the earlier pioneers of music therapy had done. Theorists have also drawn attention to the title 'music therapy', noting that it refers to the medium of intervention, or 'means of practice', rather than the targeted area of change, or the 'ends' (Garred, 2006, as cited in Aigen, 2014; Stige, 2002).

The diversity of music therapy approaches originate and evolve from the work of the pioneers of the profession. Aigen (2014) chronologically listed the first four fully developed music therapy models as Nordoff-Robbins music therapy, analytical music therapy, guided imagery and music, and Benenzon music therapy. Each approach has distinctive characteristics that differentiate them. For example, analytical music therapy is underpinned by psychoanalytic theories of Freud and Klein and was embraced by pioneer music therapist Mary Priestley. This is an expressive approach involving spontaneous improvisation to "explore the client's inner life so as to provide the way forward for growth and a greater self-knowledge" (Priestley, 1994, p.4). In contrast, the Nordoff-Robbins music therapy approach was underpinned by the concept of the 'music child' and the belief that improvised music with children who had a disability could "awaken dormant capacities" (Aigen, 2014, p. 219). Within the different pioneering models there are also shared features. However, Ansdell (2002), suggested that the characteristics have changed over time and that an even broader range of music therapy approaches exist in the current international music therapy landscape.

The music therapy literature also provides evidence that some music therapists' practices are influenced by their dual qualification status; where they have moved from one profession to train in music therapy or vice versa. Ghetti (2011) completed a phenomenological study of music therapists who had undertaken an additional training, 'Certification in Child Life', to increase their clinical knowledge and to enhance their marketability. The question as to what level the two fields of music therapy and child life practice were integrated into the participants' work depended upon the boundaries of their positions. The findings emphasised that music therapists faced challenges in the establishment, development, and modification of their professional identity (Ghetti, 2011).

Music therapists' professional identity is also influenced by the type of music technique or methods used within clinical contexts. Drieschner and Pioch (2002) investigated the extent to which the type of client and the goal of therapy determined the therapeutic methods used by music therapists. The findings highlighted that similar music therapy approaches were used independently of the music therapists' theoretical and education backgrounds. Ansdell (2002) also suggested that the range of music therapy approaches used in the music therapy community has developed in its use of participatory methods alongside receptive methods, and has expanded from using improvisation to allowing spontaneous co-musicking to develop. Furthermore, the theoretical frames of references used by music therapists and the differences in professional and personal socialisation were identified as being as important as the choice of music therapy method on their professional identity (Drieschner and Pioch, 2002).

The effect of theory construction also influences the professional identity of the music therapist (Aigen, 2014). Austrian music therapist, Mössler (2011) investigated its influence on three generations of music therapists who trained at the Vienna Music Therapy School in Austria. The development of their professional identity was related to the significance of theoretical orientation and the increase in the development of music therapists' range of roles and work settings. Furthermore, the emergence of identity conflict was highlighted as a result of different levels of focus between music and psychotherapy being present in the three generations of music therapists. Mössler (2011) proposed that a greater balance between the music and psychotherapy in music therapy in Austria, would improve this balance, and move towards establishing a consolidated music therapy identity.

A change of definition is suggestive of a shift in identity (Bruscia, 1998). As music therapists gain more experience and their perspectives on the field change over time this influences a change in definition (Bruscia, 1998). However, changes also occur as the profession of music therapy itself develops; as new approaches are developed and more knowledge about the profession is acquired (Bruscia, 1998). The historical development of the profession can also influence the identity of the profession (Mössler, 2011). Therefore, these influences suggest that the music therapist's identity is ever changing. Drieschner and Pioch (2002) contend that a definition only sets the ground for the profession of music therapy but does not guarantee a strong professional identity. Furthermore, when enough people are doing something in their practice that begins to create a new reality or possibility then a new model or identity can begin to emerge (Ansdell, 2002).

Within the current international landscape of music therapy, the development of Community Music Therapy has had an important impact on the professional identity of music therapists. Community Music Therapy is underpinned by ecological and critical theories and this model of music therapy has generated much discussion and debate. It has "heightened a process in which music therapists wonder and debate about their professional identity, and what music therapy might mean today and in future societies" (Rickson, 2010). Ansdell (2002) introduced the 'consensus model' as part of the clarification process of Community Music Therapy. It represents the approaches of a substantial part of the international community of music therapists which have "drawn towards a consensus in both forms of practice, and in underlying theoretical model which legitimated their practice" (para 79). Some assumptions from this model include that music therapy is not context driven, and carefully follows protocols relating to physical and personal boundaries around sessions (Ansdell, 2002).

Within the Australian context of music therapy, O'Grady and McFerran (2007) theorise that a continuum of music therapy approaches exists; including Community Music Therapy. They suggested that Community Music Therapy has been constructed within music therapy discourse in relation to its opposition to many of the underlying tenets of the 'consensus model' of music therapy. "The delineation of boundaries between professions can directly influence the boundaries within the client/therapist relationship, encouraging clearer communication and expectations from both the practitioner and the participant" (O'Grady & McFerran, 2007 p.16). The future identity of music therapy in Australia is also questioned; in particular as to whether the discipline would remain interested in differentiating itself from other health-related music practices if the model suggested this and whether this would be a reality in Australian community contexts. Furthermore, O'Grady and McFerran, (2007) suggest that reshaping the boundaries of music therapy could be described as "transient cogs in the wheel of music therapy's development as a reflexive profession" (p. 17).

2.7   Reflective Practice and Self-awareness

A requirement of good music therapy practice is the development of reflective practice and self-awareness which "facilitates the exploration of one's values, attitudes, and personal history, which can encourage ownership of and deepen responsibility of learning" (Sisneros, Stakeman, Joyner & Schmitz, 2008, p.20). Professional identity can be influenced by self-awareness and also by the interactions with one's clients (Feen-Calligan, 2005). Furthermore, Elkis-Abuhoff, Gaydos, Rose and Goldblatt (2010) state that self-awareness develops over time, when "the attention of the individual

focuses on the thoughts and behaviours of the self, which allows the individual to become more perceptive of attitudes and beliefs" (p.119).

Skovholt and Rønnestad (1992) investigated therapists' and counsellor's development and their findings suggested that as the therapists and counsellors developed there was a change in their reliance on external authority to reliance on internal authority through the individual's interaction with multiple sources of influence over a long period of time. It is the qualities that therapists bring to their work and the complex conditions of therapeutic practice that influence the way these broad dimensions evolve into distinctive patterns of work experience (Orlinsky and Rønnestad, 2005).
In the music therapy literature, Marom (2004) described an avoidance of spiritual issues within clinical practice as a reflection of personal discomfort with the area of spirituality and postulated the ethical issues that this behaviour raised. This led to a study to investigate spiritual moments experienced by music therapists within music therapy sessions. As part of this process Marom (2004) reflected upon the meaning of spirituality and what that meant for her personally; indicating that a change had occurred through the process of reflective practice.

Another of the forums for developing reflective practice and the music therapists' identity is clinical supervision. Austin and Dvorkin (2001) state that supervision validates, supports, and offers empathy to the music therapist which adds a depth to their practice and benefits the client. Personal therapy may also support self-awareness. Although clinical supervision is a requirement in New Zealand for registered music therapists (RMTh), this is not however, a consistent requirement internationally. Music therapy organisations regard supervision as important and music therapists are encouraged to attend supervision; however, practitioners attitudes do not necessarily reflect the same sense of importance or priority (Kennelly, Baker, Morgan and Daveson, 2012).

Music therapy literature also includes the development of music therapists' self-awareness within the clinical context, of the influence of their personal identities on the therapeutic relationship. Music therapists have described specific aspects of their personal identity that have been challenged in their clinical work and have responded by reflecting and exploring their personal understanding of identity and the influence their personal attitudes and beliefs have had in the therapeutic relationship (Elwafi, 2011; Forinash, 2009; Forrest, 2001; Lee, 2008; Marom, 2004). Developing self-awareness through reflective practice acknowledges that personal identity does accompany music therapists into therapeutic relationships and this can complement and enrich clinical practice (Dileo, 2000).

Forrest (2001) considered the potential impact of ethnic background, cultural beliefs and sense of personal identity on her approach to clinical work with patients who are dying, and patients whose ethnic and cultural background were different from her own. She describes the importance of reflecting on the issues of death and bereavement, including her own mortality, as part of the music therapy process. Lee (2008) states that his identity as a gay man and music therapist has always been apparent in his work. "It has been an unconscious, silent guide and protector. It has coloured my responses to clients verbally, musically, and relationally; at a deep and detailed level" (para. 3). Furthermore, it is important for music therapists to consider the ethical issues related to bringing personal issues into clinical work and how they might impact upon the developing therapeutic relationship (Elwafi, 2011; Lee, 2008; Marom, 2004).

2.8   Adaptation

Transitions commonly occur in a person's life and career and can be accompanied by identity changes as new professional roles develop, requiring new skills, behaviours, attitudes and patterns of interactions which may result in changes in an individual's self-concepts (Ibarra, 1999). Professional adaptation is a process that impacts on an individuals' life, overlapping with their personal, social and cultural identity (Pullen Sansfaçon, Brown, Graham & Dumais Michaud, 2014). Schlossberg (1981) identified three areas that influence adaption to transition: (a) perception of the particular transition, (b) characteristics of pre-transition and post-transition environments and (c) characteristics of the individual. It is not the transition itself that is important but how that transition fits with an individual's situation at the time (Schlossberg, 1981). An important factor is whether the transition is viewed as positive or negative by the individual. However, over time, the demands of new roles can be adapted to and integrated without music therapists losing valued aspects of their identity (Ibarra, 1999). Vega (2010) states that music therapists' identity is influenced by their personality or individual characteristics and the presence of connections between personality, career longevity and burnout.

Changes are occurring as the music therapy profession expands to a wider range of countries in the world. Music therapy practice is now taking place in eight major regions of the world (WFMT, 2011), where each culture has its own unique influences and challenges, and even barriers, which influence the practice of music therapy (Hanser, 2005). Music therapists are mobile in their educational pursuits and their professional careers. Those who are working in different countries may find their clinical practices are influenced by unique aspects that relate to that environment and find that they adapt their clinical practices in response to the context they are in.

A study conducted by Wheeler and Baker (2010) investigated the worldviews that 12 music therapists who had lived and worked in 16 different countries held, and how these influenced their music therapy practice and teaching. The findings reflect the complexity of working in multicultural settings and indicate that many different factors affect people's world views and subsequently the way they think about music therapy. Furthermore these factors include personal experience and societal influences from where the participants lived and their engagement in multiple cultures. These influences include bi-cultural experiences that shaped views about the need to make an effort to learn the cultural beliefs of those from a different culture and ancestry. In addition, they include childhood musical experiences that influenced participants' relationship with music, its power as a therapeutic medium, and family and generational factors. Furthermore, the responses from the participants in this study revealed that a person's "worldview is dynamic and unfolds over time as they were exposed to other cultures" (Wheeler & Baker, 2010, p.221).

Music therapists who introduce music therapy in countries where there has previously been limited or no input can experience challenges to their professional identity and experience professional isolation. Kowaleski (2011) describes the experience of working with a colleague to introduce music therapy to a private school in Antigua. They describe working with limited resources, being the only professional support for their clients, and being isolated from other professionals. Furthermore, the difference between their professional and personal lives was 'almost indistinguishable'. The music therapists reflected that they needed to adapt to the cultural difference in timing and privacy which resulted in changes in their theoretical approach. Specifically they realised that it would be necessary to work with the community rather than just bringing music therapy into a community (Kowaleski, 2011).

Not all the countries where music therapists are practicing have their own formal music therapy training courses. Music therapy students may therefore need to travel and relocate to countries where there are formal music therapy training programmes, in order to gain professional qualifications (Kim, 2011; Leung, Wilson, Roth & Smith, 2014). Music therapists suggest that they experience culture shock and reverse culture shock when they return to their countries of origin following training, and that this influences their identity (Hsiao, 2011; Leung et al., 2014). For example, Hsaio (2011) investigated the impact of student sojourners re-entry to their home culture. Participants described developing new ways to describe and define music therapy in their own culture and language. Furthermore, they were relearning about music therapy relevant to their home culture whilst establishing professional identities in their home countries. Due to

misconceptions, limited applications of music therapy, and limited music therapy positions, some of the research participants were unable to work with a population of interest to them. However participants noted that they were able to transfer their skills to other populations where they were able to develop their clinical work. Additionally participants identified that they had experienced personal growth and self-transformation during this process (Hsaio, 2011).

2.9   Summary

The literature has highlighted the interplay that exists between personal and professional identity in the development of music therapists' identity. There are influences on both an individual and a collective level, from culture and society over time. Important connections are made between the social identity perspective and professional identity. In particular, these relate to the distinctive characteristics that exist as part of group membership, the individual's self-concept within the group, and as individuals within professional roles.

Connections could be made between a range of processes highlighted in the professional identity literature, music therapists' practice, and the field as a whole in New Zealand, which could in turn potentially enhance the development of music therapists' identities in this country. Furthermore, substantial theoretical developments in the field of music therapy have had an impact on the perceptions of many music therapists internationally. Although music therapy studies investigate specific aspects of music therapists' professional identity, or provide general reflections about influential factors in music therapists' professional identity, there do not seem to be any primary research studies in this area at this time.

To conclude, there appears to be a need for a New Zealand based study to investigate the factors that have influenced music therapists' professional identity over time, and the development of the profession as a whole.

2.10 The Research Question

<u>Central Question</u>

What are the factors that have influenced individual music therapists' professional identity over time and have those factors impacted on their practice and the field as a whole in New Zealand?

From the central research question, three subsidiary questions emerged.

i)   How do individual music therapy identities form?

ii)   What has influenced the identity of music therapists?

iii)   How have music therapists' practices changed over time?

Chapter Three

Methodology

3.1   Introduction

This chapter outlines the theoretical perspective that has informed this study, the research methodology, methods and data collection, approach to data analysis, and personal values and assumptions.

3.2   Theoretical Perspective

Epistemology: Social constructionism

Social constructionism is described by Crotty (1998), as a process where "meanings are constructed by human beings as they engage with the world they are interpreting" (p. 43). In social groups meanings are developed and constructed through the practice of that particular group. Rickson (2013), states that music therapy does not exist because it is a 'thing'; it exists because professionals decide that certain factors will make it so, and in time tradition dictates that it 'is' that thing. Social constructionism then, focuses on uncovering the ways in which individuals and groups participate in the construction of their perceived social reality, and how their realities are created, established, and understood. People construct their reality in on-going dynamic ways according to how they interpret their actions, and then act on their interpretations. Therefore, 'reality' is different for different individuals. However it is also possible for people to come to a 'consensus' about what something is. For example, when enough people practiced using music to meet various human needs, and interpreted their practice in a particular way, it became 'music therapy'. It still might not be considered to be a 'real' thing however, having some kind of consensus is more practical than believing it is impossible to say what music therapy 'is' (Rickson, 2013).

Establishing a distinctive professional identity has traditionally required that a group demonstrates distinctive characteristics that in turn generate a label or name that is associated with that distinctiveness (Giddens, 1979). This professional distinctiveness and consequent naming can be argued as having a social constructionist underpinning it; in that it is the communicative social arena that constructs, dismantles, and reconstructs identity through the discourses of individuals with wider social collectives (Eisenberg, 2001).

Social constructionism provides an alternative perspective on the processes involved in the development of professional identity. According to this view, identity arises through, and is an outcome of, dialogue (Shotter & Gergen, 1989), and is fashioned through the construction and reconstruction of encounters with others (Hermans & Kempen, 1993).

From a theoretical perspective symbolic interactionism also sees reality as a social construction, however, it emphasises the way people develop their realities when interacting with others. Symbolic interactionists recognise that people act on the basis of the meaning they attribute to 'things'; the meaning of 'things' comes from the social interaction that people have with each other within their societies; and meanings are modified as people interpret and manage the 'things' they encounter (Blumer, 1969; Denzin, 1992). For example the sense of identity for individual music therapists will mean something different for each music therapist (Rickson, 2013).

The way something is represented, or symbolised, is crucial to the way it is interpreted. Symbols, the way they are interpreted, and the meaning we attach to them, mediate human interaction (Rice & Ezzy, 1999). Language is used within interactions to negotiate meaning, 'thinking' is an internal conversation that guides people's action, and role-play enables people to see another person's perspective and to understand their behaviours (Denzin, 1992).

3.3   Methodology

For the purpose of this study, the New Zealand landscape of music therapy is being investigated, and it is the individuals from the professional group of music therapists that will be providing the data from which meanings will be constructed. The research is qualitative and interpretive; where the researcher will search for meaning in the combination of the ideas drawn from music therapists in this study and the reflexive process.

3.3.1   Qualitative Theoretical Case Study

Qualitative case study research enables researchers to inquire into complex real-life situations (Yin, 2011). They are about a particular situation, and cannot be generalised. A qualitative case study presents a framework that supports the process of answering the complexity of the central research question. Stake defines a 'case' as "specific, complex functioning thing" (Stake, 1995, p2), bounded by time or space. The New Zealand situation can therefore be understood as a unique 'case', with individuals and groups of music therapists functioning in complex ways, bounded by country. It is

understood that the situations or 'cases' in other countries will be different. Furthermore a 'case' can also be described as an entity that is "real-life grounded, related to contemporary events" (Smeijsters & Aasgaard, 2005, p440). The case I proposed was the present New Zealand community of music therapists who have been practicing for over five years.

A theoretical case study framework seems particularly relevant to my research. McLeod (2010) states that case studies are particularly effective where there are theoretical issues that involve "complex interactions between different factors" (p.158). Theories can be viewed as socially constructed and are an evolving rather than static entity (McLeod, 2010).

3.4 Methods and Data Collection

Open-ended Interviews

The open-ended interview technique is an emergent process, allowing for exploration of the research question, and is an interpersonal process between researcher, participant and audience. It is a process that is in conversational mode; a two-way interaction incorporating open ended questions and provides for what might be called 'targeted' data collection by asking specific but open-ended questions (Yin, 2011). This approach allows the representation of the views and perspectives of participants. Open-ended interviews offer a framework to learn about people, not study them, which is an integral element of my study.

Open-ended interviews were undertaken to gather information from nine New Zealand based Registered Music Therapists (RMTh) regarding the factors that influenced their professional identity. Each interview was recorded using a voice recorder and then transcribed verbatim. Eight interviews were conducted face-to-face and one interview was by phone. It was important for interviews to be held in settings where participants felt comfortable whilst also offering the appropriate level of privacy. Venues included participant's homes, a music therapy room and an office. In all cases, due care was taken to ensure there would be no interruptions.

In the first two interviews participants were trying to maintain their own, and others anonymity and it became clear it was distracting to them, affecting the quality and depth of responses and their engagement in the conversation. Therefore participants were encouraged not to 'filter' their responses in following interviews to allow for a full, in-depth narrative to flow. Participants were sent copies of the verbatim transcript of their interview to allow them to review the content, and change or edit out any details that compromised their own, or others, anonymity.

I began each interview with a warm-up question to start the conversation and I did not have a set list of questions. Nevertheless, I held the research questions in mind during the interviews. Participants were encouraged to talk about their own experiences and identities as music therapists. My responses and questions went with the flow of the conversations; picking up on and reflecting aspects of the content of the conversation that seemed to relate to the research question.

Participants varied in their approaches to interviews with some preparing their thoughts and arriving with clear ideas of what they wished to cover, whilst others took a while to warm up and relax in to the conversation. This was often reflected on during the interview as the flow and depth of conversation became easier for the participant. If the conversation faltered or petered out, I would remind participants of a comment they had made in an earlier point in the conversation. Similarly, if the conversation changed direction, I would guide participants back to the topic unless their diversion seemed particularly relevant to the research question.

3.5   Participants and Recruitment

The participants in my study were music therapists within New Zealand who had been working in the field for five years or more. To recruit participants, music therapists were contacted through their professional newsletter and interested parties were invited to contact the researcher to express their interest in participating (see 'Expressions of Interest' Appendix 1(i)). Initially, ten music therapists expressed interest in participating and information and consent forms were provided to each respondent (see 'Information Sheet' Appendix (ii) and 'Participant Consent Form' Appendix 1(iv)). One music therapist did not proceed to give informed consent, for personal reasons.

The recruitment process aimed to capture the diversity of the music therapy community in New Zealand. Potential participants were asked to express interest and to answer specific questions (see 'Participant Inclusion Criteria' Appendix 1(iii)). This would enable the researcher to choose participants according to the gender of the music therapists, the country where they trained, and populations they worked with. The original number of interviews was to be eight. However since only one additional expression of interest was received, the researcher decided to include nine participants in the study.

The career lengths of the nine music therapists who were interviewed varied from seven to 17 years. Eight of the music therapists were female and one was male. One music therapist had trained in

New Zealand whilst the remaining eight music therapists had trained overseas. Eight of the music therapists lived in city communities, with only one living in a rural community.

3.6   Data Analysis: Thematic Analysis

The method of analysis for this study was an inductive thematic analysis. The analysis was linked to the data from the transcripts of the open-ended interviews. This form of analysis ideally allows for systematic analysis of content and themes, whilst also allowing the researcher to analyse their underlying meaning in context. For this study, thematic analysis within a constructivist framework focusses on meaning and experience as socially produced and reproduced (Braun & Clarke, 2006). The method of thematic analysis is one that is flexible and analytical, that can "potentially provide a rich and detailed, yet complex, account of data" (Braun & Clarke, 2006, p.78).

Thematic analysis should be seen as a foundational method for qualitative analysis and be applied as a method for identifying, analysing and reporting patterns (themes) within data (Braun & Clarke, 2006). Furthermore a good thematic analysis needs to make sure that the interpretations of the data are consistent with the theoretical framework and not only include data that supports the arguments the researcher wants to make (Braun & Clarke, 2006).

In this study, I initially familiarised myself with the data by reading and re-reading the interview transcripts. I then made notes on ideas from the data and looked for patterns that were present. These patterns were then used to generate an initial coding system. The emergence of codes through the research process is a cyclical process and "involves going back and forth between phases of data analysis as needed (Braun & Clarke, 2006, p. 93). In following this process, I coded the data a number of times which enabled the emergence of identified patterns in the codes. In thematic analysis, the coding process is transitional to enable more extensive data analysis to occur. In this study, the codes were reviewed repeatedly and the patterns that developed were then grouped in to potential themes. To support the process of generating potential themes I used visual mapping of the groups of codes to develop connections and patterns. In addition, as potential themes began to develop I referred each one back to my research question and followed a process (see 'Example of the Process used to Clarify Developing Themes in Relation to the Research Question' Appendix 4) to investigate how they related to the individual music therapists' practice, and the field as a whole in New Zealand? Through this analysis process a number of potential themes were combined to create a subsidiary theme and / or theme (see Appendix 6).

3.7   Personal Values and Assumptions

During the process of the research I have reflected on where I began and how I positioned myself in relation to this topic. Looking forward to the focus of my study I held a considerable level of naivety as to the depth and breadth of this topic and the level to which I would find myself being immersed in it. I fundamentally came to this research with an assumption that professional identity does change for a person over time, and that I greatly value my identity as a music therapist.

Clinical practice had held a valued and dominant position in my professional identity and that had changed in many ways over time. I also assumed I would notice connections with the research topic and the influences that my personal identity, experiences and history had had on my individual identity as a music therapist. Over the last ten years I had not personally felt a strong sense of group identity and I had experienced greater professional isolation. I noticed I felt a sense of disconnection from the New Zealand music therapy community and there were times when I found myself, wondering where I fitted in. At a local level I felt comfortable in my work and where this and I as a professional, fitted into the community. However during the eight years following my arrival in New Zealand, I was aware that I had been involved in the New Zealand Society of Music Therapy at a national level in different roles. Furthermore, I had felt a greater sense of connection with the wider music therapy community in New Zealand during this timeframe.

A review of the literature highlighted the social perspective of identity and drew my attention and awareness to the impact this can have on one's identity. Thus I found myself reviewing these earlier assumptions. This in turn has coincided with beginning clinical work with a new client population at the early stages of this study, and with my role as a returning student. My clinical work involves running a weekly music therapy group as part of a day programme in a regional eating disorder service. Within the music therapy group sessions the repeated theme of 'change and transformation' has intermittently emerged for clients. This resonated with aspects of the literature from the social identity perspective, and reflects the challenges to the clients' personal identities in their journey to recovery. My awareness and ability to reflect on aspects of identity within the clinical sessions with this client population has deepened during this process.

As a clinician I regularly wrote reports for assessments, reviews and funding applications and felt proficient in this aspect of my work. I had assumed my transition to academic writing would be fairly easy and there was a genuine naivety on my part. Over the time of this study, whilst reflecting on my experience of immersion in this topic, academic writing and research after working

predominantly as a clinician, I often found myself using a metaphor of muscle development and tone. I described my clinician muscle or identity as well-developed; with shape, form and strength, which moved in smooth well used patterns. Furthermore, this muscle enjoyed new challenges to develop, strengthen and expand it. In contrast, my academic and researcher muscle or identity felt weak, underdeveloped and tired easily. What seemed like a simple movement was complex and challenging and often left me feeling frustrated; questioning my ability to complete the goal I had set myself. At times I was not sure whether I could wear this identity. As the research progressed I am able to reflect on the progress of this muscle and notice it is developing strength and form. The patterns of movements flow more easily, and I feel less clumsy in the process. Sore muscles still continue but to a lesser degree and I feel less out of balance than at the start.

After examining my assumptions I can also see that at the beginning they were based on what I knew and had experienced. Through the process of the research I have made new discoveries about myself and the topic. I am looking at a broader landscape of professional identity and a deeper understanding of its links to music therapy and the music therapist; using more aspects that had become under used or were not yet discovered.

Chapter Four

Findings

4.1   Introduction

In the following chapter, I present the findings from the inductive thematic analysis of the nine open-ended interviews. To maintain anonymity, all music therapists in this study have been given pseudonyms, and any examples that could potentially identify individuals have not been used.

4.2   Overview of the Findings

The professional identity of music therapists has strong links with personal identity and their individual professional identity, and is underpinned by a number of factors which will be discussed in this chapter.

The data analysis yielded an overarching category of validation, with three core themes of personal perception of competency, adaptation, and reciprocal professional communication. These are then made up of 16 subsidiary themes which can vary as the therapists' self-concept changes over time; to accommodate and integrate new social identities in their professional lives. The main section of this chapter will expand each of these subsidiary themes, and will include quotes from transcripts to exemplify the findings. The relationship between the overarching category, themes and subsidiary themes are mapped in *Figure 1*.

I begin though, with my answers to research questions

  i)   How do individual music therapy identities form?
  ii)   What has influenced the identity of music therapists?
  iii)   How have music therapists' practices changed over time?

4.2.1   How does the identity of individual music therapists form?

The identity of individual music therapists in this study, has formed based upon their experiences, values, beliefs, interactions with others, musical experiences, training and clinical experiences. The

influencing factors that were most meaningful for each person in the study varied; which highlights the individual nature of the music therapists' identity formation.

During training, identities are newly forming and developing, and the influential experiences during this period were described as diverse, expanding, meaningful and challenging. When working as professional music therapists, experiencing a sense of competence through their work and having positive interpersonal exchanges with employers, colleagues and clients were also significant for participants. Furthermore music therapists in the study, experienced a stronger self-concept when they were individually recognised and acknowledged as being part of a unique professional group.
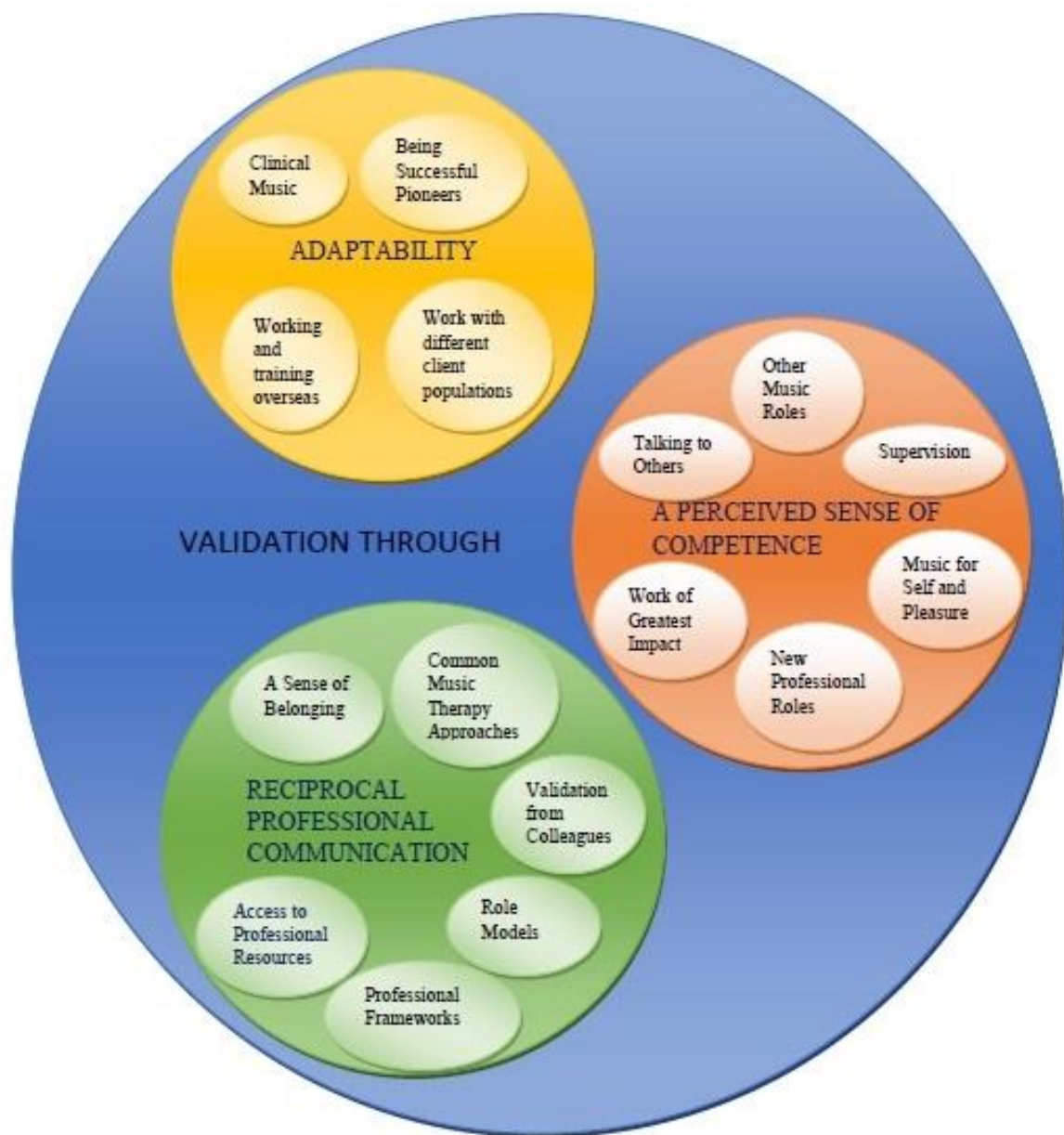

Figure 1: Map to Represent the Relationship between the Overarching Category, Core Themes and Subsidiary Themes.

Music was the common element weaving throughout the music therapists' lives and their developing identities; whether originating from a traditional or non-traditional training background. Music held a strong place in their identities before training in music therapy, and was often linked with personal aspirations for careers in music performance. Musical self-concepts were broadened both clinically and non-clinically as new and flexible musical skills were developed during training and clinical practice. Furthermore, over time, the continued growth and development of the music therapists' personal use of music ensured they maintained an active connection with their musical identity.

Music therapist's musical and non-musical skills are adaptable and influence different aspects of their professional lives and their developing identity. Their flexible musical skills can be transferred and developed to work with different client populations and organisations, expanding clinical practice and opportunities. Flexible non-musical skills can lead music therapists to new professional roles that complement, but do not necessarily involve, music therapy. Thus, they can expand their professional identities.

The capacity to adapt and cope with change also weaves through the personal and professional lives of music therapists in this study, and influences their developing identities. Significantly, all the music therapists in this study have lived and worked overseas and all but one trained overseas; therefore all participants have experienced career, cultural and personal transitions.

4.2.2 What has influenced the professional identity of music therapists?

Experiences that have reinforced music therapists' sense of belonging to their professional group have been significant influences in the development of their individual professional identity. This was evident particularly where a connection to the professional community was established, as it held the shared values and beliefs with the individual music therapist.

The specific role that supervision holds in the professional requirements of New Zealand music therapists in comparison to other countries has a significant influence on the collective identity of music therapists in New Zealand. Music therapists in this study perceive supervision as a valued part of their professional identity as well as it being a requirement of their professional registration. Supervision also influences individual music therapists' identities through the development and expansion of their individual professional skills and reflective practice.

The identity of the music therapy professional community is naturally influenced by the range of training backgrounds they have experienced and the resulting diversity of approaches they employ. The culture of music therapy practice in this country is influenced by the diverse individual approaches of its members as it collectively expands and develops. Individuality and flexibility of approach remains important in order to meet the needs of specific music therapy contexts, and individuals suggested that they value particular aspects of their training that may have been unique. Yet together they have been able to work effectively within the developed professional frameworks that are specifically designed for the New Zealand music therapy landscape. This suggests that common values and beliefs emerge, despite music therapists maintaining individual approaches to practice. Similarly, the theoretical underpinnings to work were not perceived to be lost when changes occurred in the client population or the organisations music therapists worked with.

In clinical practice, the potential for music therapists in this study to create and expand their range of choices is suggested as empowering for them. The developing identity that accompanies their sense of expanding choice when working with different client populations and organisations is influenced by a sense of achievement or success. This is represented by the new professional roles music therapists develop over time which similarly expand their professional skill base and practices; which at times involve the adaptation of music therapy skills into non-music therapy roles.

4.2.3   How have music therapists' practices changed over time?

All the music therapists in this study were able to notice changes in their practices over time; which consequently influenced their identities. Music therapists also noticed an increase in confidence in their clinical work; particularly when talking to others about their work, working with new client populations, and when adapting and developing music clinical practice. Clinical practices were also influenced by music therapists developing a reflective practice as this increased their insight and objectivity around their clinical work. Music therapists are working with a broader range of client populations, and clinical practices have been able to be responsive to societal and organisational policy changes by adapting their service delivery models. Furthermore, establishing new professional roles and incorporating them into existing roles or new employment opportunities have expanded their identities. Music therapists in this study described increased career satisfaction as a result of the role development over time.

A significant change to clinical practice occurred when participants moved to New Zealand to live and work. These participants experienced challenges on both an individual and collective levels.

They varied in the way they managed the transition, particularly in relation to the differences in the profession and to their clinical work in New Zealand. Each of these participants' experience involved multiple influencing factors and the way they adapted to the differences was influential on the impact this had on their individual professional identity.

Involvement in developing clinical practices, talking to others, giving presentations about the profession, increasing awareness of music therapy through the development of their clinical work, and involvement at a national level in Music Therapy New Zealand (MThNZ) has benefitted the music therapy professional community in New Zealand. Furthermore, the identity of the New Zealand music therapy professional community is influenced by the individual music therapist's sense of identity. This suggests there is a reciprocal interactive process involved in the professions identity formation.

4.3 Findings in More Detail

The subsidiary themes that emerged during the process of thematic analysis of the data from the nine music therapists relate to the overarching category and three core themes. Therefore, I have presented the findings in four sections which are organised in relation to the overarching category and each of the core themes. Firstly, I explain what is meant by validation and why it is considered to be an overarching category in connection with the factors that influence music therapists' professional identities. Secondly, I demonstrate the value and influence that a perceived sense of competence had on music therapists' professional identity and their clinical practice; thirdly I show how the music therapists' personal and professional ability to adapt and change influenced their clinical practice and finally; I note the importance of direct and indirect reciprocal professional communication between members of the profession.

4.3.1 Validation

When music therapists experience a sense of validation they feel accepted and affirmed by others. This in turn builds a sense of identity as the music therapists' qualities and skills are valued. Validation was considered to be an overarching category because it forms a foundation that underpins all the core themes and subsidiary themes and was a recurring element within the data. Music therapists' individual and collective identities were positively influenced by experiencing a sense of validation from external influences. Through this ongoing external experience of validation some of the music therapists in this study described a shift to being able to feel increased value and

sense of worth about their clinical work. Furthermore, a change in their self-concept and confidence developed over time with their expanding self-esteem. This suggests that the process of validation interacts with both the external and internal world.

Colleagues, employers and clients offered music therapists validating feedback verbally and in written forms, or through non-verbal communication. This reinforced both the individual and collective identities of music therapists. As a consequence, they experienced positive developments in their interpersonal exchanges and gained an increased sense of competence. Sarah described how her identity was positively influenced through a recent professional role.

> *"Since I did the 18 months for the Ministry of Ed., where I was seen as a specialist and held in much higher regard there than I had been by the previous (employer's name). ……yeh, I saw myself in a different light, once I did that work and had those closer links with all the other therapists there and the educational psychologist….And I realised my knowledge and my expertise was respected there and valued. And I was challenged a lot more there; to actually, you know, to be writing really professional reports and things like that."*

In contrast when the music therapists in this study did not feel validated they described feeling demoralised, with a lowered self-esteem and sense of worth. Some music therapists described focussing their attention on previous work that had validated them and consequently experienced feelings of loss and grief. Influencing factors included employment contexts, proximity to other music therapists, and the development of the profession. Sarah's contrasting employment experience had left her feeling frustrated and undervalued in another of her employment settings. After four years of working there her manager described her work as "(name) does music and it makes the kids happy". Sarah reflected that the experience she had there indicated that;

> *"There were real problems with management and respect for people and um…..and respect sometimes for the children we worked with as well……I mean the therapy team were pretty good….they're a really dedicated team there. But we felt like we were always…….fighting….fighting for respect and to be valued."*

For Sarah, these contrasting experiences have highlighted that the experience that values and affirms her professionally are the contexts she aims to work in and foster for her future employment. Furthermore, she has developed a stronger identity and also seems to be valuing herself more.

A strong group identity was affirmed by the majority of music therapists working within a humanistic framework. This sense of identity was not impacted on by individual's use of diverse approaches. Professional frameworks that music therapists adhere to affirmed their identities as individual practitioners whilst also validating their collective identity.

The professional distinction that accompanied roles in multi-disciplinary teams that form around music therapists' specific skills and professional expertise validate and strengthen their professional identities. Nicole described her work in a hospital working in four different areas within health. She is linked with a multi-disciplinary team for one contract that covers two of the areas of her work and although her dream would be that;

> *"I would be much more mobile in the hospital and go and work on the wards …and people make referrals to me from the wards and…. I think that's the little pipe dream kind of thing. But I guess on one hand you know, I kind of think that would be really cool to do that but on the other hand I'd become very aware of being more isolated. Cos' at least at the moment while I'm in (Department name) I'm part of a team, and that's actually been really important. And I think in terms of my identity, I think being part of a team has been really has been really influential. I mean I've talked about my struggle maintaining my identity but also, I think it's helped to develop my identity as well. An interesting double edged sword. Yeh."*

The experience of talking about music therapy was described as affirming and reinforcing music therapists' sense of identity over time and corresponded with the development of a stronger self-concept. Early in her career, Sarah found talking about her work stressful and she described how she often felt like she was an imposter presenting about her professional work.

> *"Leading workshops, they scared the hell out of me. 'Til I realised that really it was just a bunch of really nice people coming along and they valued what I had to say and they were interested in it. And they had really interesting ideas too and were doing things differently. And really it was great to work with them and it was lots of fun. And I knew stuff that was useful. And once I did a couple of those I realised that I could do them. That's been a big change for me over the last couple of years, cos I always felt like a fraud. There were so many times when I think, people value what I have say but look at these people out there doing this amazing work in music therapy. I'm not like them. I can't do that. And there's a bit of me that still says that. And actually in some areas I can't do that…but…I don't have to*

> *work in those areas….I think that's the biggest thing I'm coming to accept……there are things*
> *where I have something to offer and I can do that work"*

Another influence that affirms music therapists' professional identities is through the enhancement and development of the profession of music therapy in New Zealand; including voluntary roles that influence both individual and collective identities of music therapists. Nicole described her active involvement in MThNZ as offering her a status that validated her identity as a music therapist.

> *"I guess the involvement kind of keeps me aware of the issues for music and music therapy in New*
> *Zealand. It keeps me focussed on music therapy. Because I think it would be very easy to become*
> *quite unfocussed. I guess partly because of what I said before about you know, trying to make an*
> *identity. I guess, it gives me some status as well, as a music therapist, particularly in the (list of*
> *roles in MThNZ) there is a status that comes with that. And I think in terms of my identity as a*
> *music therapist, particularly where it's not something that people have necessarily come across*
> *before"*

4.3.2   A Perceived Sense of Competence

In this study music therapists' experience of perceiving a sense of competence in their professional work is present in themes that are related to being able to experience a sense of success, and to make and expand their range of professional choices to create new career possibilities. As a result the music therapists experienced a sense of empowerment and a stronger self-concept.

A perceived sense of competence through life experiences and skills that music therapists bring to their work

The decision to train in music therapy included life experiences that were important in the music therapists' lives. Experiences that the music therapists discussed included living with family members who had a disability or health issues, personal disability and health challenges, personal crisis, spiritual beliefs, recognising that music had the potential to affect others in different ways and their training and work prior to their training in music therapy.

Within a family system, living with someone who has a disability or illness can affect family life in different ways. For example, levels of stress can be greater and relationships can become complex. However, the ability to have positive regard and empathy for others and understanding can also develop. Sarah described that early in her career, she consciously avoided working with a specific client population with the same diagnosis as a family member as she did not want to be reminded of

them when working with clients. She indicated that she felt cautious as she was not confident in her ability to be objective in the work. However, Sarah is now working with this client population in her clinical practice and recognised that she had the skills to do so. The statement that she was "better at it than I thought I would be" was an important factor. Over time, this music therapist had developed greater confidence, insight and objectivity to enable her to feel able to identify the skills she did have for working with this client population.

Personal illness or disability was experienced by some of the music therapists in this study and a common perspective when discussing their experiences was their focus on their strengths rather than their limitations. Bev lives with a visual disability and described perceiving the world in a very detailed manner. She suggested that her strength as a music therapist was in her highly developed auditory observational skills within sessions. In contrast, Alex changed her career due to a developed health condition and retrained in music therapy, which transformed her professional identity.

In childhood through to early adulthood, there were significant musical experiences involving others that highlighted the expressive potential of music to the music therapists in this study. The important factor for the music therapists was that they were directly involved in these experiences and as a result these moments had a significant impact on their identities. Furthermore these meaningful moments encompassed the ability to express an emotion through music to another, observe a collective response from an audience after a musical performance they were involved in, and be personally moved by music being played by another. Chris worked as a teacher, leading drumming groups with a group of at risk youth and observed the impact of the music on the students' behaviour. The experience left her with a desire to know more about music's potential and eventually led her to train in music therapy.

The values and belief systems of families are influential on developing identities and for some music therapists these were discussed in relation to their spiritual beliefs. Alex described being bought up in a family with a strong musical and Christian tradition that placed a sense of the value on helping other people. She described having "a very strong musical upbringing in terms of learning musical instruments in my family; very strong musical sort of, focus on instruments and playing and orchestras and groups and being part of church music. It was very…..strong." Subsequently, she was able to make the connection that music could be used as a way to help other people. Bev suggested that her spiritual beliefs sustained her focus and motivation to follow a career pathway into music

therapy despite many attempts to being accepted on to a training course being thwarted on the way.

Prior to training, music therapists in this study had employment and work experiences for example as teacher's aides, teachers, librarians, performers, community workers, and support workers. These experiences enabled the development of skills that could be transferred into music therapy roles; including life skills, working with people from various populations in the community who have different and specific needs, experiencing the wider potential of music through working with music with people, discovering new personal skills and gaining a broader life experience. As a result a broader self-concept developed which would be transferred into their future roles as music therapists.

Interestingly, three of the participants had qualified and worked as teachers before subsequently training as music therapists. The experiences gained in their roles as teachers included having opportunities to work with students identified as having challenging behaviours or a disability. Martha reflected on the impact of her teaching background on her music therapy identity.

> *"I think it's a funny identity. I guess because I work in a school now, it's obviously got benefits cos' I can understand and access wider bits of information in a school and environment. Educationally and practically I understand perhaps a little bit more about what goes on. But I think it can be really confusing being a teacher and also a therapist, because in some ways they are conflicting roles. Aah…perhaps maybe not so much in our special schools. But as a teacher you are already product based in a lot of ways. And as a therapist I see myself more about the process, not the product".*

Another three participants had worked as teacher aides with children who had a disability and all had used music in these roles. Bev explained

> *"I was quite happy being a teacher aide for a long time and then I got to a point where I wanted more responsibility now. I was ready for more responsibility in my job. Not just do these songs with kids and then go home and don't have to think about it."*

Alex found that doing music therapy training while still working as a teacher aide led to others having expectations of her that were too high.

"Teachers would say to me "Well, what would you do if you were a music therapist in this situation?". And I just felt like, I don't know. I'm still finding out. I'm not trained, so…for me actually, going and doing a training course would give me the confidence to say to people 'this is what I could do, this is what music therapy can offer.' Rather than trying to do that as I was going, where I wasn't confident in doing that."

A perceived sense of competence through multiple musical experiences and roles over time

Music is a fundamental part of the music therapists' identity. Music therapists in this study needed to take up different musical roles over time, and to have flexible music skills that they could employ in clinical practice. The identity of musician was the strongest for six of the music therapists in relation to their professional identity. Only one music therapist identified as a therapist more strongly than as a musician.

Music therapists in this study engaged with multiple musical roles and experiences before and during their careers; firstly music in childhood, secondly music in training, thirdly music for self and pleasure alongside their music therapy practice, and finally with other music roles that exist alongside the music therapy role. Each music therapist experiences unique combinations of different aspects of the multiple musical roles and experiences in their lives. Music continues to be influential on their identities as music therapists, and their clinical practice. Music in clinical practice will be discussed later in the chapter under the theme of adaptation.

Music in Childhood

Informal music experiences, formal musical training and performances were present in the childhoods' of all the music therapists in this study, which strongly influenced their personal and individual professional identities.

Eight of the music therapists experienced formal music training in their childhood, through the learning and playing of instruments and music of different genres, playing in different musical groups, and teaching music to others. Chris did not experience formal music training in Western music in childhood and described her musical identity as being linked with the exposure she had to the traditional music of the country she grew up in. "I was always beating on tables, I was always…I just never had the instrument in my hands." The lack of formal music training seems to have influenced Chris's perceived identity as a music therapist. She described having a struggle to identify as being a musician in relation to her music therapy identity.

Informal musical experiences with family members and being surrounded by specific genres of music influenced the way participants perceived music. Martha described two strong childhood memories involving musical interactions in her family. She played music to soothe her mother's physical pain that related to a health condition and secondly, she experiencing moments of joyful, playful music making with her father. These contrasting experiences created a basis for Martha to value the different possibilities for music alongside performance.

Musical performance was a strong influence on the music therapists' developing identities with four music therapists aspiring to follow music performance pathways as young adults. Each of these music therapists reached a point where they reviewed their musical aspirations and career directions before eventually moving into the profession of music therapy. Whilst reviewing what she wanted to do with music other than performance, Carol identified a desire to work with people using music. She described performing as being "too distanced. I don't want to be on stage with an audience sitting 20 metres away. It's not close enough." In contrast, Karen felt that from a young age she would work with music somehow, it just was not clear how that would unfold for her. In each case, the change in direction from performance resulted in a repositioning of themselves in relation to their music identity.

Connections by music therapists in this study to childhood experiences that revealed the ability of music to impact and influence others seemed important in relation to their values and beliefs in music's potential. Carol described playing in a childhood orchestral performance and noticing the audience sitting "very smartly and quietly during most of the piece".

> *"Hands on their laps type behaviour. As we got to the huge big crescendo, with the whole orchestra playing, I just became aware that the audience were getting really jittery and they were starting to smile. And when we finished the last note a lot of people stood up and they were cheering and clapping and….I can feel it now. I'm getting kind of goose bumps (laugh)………..sort of trembly. It was just a wow moment………..so on one level I felt it myself, and I could see this feedback, about how we moved the audience who weren't playing but who were there to listen. And suddenly we'd created this huge big wave for them. And that was the moment I thought 'Wow, I wanna……….share this effect with people."*

<u>Music Therapy Training</u>

Music therapy training is a formative period in music therapists' developing identities. Students are required to have proficient musical skills however, it is not necessary that they have to have formal musical backgrounds and training. Furthermore, different courses have specific parameters around their acceptance processes and criteria and applicants backgrounds can vary. For example, three of the music therapists in this study did not complete an undergraduate music degree however two of them had completed an arts related tertiary degree.

Music therapy training courses offered varied musical experiences and they were generally related to the music therapists' musical skills, backgrounds and their needs whilst training. The content of courses would both extend and apply existing musical skills whilst also focussing on the development of new musical and instrumental skills; including musical genres. In this study these were important influences in the development of the music therapists' self-concept. Furthermore, the development of the therapeutic use of music and the accompanying skills this requires can be challenging for music therapists, whilst it also expands their existing musical identities. The inclusion of clinical practical during training further consolidated these new skills for the music therapists in this study.

Andrea who had not completed an undergraduate music degree and felt like an 'outsider' during training because she had not studied music at a tertiary level and was in the minority of the students on her course. Over time, she had questioned what the impact of not having extended her formal musical training in the "intense environment" of a tertiary course might have had on her development as a music therapist. Andrea also noticed that she often reflected on the interpersonal and relational nature of the music in music therapy sessions; rather than analysing and reflecting on the music as other colleagues did. This suggests that the type of musical training influences the way music therapists analyse and reflect upon the music within clinical sessions.

A significant aspect of Martha's training experience related to how she could use music to meet a client "in their own space and learn to be with them in a musical relational way". In contrast, Chris, who came from a non-traditional musical background, had to spend a lot of time studying formal music skills as well as music therapy, which increased her workload significantly during her training.

<u>Music for self and pleasure alongside music therapy</u>

Music therapists in this study maintained a continued personal connection to, interest in, and enjoyment of music, which has sustained their musical identities alongside their professional work. Learning to play new instruments or developing new skills on familiar instruments through the playing and learning of new styles and genres of music were commonly described by music therapists.

Some music therapists expressed a need for an outlet for their performer-self to continue alongside their music therapist role to support their personal musical identity. This need was met through rehearsing and performing in orchestras and community music groups, social musicking opportunities and playing music as a creative outlet. Improvisation was also used as a form of personal non-verbal reflection.

It is interesting to note that the way music therapists in this study used music for themselves also changed over time. Andrea reflected that

> "I don't feel a great need to be the performer, in my personal life the music that I do, I've chosen. In the past I have played in groups where I've done that quite a bit. At the moment I'm not and that's suiting me quite well. To be playing music for enjoyment, for relaxation…..just all of the positive things."

<u>Other music roles alongside music therapy work</u>

Three music therapists in this study engaged in alternative music based employment alongside their clinical practice to boost their income. This employment involved instrumental teaching, choir leading and performing. They felt this gave balance to their clinical work. Nicole described how running a choir has developed her musical, leadership, and group skills. "So in terms of musical identity, I would say my musical identity is much stronger". The additional music roles were not negatively influencing the music therapist's identities, rather they were sustaining them.

Karen described a moving musical experience that wove many aspects of her musical self together. She composed a piece of music for the orchestra she played in and this piece was then played in a music therapy fundraising concert for her place of employment.

"The whole process of writing a piece and .discussing with people I work with (about) what I could represent and then explaining to the people who were going to conduct and play it what it might or might not represent, or whether it was just sound... Then hearing it performed in rehearsals and then I was actually playing in the orchestra surrounded by it all and then hearing one of my clients in the audience starting to vocalise towards the end of it and it obviously touched her too. It's why I'm a music therapist not a psychotherapist or an arts therapist or a play therapist, it does really come down to a musical identity."

A perceived sense of competence through supervision

In New Zealand, since the creation of the MThNZ Registration Board in 2003, it has been a requirement for RMTh to attend regular clinical supervision. Music therapists in this study felt that it is important that supervision is a requirement of professional registration. However, internationally, requirements for supervision vary and it is not a requirement in some countries.

Supervision is a valued and integral part of the professional lives of New Zealand music therapists, and offers an opportunity to build a stronger self-concept and increased self-awareness in their professional roles. Music therapists in this study access clinical supervision from both music therapists and psychotherapists in the form of peer supervision, group supervision, individual supervision and music-centred supervision. However, only one music therapist described the use of music-centred supervision. This is interesting as music is the modality that music therapists use in their work yet it seems that this form of supervision is not talked about openly in New Zealand. Improvisation was the predominant technique used in the music-centred supervision and it involved the exploration of clinical ideas or motifs, role play, and the naming of and reflecting upon clinical issues. The music therapist who experienced music-centred supervision explained

"I think supervision has really helped me to sit with that not knowing and finding out and different ways of finding out and being able to use music....improvising or role playing ....to discover things about my clients and about myself…………We don't use it every single time and sometimes we're not able to use a room with musical instruments but I suppose we can still sing. And sometimes there are things that are best discussed in words. But…I improvise a lot by myself, for myself and reflecting on my sessions…………But it's very different doing it with somebody else…and…either being able to role play a client or for my supervisor to role play my (client). But also just to …… reflect on something by improvising and seeing what comes out rather than talking and ….if I play about what it's like to be with one of my clients then all sorts of emotions are evoked musically and then named afterwards I suppose."

A long-term supervisory relationship was important for music therapists in this study, in relation to their developing professional identities. The supervisory relationship, which involves developing a level of trust over time, was an important factor for music therapists in being able to reflect with a supervisor on changes that had occurred over time. When Alex first qualified and first started working, "there wasn't a requirement for supervision. So you know, I look back and think 'That would've been so helpful' (laughter)." After having had the same supervisor for over 15 years she now felt this was an important factor in her development as a music therapist as there had been many changes in her clinical practice over that time. One of Bev's long-term supervisors had recently died and she suggested that alongside her feelings of loss, she was able to reflect on her own growth over the time of the supervisory relationship. She identified that she now had greater confidence in dealing with situations without needing to get the support from someone else.

Discussion about, and inclusion of, music therapy techniques within supervision not only impacted on music therapists' clinical practice but also on their developing identities. Supervision offered music therapists in this study a safe place to develop clear boundaries, a strong focus on clinical work and the opportunity to express professional struggles, whilst developing and maintaining their professional competence in the workplace. Karen highly valued the role of supervision in her professional life and explained

> *"I don't know if some people might think it (supervision) an obligation and a cost but I think it makes a huge difference…..to my confidence and also to be able to... talk with somebody about my clients and risk disclosing the things I'm struggling professionally rather than………feel I have to be seen as competent."*

From a wider professional perspective, supervision maintained and developed music therapists' professionalism, safe practice and the standards of music therapy in New Zealand.

Some music therapists also used supervision to explore ways to achieve a balance of work in their lives. Personal therapy was also engaged in by some music therapists alongside their supervision at different times in their professional lives.

A perceived sense of competence through newly developed professional roles
In this study, as music therapists' careers progress over time, the development of new and varied roles seem to be a shared and notable experience that influences their professional identities. New roles have been embraced by music therapists to extend professional skills and develop their career

pathways, whilst also being important in sustaining passion and commitment to their music therapy practice.

The most frequent role to develop has been that of supervisor; with seven of the nine music therapists expanding their identities to include this role. With a growing population of music therapists in New Zealand, there is an ongoing need for clinical supervision. Specific supervision training, to support this new role and acquire a recognised qualification, has been undertaken by some music therapists. Supervision is being offered to music therapists and to student music therapists on their practica. Carol was very positive in response to the development of the supervisor role in her career, as it was one that she resonated with and wished to grow into.

Music therapists' professional identities were also influenced as they used their adaptable skills to take on other new non-music therapy professional roles. For five music therapists, these roles were part of a current employment role or opportunities that had arisen from current employment. They included for example, management, case management and mentoring roles. Chris's work had expanded to include a mentoring role with teachers which supported them in video analysis and in creating personal learning pathways for students. This experience was described as fulfilling, whilst also giving her a balance to her music therapy practice.

Training and educational roles that encompassed workshop facilitation, music therapy presentations and lecturing were other new roles that developed the identity of the music therapists in this study. Furthermore, on a wider community level, these roles developed an increased awareness of the profession within New Zealand.

The range of music therapists' roles also expanded through participants' involvement with MThNZ, the national professional organisation. These roles often involved the development of new knowledge and skills for the music therapist in organisational structure and understanding of protocols required to interact on this level. Music therapists in this study perceived these roles as expanding their self-concepts and valued these experiences. However, for some, their ability to sustain these roles was impacted upon by life events as they were generally voluntary, which meant that they had to prioritise their time and energy.

The development of the identity of the New Zealand music therapy professional community is influenced by the multiple roles that music therapists develop over time. These roles are described

by participants as supporting the development of the different elements of the profession of music therapy in New Zealand. Music therapists in this study suggested that some developing roles in their professional lives also influenced a change in their position in the music therapy community; specifically the way they perceived themselves and the way others perceived them. This is especially relevant in a small profession where an individual may hold multiple roles with members of the community, or when they become perceived as an experienced clinician within the demographic of the music therapy community.

A perceived sense of competence through talking to others about music therapy

An ongoing part of a music therapists' role is talking about and describing music therapy to others. Music therapists in this study gained a stronger sense of identity by repeatedly talking, explaining and giving presentations about their work in educational workshops, promoting or developing a music therapy service, writing clinical reports, engaging in research, and attending professional meetings and social events.

Although some music therapists had not anticipated that this would be part of their professional role it was generally acknowledged as a valuable element. Talking about music therapy was a way to explain what music therapists can do and what they can offer; and significantly, the way they did this changed over time. When newly qualified, music therapists with newly forming professional identities were more 'precious' or dogmatic about describing and explaining their work. However over time, music therapists felt they were able to describe a clearer professional role to others with greater confidence. This supported the development of their clinical work, which was sometimes with new client populations. Chris described the process of talking about clinical work as requiring her to be clear about what she did. "It involves reflection and understanding about the work whilst not diluting its very essence. That is the challenge…….makes you think very deeply about the work". Although there was an acceptance that talking about music therapy was an ongoing part of the professional role, and an ongoing need in New Zealand, music therapists in this study felt conflicted about this as their desire for this to continue diminished over time.

There is an increased awareness and presence of the profession of music therapy in New Zealand as a result of talking about the work. This has changed over time for some of the music therapists and is an important influence on their professional identity. Despite a growing sense of awareness there continues to be a need for more education. For example Karen highlighted a need for further

education with the media as she had experienced the tendency in the media to label anyone using music with children with special needs with the term 'music therapist'.

A perceived sense of competence through clinical work that has had the greatest impact in their career as a music therapist

Music therapists often work with different client populations during their careers and in this study it appears that specific clinical work during participants' career spans can have greater impact on their professional identities. Impactful clinical work for the music therapists involved work that had begun by 'coming their way', took them in an unexpected direction, was observed over a long period of time, had limited resources and took place in extreme situations. Furthermore it was where the clinical work with clients captured the essence of music therapy for the music therapist; suggesting these experiences reflected their values and beliefs and reinforced their self-concept.

In this study, practica on overseas training courses influenced music therapists' identities as they offered them a broad range of music therapy clinical experiences that were not yet established in New Zealand. Some music therapists found that where impactful work occurred overseas, and the same level of impact in their clinical work was not transferred to their work in New Zealand, they experienced feelings of grief and loss. However, when this aspect was transferred, music therapists suggested that this part of their identity as a music therapist was retained.

4.3.3 Adaptability

In this study, the subsidiary themes that emerged from the theme of adaptability reflected the music therapists' ability to adjust readily to different conditions and changing circumstances.

Adaptability through training and working overseas

In New Zealand there are a large percentage of music therapists who have trained overseas and returned. There are also a number of music therapists who have immigrated to New Zealand. Four of the music therapists in this study trained, and worked overseas before immigrating to New Zealand. A further three music therapists left New Zealand to train at an overseas training programme and remained in that country working as a music therapist before returning. One music therapist left New Zealand to train at an overseas training programme before immediately returning to work in New Zealand, and only one music therapist completed the New Zealand training programme and has remained working in New Zealand. There is only one professional music

therapy training course in New Zealand, which has existed since 2003. The high rate of international training and work experiences present in the music therapy community, will have had an impact on the collective and individual identities of music therapists in New Zealand.

The variety of training experiences of music therapists in New Zealand brings diversity of background and experience to the community; and influences the professions' identity and development. The training courses offered different theoretical approaches, content and clinical practica and qualifications. One music therapist in this study completed an undergraduate training in music therapy whilst the remainder trained on postgraduate or masters level courses. The eclecticism of a training course was important in increasing the flexibility in music therapists' approaches to working with different client groups and meeting their different needs.

In this study an additional influencing factor to impact on the music therapists' emerging identity was the development of the profession in the country where the course was held. Each course included clinical practica as an integral part of the training programme and the availability and variety depended upon the development and awareness of the profession in that country. Greater diversity of clinical experiences were experienced by music therapists in countries where the profession was more developed.

The impact that the various emphases from the different training courses had on the music therapists' clinical practice, client population and therapeutic approach influenced their developing identities. Furthermore individual music therapists in this study found different aspects of training courses more meaningful and impactful than others. For some, immersion in the theoretical papers, research and academia allowed them to absorb the different theories or hypothesis, whilst for others the experiential aspects of courses stood out. Carol's involvement the movement group from her training course was especially important as it highlighted the movement inherent in music and the experience of exploring touch and spatial proximity in relation to another. She indicated that this is now very relevant for her clinical practice whilst it also mirrors her personal values and beliefs.

Some music therapists in this study attended personal therapy during their training either from personal choice or as a course requirement. These music therapists embraced personal therapy with a positive attitude and they described it as influential in developing a greater understanding of self.

During music therapy training, participants also experienced challenges that impacted on their developing identities. Part way through Carol's training course there was a change in teaching staff that subsequently resulted in changes to the structure of the course. Different members of the group of students did not respond in the same way to this situation and a 'splitting' effect in the group ensued. Training is a time of huge individual development and new learning and this experience was therefore impactful on the group's developing identity. The experience was not a comfortable one to be part of. However resolution occurred with the group's reconnection following a traumatic event in the city that the training course was held in. "(The members of the group) called everybody….to find out where we all were. So that was quite a restorative kind of feeling at the end". The music therapist expressed a tangible sense of relief that the group had managed to come together in this way.

Martha experienced the judgement of her group of students as they felt the practica she was completing for her training was 'inappropriate' for her to be undertaking as a student. The clinical work on the practica was an area she valued greatly and felt passionate about. As a result Martha was very pleased to finish and leave the course as the feeling of rejection or not belonging to a cohesive group of students was impactful on their developing identity within the group.

A period of adaptation and adjustment accompanied music therapists in this study as they moved to and worked in a new country and culture. A subsequent change of client population in their clinical practice often occurred as a result of a move. Furthermore there was a tendency for music therapists to make comparisons between professional cultures when they had previously worked in another country. Carol experienced a sense of being able to start afresh when she immigrated to New Zealand, as there had been no music therapy established at her new place of employment. She felt she could create the music therapy service "from scratch", putting policies and protocols for music therapy in place. "It was quite nice as I had carte blanc, I wrote my own job description".
On the other hand, Andrea moved from a country where the profession was less developed than in New Zealand and where the country was in, or coming out of a crisis. The different clinical work that was experienced there strongly influenced her professional identity. On returning to New Zealand, rather than "carte blanc" Andrea experienced a restriction in the development of the music therapy profession in New Zealand and the employment opportunities, and found them difficult to relate to.

The size of the music therapy community can influence music therapists' identity. Where there is a smaller community, as in New Zealand, music therapists can experience an increased sense of

familiarity and sense of community. Carol stated she knew every music therapist's name when she first came to New Zealand; which increased her sense of connection with the community of music therapists, whilst simultaneously increasing her sense of individual identity within the same community. In contrast, Andrea felt like an imposter in a new country when she moved to New Zealand. She felt she needed to find out where she fitted in to the professional group and as an individual music therapist. She also suggested it was important for her not to assume that the music therapy community functioned in the same way as the one she had come from.

Exposure to different clinical approaches through different clinical experiences overseas and in New Zealand has allowed music therapists in this study to develop approaches that match their professional values and beliefs. Carol wondered how she might work if she were living and working in a country where the music therapy clinical practice was orientated strongly in a different direction to the one she had developed working in. Whereas, Chris's clinical work in New Zealand had required the development and expansion of her musical skills.

> *"Losing that way of working but then celebrating the fact having changed the population with whom I work and therefore having to step out of that comfort zone it's also broadened my skills, and broadened my career pathway that I've had, and exposed me to different ways of working."*

Adaptability through being successful pioneers

The work that music therapists in this study did early in their careers provided a foundation for their constantly developing professional identity. They were mostly responsible for developing clinical work, where none existed before. Martha's early clinical work was in a country with limited resources and was built up from nothing. She adapted to her environment by developing a way of building connections and relating to people through sound that she described as "music therapy in its purest form". Others such as Andrea and Nicole, who were members of multi-disciplinary teams, were also essentially building a music therapy practice from nothing. However, in contrast to Martha's 'blank canvas' experience, their practice would have been guided by the philosophies of their organisations and the existing practices of their colleagues.

Overall, the pioneering nature of the music therapy profession in New Zealand to date has led music therapists in this study to develop a sense of accomplishment and pride in the successful growth of programmes, and the achievements they have experienced in their clinical work. Developing and establishing clinical work with new client populations and new organisations, and creating work that

is valued by others is a significant part of the music therapists' identity. Creating new frameworks for work with a variety of client populations across a range of settings had a significant influence on their ability to establish a clear identity. Furthermore, the music therapists generally felt that they were able to transfer the approaches, techniques and skills that they had developed and used with clients in a specific setting, into other work contexts and with other client populations.

Adaptability through Music in Clinical Practice

In this study an ongoing aspect of the music therapists' identity is the development, over time, of flexible musical skills, approaches and use of instruments to apply within their clinical work. However, the music therapists suggested that it was important that they were able to experience working with client populations where they felt musically comfortable and where their musical strengths could be applied. As music therapists often experienced changes in the client populations they worked with, it was common to experience having their musical skills challenged. When music therapists experienced this they felt an expanded sense of identity. When Chris moved to New Zealand, the clinical work that developed was with a new client population group. Chris claimed;

> *"all of sudden I was working with a client group that couldn't really access the activities, songs, instruments that I was comfortable with. So musically, having come from possibly a shallow music background and the music skills that I had were…..well the rug was pulled out really because all of a sudden I had to use my voice more and I had to work with my singing more and I had to use my guitar beyond chord I, IV, V (laugh) and so, yes that was the big change"*

However, having to work with the resources that are available to the music therapist can also challenge and influence their self-concept. Martha experienced only being able to work with her voice in a clinical context as challenging however, it was one where she discovered she was "able to connect with somebody in a really pure way through sound".

Music is also used by music therapists as a tool to reflect on their clinical work. The technique of improvisation was used to explore musical ideas, themes and motifs from within clinical sessions and to generate ideas and possible ways to respond musically to their clients next time. This process expanded their self-concepts as music therapists through the use of their primary medium.

Adaptability through working with different client populations and organisations.

Music therapists in this study work with different and changing client populations and organisations during their professional lives. The need to do so requires the music therapist to develop new, flexible and adaptable skills which are important aspects of their developing identities and self-concept. A change in client population may occur for music therapists when moving to New Zealand from overseas, as the same clinical work may not have been developed yet. Martha reflected on the changes in her clinical practice when she moved back to New Zealand;

> "So much has changed. Oh just so much….I mean, I work in a team now. Not a team of music therapists' but therapists'……..that's a really big shift in working a different kind of collaborative way with therapists from different disciplines. Yeh……And my client group is hugely different. The fact that my-my clients have families around them or some type of family structure around them. That's quite a new dynamic and dimension for me,……to incorporate and to use as a resource. The work has become more developmental in attaining goals….Where I'm part of a bigger plan and programme around that student. I'm part of that plan in reaching those goals. In that respect, that's slightly different. I still have clients' where I still keep my therapy-therapy hat on…..With those clients I see my work as quite similar to what I did overseas in terms of the techniques I use, the approach I use. More improvisational. It's not so directive and it doesn't have those measureable, specific goals that I have to reach in 20 weeks……you know around it. It's quite different. Yeh…so parts of my work I still see the same and other bits are quite different."

Where a music therapist has developed a clinical practice that can adapt to working with different client populations a more financially sustainable role can be developed. In conjunction with this some music therapists described their clinical work with different client populations being underpinned by their motivations and passion for the work. Carol described a desire to work "at the grass roots" with people "to develop them to their full potential". In contrast, Nicole's clinical practice is varied and she finds the diversity of client populations she works with professionally enriching and strengthening to her identity

> "I actually wear four different hats within the hospital. Because I have CAMHS. I have child development services. I have …adult mental health ………..and dementia. I work in all those four different areas, within health, within the hospital………….I guess one of the big differences, particularly, you know, with the dementia unit is that there, I work almost exclusively with songs……and if you see me working in there …and then see me working at CAMHS or with my child development service kids, they're so completely different.

(Laughter)………..so my style of working in each of those is …quite different in…..some respects but fundamentally I'm coming from the same place."

Music therapists may experience changes in the client population and the system or organisation they work with, without feeling a loss of the theoretical underpinnings to their work. Karen was employed by different organisations to work with two contrasting client populations. She explained that her work in both populations was underpinned by what the client needed and what the client wanted. The process of collaboration was a value and belief that wove through all aspects of Andrea's work. She stated that it was important that she was "really honouring and valuing the other person's experience and not imposing".

Societal changes and service provision can impact on who music therapists are employed by and the accompanying transition that follows can challenge the identity of the music therapist. Alex's role moved from supporting clients in the process of deinstitutionalisation to transitioning with clients and staff to a community based service. Through the change in service provision, she had to negotiate and advocate for the profession of music therapy to maintain its professional integrity and identity in the new multi-disciplinary team context offering a community based service.

In this study music therapists developing identities during their career span are influenced through the experience of working with a variety of client populations. Nicole suggested that having to describe the variety of music therapy practices that music therapists work with to various multi-disciplinary teams or organisations helped her to gain a stronger concept of who she was as a music therapist. Furthermore, she felt that her role within the team context became clearer as she expanded her client work. Having to clarify the role of music therapy was considered to be valuable and important in terms of music therapists' professional identity.

Overall, music therapists need to be able to adapt and respond to the needs of their clients. What seemed important in this study was that music therapists identified the adaptability of their approaches as being part of their identity as music therapists.

4.3.4   Reciprocal Professional Communication

The theme of reciprocal professional communication embodies subsidiary themes that reflect a variety of direct and indirect processes of engagement with music therapy colleagues. In this study, these processes affirmed the music therapists' sense of belonging to their professional group and

were strongly influenced by their commonly held values, beliefs and experiences. This resulted in the music therapists' self-concepts and clinical work being expanded, guided and supported.

Reciprocal professional communication through experiencing a sense of belonging and connection that occurs when one is part of larger community or professional group

In New Zealand, over 75% of music therapists currently live and work in the North Island, with clusters in the main cities and smaller numbers in rural settings. Where there are few music therapists in the same geographical area a sense of isolation can be experienced. Having a sense of belonging and connection was important for the majority of music therapists in this study. Chris felt it was important to be geographically close to other music therapists; even when she worked as a lone music therapist in an organisation. This supported her sense of belonging to a group of colleagues from the same profession.

However, a sense of belonging and connection does not have to relate to a national group. Martha's sense of connection to an international group was stronger than to a New Zealand based group.

> *"I really value that we have new areas that we work on together or new thoughts we explore. That's really important to me that I've got that group to ponder with and problem solve with. I really, really value that".*

For the music therapists in this study, access to technology has enhanced the development of connections to develop between colleagues and breakdown the isolation that geographical distance can create. The online Professional Forum for RMTh was an avenue that has increased this sense of connection.

Developing and sustaining connections within the New Zealand music therapy community is influenced by the common values, beliefs and shared experiences that are held with music therapy colleagues. As the number of music therapists has grown in New Zealand the opportunity to network with peers who are working with similar client populations has also developed. This has allowed music therapists in this study to share and reflect about their work which has enhanced their clinical practice and self-concepts.

Although music therapy can be described as a minority profession, the music therapists in this study described experiencing an expansion of the community of music therapists during their career span in New Zealand. There has been a significant growth and increased recognition of the profession

within New Zealand despite being small in numbers in comparison to other professions such as Psychotherapy or Speech and Language Therapy. The profession has experienced greater validation and some music therapists felt that the music therapy community had been able to respond to, and offer support and acknowledgement to different strands of the music therapy community when required.

Involvement in MThNZ appears influential for music therapists in this study, in maintaining and enhancing a sense of connection with the music therapy community and the professions developing identity, both individually and collectively. Eight of the music therapists have been involved in a variety of roles for different periods of time in MThNZ and they described this as offering opportunities for greater immersion in the profession and for making positive contributions to the music therapy community. Furthermore, music therapists developed greater understanding of the inner workings, history and connections of the profession in New Zealand and the organisation.

Reciprocal professional communication through connection with colleagues through professional resources

Music therapists in this study have felt more connected and professionally validated by having access to professional literature and research. As the profession of music therapy has developed so too have the resources that are available to professionals. There is now a large and growing range of research and literature which is becoming more and more accessible to practitioners through online resources, books, journals and professional conferences. Within the New Zealand context, music therapy research and literature were described as expanding the potential for music therapy.

The existence of professional evidence and examples are guiding, affirming and supporting for music therapists clinical practice as well as for maintaining their professional focus. Chris suggested that reading about music therapy met the need for getting "more music therapy in my veins". Through reading, her motivation and passion for her work had increased. Similarly, attending professional music therapy conferences enabled music therapists to connect to their broader music therapy community and feel validated and inspired, whilst expanding their self-concept. Carol's sense of identity within the international professional community of music therapy was broadened when she attended an Australian music therapy conference. She commented that "ah….now I feel like an Australasian music therapist", rather than just a New Zealand music therapist.

Connections with the wider community can both affirm and inspire the way in which individuals approach their music therapy work, and thus impact on their developing identities. Carol for example described feeling inspired and affirmed through hearing about a wider range of approaches and clinical work at the international conference, whilst Karen described how music therapy presentations that used metaphor, images and photographs gave her new perspective to the way she looked at a professional topic.

Reciprocal professional communication through interactions with influential role models.
In this study, the existence of personal role models whose values or beliefs guide or inspire, or externally mirror and affirm one's own were influential on the music therapists' developing identities. The findings indicate that a role model can be either a music therapist or a non music therapist from different stages of life. Role models from childhood were either a parent or caregiver who shared their experiences and attitudes in stories about working with children who had a disability. For example, Carol's mother worked with children who had special needs.

> *"She used to tell me stories, particularly of the children with autism and there was a very interesting child at a playschool she used to work at who I think probably had autism and those stories used to fascinate me"*

Six music therapists described a role model who was a music therapist, including music therapy teachers from training courses who were involved in the early stages of the music therapists' professional development, and international music therapists; some who had visited New Zealand. Music therapists in this study appeared to experience their interactions with their identified role models as professionally formative in their developing values and beliefs around music therapy. Carol described meeting Clive Robbins; "just meeting him personally, it was quite an experience because he just seemed to….exude that humanistic concern…… for other human beings. And so I think that's had quite a big effect".

In contrast, Karen described meeting a music therapist who held strong connections to the early days of music therapy in New Zealand and gave historical context to the profession. Some music therapists also found themselves still speaking the words of their role models when explaining their work; reinforcing how their values and beliefs resonated with their own.

There is a small population of music therapists in New Zealand, compared to other countries and there have been opportunities for more personal experiences to have been developed with visiting

music therapists. This may raise that person's status in a community that may perceive itself as isolated from and less developed than others overseas. This suggests that visiting music therapists may have strong influences on the identity of New Zealand music therapists.

Reciprocal professional communication through collegial affirmation

When the music therapy work and the profession as a whole began to be recognised and valued by others in the work place, music therapists in this study felt a stronger sense of professional identity. Many music therapists in New Zealand work part-time and work for multiple organisations and agencies and may be part of multiple teams simultaneously, throughout their working life. In some of these settings music therapists are encouraged to take additional or generic roles alongside their music therapy work. In these circumstances, there is the potential for a blurring of the specialist's role and the skills that the music therapist brings to their role. To clarify and support their professional identity, there was a need for participants to develop a clear role in each situation, and acknowledge their contribution to the work of the team and to the growth of the clients. It was important for the music therapists that their role was seen as different from other professions and that music therapy could offer a unique and valuable contribution within the workplace. In order for the music therapist's self-concept to change, they also felt it was important to be perceived and responded to as a specialist who has a valued role within a multidisciplinary team and where they experienced their knowledge and expertise being respected and valued.

However, for some music therapists in this study, working within a multi-disciplinary team also offered the opportunity to work more closely with other disciplines, and to work collaboratively. Andrea experienced the team leader in her work context being protective of the music therapist's role as specialist in the multi-disciplinary team. As a result of this, she described being able to value what she had to offer professionally that was different from the other therapists in the team. Whilst Martha described feeling professionally validated by others when music therapy was prioritised for a client over other therapies within a team.

While few specific music therapy positions exist in New Zealand, the number has grown over the last ten years. In this study, the opportunity to take up one of these positions has an important influence on the music therapist's professional identity. Similarly, music therapists rarely have the opportunity to work directly with other music therapy colleagues. When they are able to do so they felt more readily able to develop their professional identities, and there seemed to be more security around the role.

Reciprocal professional communication through shared approaches with colleagues

In New Zealand, the community of music therapists use a diverse range of music therapy approaches to underpin their clinical work which suggests that an individual professional identity based on approach can be developed within the community of music therapists. Karen described how

> *"In New Zealand you can very much be yourself and have your own style. It's a very diverse practice and our training was very eclectic which opens lots of doors because then we can choose…….we can take opportunities that arise but we can also choose what fits best with ourselves."*

Developing flexibility in practice allows music therapists the ability to be responsive to new clinical opportunities that may develop.

Music therapists in this study also used different music therapy approaches to describe clinical work with different client populations. For example, Chris referred to working within a Community Music Therapy model with some of her client populations and a Nordoff-Robbins trained one-on-one creative music therapy model with another client population. Furthermore, the type of therapeutic approach used by the music therapists within a multi-disciplinary team context, offered a framework that provided them with a sense of belonging, and connection to other professions as well as to music therapy both in New Zealand and internationally.

From a therapeutic perspective the majority of music therapists in this study referred to a humanistic approach to represent their clinical work and less commonly to a psychodynamically informed approach. The therapeutic underpinnings to the music therapist's clinical work was a significant influence in the individual professional identities.

Reciprocal professional communication through professional frameworks that underpin the profession

Within New Zealand, RMTh adhere to a Code of Ethics, Professional Registration and Standards of Practice. The professional frameworks offer music therapists a set of norms and values that influence both the collective and individual music therapists' professional identity. The professional frameworks in New Zealand can vary from those used in other countries and some music therapists in this study have experienced other frameworks overseas. Music therapists in this study felt that these professional frameworks had a positive impact on the existence and presence of the profession in New Zealand. Chris experienced living and working in another country where music

therapists have to register with the Health Professionals Council whilst the music therapy professional body was not pivotal in the registration process. A sense of professional isolation was commonly experienced there due to the size of the country and the small numbers of music therapists. In contrast, the frameworks and experience in New Zealand offered her a sense of community who have common values.

The professional frameworks seem important in supporting the individual music therapist and maintaining their professional standards. An important aspect of these frameworks is in clearly identifying what differentiates a trained and registered music therapist from someone who is not trained as a music therapist and is using music therapeutically. Furthermore, the identity of the music therapist is underpinned, validated and supported by the professional frameworks.
Alex, proudly described her feeling about what the profession of music therapy has in place in New Zealand.

> *"It's very important having the national level of the Code of Ethics, Registration, Registration Committee, all of that. We can hold our heads up with the other professions. Because I work with a physiotherapist, OT, speech and language therapists and dieticians, and you know, there's been things where I've been able to feedback about our supervision requirements, the things we've got in our Code of Ethics that other professions don't have. The speech and language therapists are looking to ask their organisation to introduce something that we've got in our Code of Ethics that they haven't…… I feel quite solid".*

4.4 Summary

This chapter has introduced the findings of the thematic analysis by reviewing the overarching category, core themes and subsidiary themes which encompassed the multiple influences that exist in a music therapist's professional identity. The over-riding feature is the interplay that exists between the different themes and subsidiary themes; with none existing in isolation.

Chapter Five

Discussion

5.1   Introduction

The overlapping interplay of themes from the findings in Chapter Four, highlights the complexity of the topic of professional identity, which resembles the dynamic, interwoven nature of each individual voice within an orchestral score coming together in a unique way in a musical composition.

In this chapter I will review the significant points from the findings and link them back to the literature review and vice versa in relation to the research question. I will firstly discuss the main topic of the research, followed by the overarching category and main themes that were identified as influential on the individual music therapists' professional identities. Secondly I will discuss how the findings influence individual music therapists' clinical work and the profession as a whole in New Zealand. Ethical issues, strengths and limitations that emerged during the process of my study will also be discussed. The chapter will conclude with future recommendations and the relevance of this study.

Overall the findings from the analysis were supported by the literature, whilst some aspects commanded greater importance and meaning in the identity of New Zealand music therapists. A significant factor in my study is that the music therapists were experienced, rather than new graduates, and were therefore able to reflect on their changing professional identities over time. However, because music therapy training had only been available in New Zealand for nine years when I began this study, it is logical that the more experienced music therapists would have trained and/or previously worked overseas. This too added a significant dimension to the research.

5.2   Areas for Review

5.2.1   Identity and Professional Identity Development

Music therapists' professional identity is influenced by both personal and professional identity (Alves and Gazzola, 2011). The links between sociological and cultural influences on identity development, and the development of professional identity for music therapists was highlighted in the findings of my study. In particular, I noted the connections with the social identity perspective and the 'funds of identity' theory introduced by Esteban and Moll (2014), who state that identity formation is a social experience where people define themselves through interactions with others. In relation to professional identity this can be framed as processes of socialisation and adaptation, and a developed self-awareness as supported by Aigen (2014), Slay and Smith (2011), and Stige (2002). Over time, the music therapists' in this study increased self-understanding and ability to self-define enabled individuals to make connections and reflections that impacted on their identity. Furthermore, the influences that impacted on the music therapists' professional identity also interacted with the development of their skills and identities. The music therapists' values or beliefs were reflected through interactions with specific role models who influenced their developing identities through guiding and inspiring them. In New Zealand, this included pioneering music therapists such as Clive Robbins.

Music therapists can be seen to have a dual identity; that of musician and therapist. Debate has been present within music therapy literature around the salience of each role for the individual music therapist. The suggestion that music therapists may regard their therapist identity as more salient than their musician identity, (Aigen, 2014; Gonzalez, 2011; Pelliterri, 2009) is not, however, supported in the findings of my study. The majority of music therapists in this study maintained a strong self-concept of musician and did not express their therapist identity as more salient. Furthermore, their music identity is present in both their personal and professional identities which is reflected in the link between personal identity and professional identity in the literature of Bruss and Kopola (1993), Friedman & Kaslow (1986), Ronnestad & Skovholt (2003), and Skovholt & Ronnestad (1992). The music therapists did not distinguish whether they drew on theory from musical domains, formulating goals in musical terms or distinguish whether in practice they drew on the intrinsic features of musical experience and expression to evoke client responses (Aigen, 2014). However the music therapist who clearly identified more strongly as therapist than musician often

reflected on the interpersonal and relational nature of the music in music therapy sessions; rather than analysing and reflecting on the music as other colleagues did.

The nature of the multiple identities music therapists hold also leads to misperceptions of the profession by others. Alves and Gazzola (2011) state that professional identities have to be negotiated in terms of their roles, goals and purpose within work and team contexts. Where a music therapist in this study had a dual qualification as a teacher and also worked in educational settings there is a potential for role and identity confusion to be present in the music therapists and others. However, these music therapists also felt their teaching experiences gave them a greater understanding of the educational systems they were working in. Furthermore, on a practical level the music therapists could be employed more easily and for greater remuneration to work as a music therapist under their teaching qualification.

The themes that influenced the professional identity of music therapists in this study did not exist in isolation; rather they interacted in various ways. I was interested to see how the framework of Bronfenbrenner's ecological theory, (*Figure 2*), could represent the complex interplay that emerged between the themes that influenced the music therapists' professional identity development. Further connections to the findings and significant aspects of this model emerged relating to the importance of interaction with others, quality of relationships, reciprocity of human activity, and the interplay with the wider cultural mechanisms (Bronfenbrenner, 1986).

The music therapists in this study had a strong sense of group identity which was enhanced by their ability to hold the common experiences, values and beliefs of their profession and continue to develop their individual and flexible approaches. Common aspects included the inclusion of similar therapeutic approaches despite coming from different theoretical and education backgrounds as indicated by Bonny (1997), Drieschner and Pioch (2002), and Feen-Calligan (2005).

The music therapists experienced a cohesive group identity which was resilient enough to contain diverse individual approaches; as indicated by Alves and Gazzola (2011), Bonny (1997), and Feen-Calligan (2005). The findings highlighted that the majority of music therapists in this study described working with a humanistic approach whilst greater diversity was present in the music therapy approaches that were used.
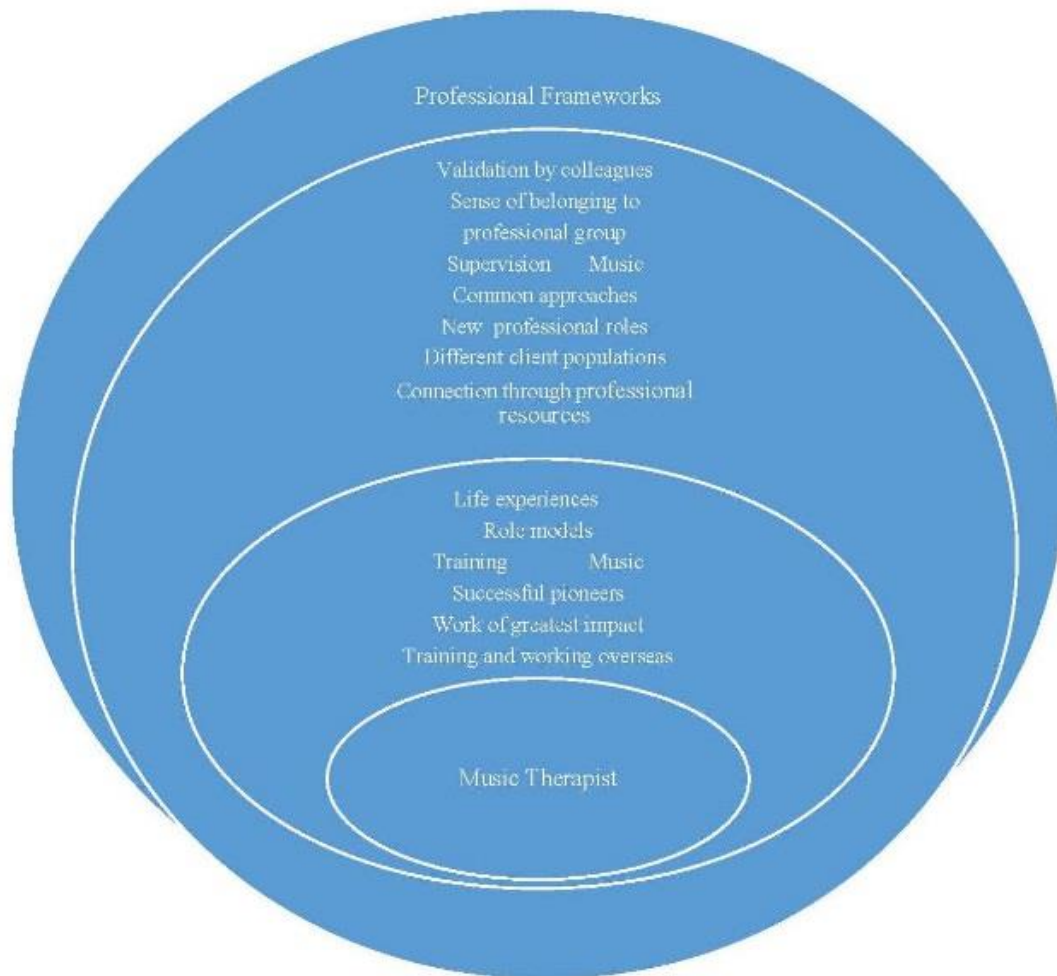
Figure 2: System of Person, Individual, Individual Professional, and Collective Professional Identities based on Bronfenbenner Ecological Theory

5.2.2   Validation

Validation is a social concept that involves positive social feedback from others that affirms appropriate behaviours (Smith et al, 2013). The music therapists in this study experienced validating feedback as reinforcing both their individual and collective identities. Feedback occurred for the music therapists explicitly from colleagues, employers and clients in verbal or written forms, or implicitly through non-verbal communication (Ibarra, 1999). Music therapists in this study indicated that it was important that the source of feedback was someone who held a position of value in their lives, for example; employers, colleagues and clients. Positive feedback was experienced as validating and affirming their opinions, behaviours or abilities and enhancing their relationships with others. Furthermore, the music therapists experienced positive developments in their interpersonal exchanges and gained a sense of competence. In contrast, when the music therapists did not feel validated they experienced a lowered self-esteem and sense of worth, feelings of loss and grief, challenged sense of self, and questioned their efficacy and worth. Influencing factors were related

to social contexts of employment and proximity to other music therapists and the development of the profession.

Being part of a unique professional group validated the music therapists' individual professional identity. Giddens (1997), and Hotho (2008), emphasise that ambiguity about a professions identity occurs when distinctive characteristics are not demonstrated by a professional group. Bonny (1977) emphasises that these characteristics include the skills agreed on by the profession that form its area of expertise alongside the professional values and norms. The presence of professional frameworks clarify and validate the set of norms and values about how things should work and how people should behave. They also act as feedback for the music therapists. The professional norms and values for music therapy in New Zealand differ from some countries. However, this created a sense of community on a national level that had a positive impact on the existence and presence of the profession. Feen-Calligan (2005) also emphasises the impact this has on the sense of group cohesion.

Definitions are an important aspect of the professional identity of music therapists, and change as a profession develops over time. However a definition does not guarantee a strong professional identity (Drieschner and Pioch, 2002), as it is also influenced by music therapists' changing perspectives on the field as they gain more experience (Bruscia, 1998). The findings of this study highlight that as music therapists' self-concepts develop over time, subsequent changes to the way they talk about and describe music therapy occur. This aligns with the music therapy literature that emphasises that music therapists' identity is ever changing (Ansdell, 2002; and Bruscia, 1998).

Music therapists' roles can develop within a multi-disciplinary team and when they are formed around the specific skills and expertise of the profession, rather than in a generic role, music therapists' identity forms more strongly. The profession was clearly being differentiated from other professions and professional distinction was valued and validated. Therefore, the music therapists' self-definition and the way others think about them are influenced by membership in a profession (Slay & Smith, 2011). Garred (2006) proposes that a consideration to the challenge of professional differentiation lies in its title which does not reflect its targeted area of change. This emphasis on the medium of intervention can impact on others perceptions of the profession (Taijel et al., 1971).

The experience of professional distinction is also connected to the importance of different individuals going through similar experiences and processes to enable the group identity to exist,

and individuals to gain a sense of belonging (Mőssler, 2011; Pavlicevic, 2003; Ruud, 1997; Taijel, 1972). Music therapists in this study, indicated that they are committed to enhancing and developing the profession of music therapy in New Zealand, with many extending this through involvement in the national organisation, MThNZ. This suggests that as individuals their identity as music therapists is meaningful, as linked to the social identity perspective literature of Turner et al. (1994).

5.2.3   Reciprocal Professional communication

Reciprocal communication was particularly meaningful for music therapists in this study, as it reinforced the individuals place and connection with the professional group. The individual music therapist's identity forms as part of a social process that is not static, rather it is constantly being constructed and reconstructed by the person's interactions with society as linked with the social perspective of identity formation introduced by Mead (1934). The different subsidiary themes that relate to the theme 'reciprocal professional communication' were experienced with different levels of salience by the participants at different times in their professional lives; thus reinforcing the changing nature of identity.

This is also reflected in the international development of music therapy and the continuing expansion of its identity as a broader range of music therapy approaches are adopted by its members (Ansdell, 2002). Music therapists in New Zealand are connected and interact both at a local and an international level and therefore, their identities will be influenced by developments in music therapy approaches. Mőssler (2011), and O'Grady and McFerran (2007) highlighted that identity conflict can develop within the professional group when new music therapy approaches emerge and professional boundaries are challenged and imply change to its members. However, the findings have not indicated evidence of this within the New Zealand context at this time. Moreover, music therapists in this study indicated they were comfortably adopting different music therapy approaches when working with different client populations and that the salient underpinning to their work involved collaborating with the client in terms of what the client needed and wanted.

Alongside the social process of professional identity formation is the language that gives meaning to a profession and connects its members to it (Slay & Smith 2011). Music therapists in this study were significantly influenced by exposure and access to the clinical experiences of their peers; either directly or indirectly. Their increasing ability to access professional resources during most of their

career spans has enhanced these connections. Participants' self-concepts have been strengthened and affirmed through these experiences.

A further connection can be made with the social process of professional identity formation with Gergen and Strotter (1989); who not only paid attention to the construction of the 'I' in identity formation, but also to that of the other. The reciprocal process involved in meaningful communication with one another influenced the music therapists' identities through a variety of direct and indirect processes of engagement with colleagues. These processes affirmed their sense of belonging to the professional group and were influenced by the commonly held values, beliefs and experiences. This led to self-concepts and clinical work that were experienced as expanded, guided and supported.

Music therapists in this study also highlighted that their interactions with clients influenced the development of their personal identities. Aspects of an individual's personal identity can potentially impact on the way the music therapist approaches work with clients whose backgrounds are similar to, or different from their own (Forrest, 2001; Marom, 2004). The inclusion of reflective practice as part of the participants' professional self-concept was strong; allowing reflection on the influence their personal attitudes and beliefs may have had within the developing therapeutic relationship (Elkis-Albuhoff et al., 2010; Elwafi, 2011; Lee, 2008; Marom, 2004).

5.2.4   Sense of Professional Competency

Music therapists in this study valued experiencing a sense of professional competence in their professional work, particularly in being able to experience a sense of success, make choices and expand their range of professional choices to create new career possibilities. This resulted in the music therapists experiencing a sense of empowerment and a stronger self-concept. There are strong connections to social identity literature of Gergen (1977), who investigated how people's self-concepts and self-esteem vary in relation to their social contexts and social interactions. When music therapists felt professional vulnerability their self-concepts were weakened resulting in feeling unable to change their position. This was highlighted in the findings where music therapists moved to work in New Zealand after working in a different country; especially where they had gained a high sense of competence in their work and where the work they had created was recognised as having had a significant impact on their developing identities. When the aspects of the work that reinforced the sense of competence were not transferrable in the New Zealand context, this impacted on their identity.

Music was the common thread that wove throughout the music therapists' lives and their developing identities, whether they originated from a traditional or non-traditional training background. The metaphoric and literal role of music in identity development is strongly emphasised in the music therapy literature (Aigen, 2014; Aldridge, 1996; Amir, 2012; Gonzalez, 2011; Ruud, 1997). Interestingly, music therapists in this study placed significant importance on their musical competence and expressed a sense of doubt about belonging to the collective called music therapists when their musical competence was challenged. This doubt was typically based on either their music training, the musical skills required by the training course or where new musical skills were needed in response to beginning work with a new client population. Furthermore the music therapists' sense of self-esteem and identity were decreased when they felt they did not fit the perceived collective professional norm or value.

Over time, the majority of the music therapists in this study experienced changes in their musical identities relating to their use of music in their clinical practice and personal life. Literature highlights that professional and personal identity are not static and are influenced by personal and contextual factors (Clarke, 2013) and this is relevant for the music therapists musical identity as it is an aspect that overlaps the personal and professional. A sense of competence is one factor that influences the music therapists' musical identity however there are other factors which will be discussed later in this chapter. Music in the identity of the music therapist embodies the complex interplay of factors that weave together within the individual.

In this study, music therapists' professional identities were expanded by being able to create and expand the range of choices in clinical practice as indicated by Ansdell (2002). This happened particularly where the music therapist instigated and created the work, and gained a sense of success through their commitment and perseverance to it. Furthermore, it appears that, when music therapists successfully expand the range of client populations they work with they can begin to create new possibilities for the individual practitioner and the profession, and thus a new identity can begin to emerge (Ansdell, 2002). The challenge is to develop a practice that can maintain the uniqueness of the profession whilst being responsive and adaptive to the work contexts within New Zealand (Rodgers, 2012). As the profession of music therapy develops in New Zealand and a broader range of client populations are worked with it will be interesting to see how the collective professional identity of music therapy is influenced.

5.2.5   Adaptability

Music therapists in this study have adaptable skills which they change or modify in response to new conditions or client need and that add to the complexity of their professional identity. The literature highlights that when an individual's identity is being challenged during a time of change they will look for continuity of an aspect that has previously validated their identity (Stryker & Burke, 2000). Where participants have moved from overseas they have attempted to adapt elements that have validated their professional identity in to the New Zealand context.

The element that is most commonly adapted within the music therapists' different professional skills is music. Their musical skills continued to be developed alongside their music therapy careers and this increased their musical adaptability and ability to modify these skills into working with different client populations or other music related employment. In their music therapy roles this resulted in an increased sense of confidence and resulted in an expansion and diversification of their clinical practice and sense of identity. However, when this did not happen, feelings of disillusionment with their chosen career path and a lowered self-esteem could develop and their identities could weaken. This is emphasised in role identity and music therapy literature by Stets and Burke (2000), and Vega (2010). In New Zealand, the nature of music therapy employment means that many music therapists are self-employed and their work is part-time therefore, additional employment may need to exist if insufficient music therapy work is secured which could indicate a risk of weakening professional identities. A number of music therapists in this study described additional work in music related roles and employment. However, this did not indicate a sense of disillusionment in the profession, as their other roles were described as a positive balance to their clinical work and were a personal choice for them.

Periods of career transitions are a common aspect of the professional life of music therapists and involve processes of adjustment and adaptation which influence their identity, as emphasised in the professional identity literature of Slay and Smith (2011). Music therapists in this study experienced transitions over time through changes in their professional roles which were linked to new workplaces, moving to live and work in a new country, and working with a new client population. They were also affected by the impact that changes in society and service provision had within their careers. The impact career transitions have on an individual's professional identity is affected by the way they negotiate and adapt to them (Schlossberg, 1981; and Ibarra, 1999). For the majority of music therapists who moved to live and work in New Zealand, there was a tendency to compare the professions development in the community they had moved into, to the one they had left behind

which subsequently influenced their response to the new professional community. Hanser (2005) emphasises that every culture will have its own unique landscape that will influence the profession and subsequently the music therapists' identities. Furthermore, Wheeler and Baker (2010) highlight the way culture influences music therapist's worldviews, clinical practice, and perception and thinking about the therapeutic process, which all have an influence their professional identities.

Where music therapists in this study had significant clinical experience overseas the development of the profession in New Zealand was more challenging to their existing identities. One music therapist felt disillusioned whereas another felt like an imposter and needed to take time to see where they fitted in to the community. Where music therapists' identities were strengthened, their clinical experience was considerably shorter and they experienced a sense of connection to the community of music therapists in New Zealand. Professional identities are more established in experienced therapists. This suggests that the transition to a new professional culture is easier where a music therapists' professional identity is less established.

Many of the music therapists who trained overseas also referred to the diversity of clinical and practicum experiences and career structures that existed in other countries compared to what was currently developed in New Zealand. These circumstances challenged them to recognise that they were able to transfer their skills to other client populations to enable the development of clinical work to occur. Hsaio's (2004) investigation supports this experience and suggests that personal growth and self-transformation can occur for the music therapist during the process of moving to work and live in another country. Much of the current literature focusses on sojourners experiences of returning to countries after training overseas (Hsaio, 2004) and overseas music therapy students experiences training in new cultures (Seung-A Kim, 2011). However, the investigation by Wheeler and Baker (2010) focusses on the influences of music therapists' worldviews on their work in different countries. They uncover the viewpoints of experienced music therapists moving to live and work in different countries at different stages of their careers, and the impact this had on their music therapy practice and teaching (Wheeler & Baker, 2010).

Additional factors to consider around the process of transitions relate to the way change is perceived, the environment that surrounds it, how it is integrated, and the music therapist's personality. Where participants experienced rejections or negative responses to attempts to develop clinical work; their focus, self-belief and personality sustained them through the transition. Where a music therapist had a lack of self-belief in trusting they could successfully manage new

roles or skills that were offered to them, positive encouragement from colleagues supported and affirmed them and enabled new roles and skills to be developed. A sense of success and an increased sense of competence and self-belief were experienced which broadened their identity. The move from a position of *"I can't"* to *"I can"* was a particularly validating experience for them.

The findings revealed a landscape of music therapists whose experiences all included moving countries to live, work and/ or train. New Zealand's music therapy community relied heavily on overseas trained music therapists prior to the development of the tertiary course in 2003. It is natural therefore, that the community is built up of experienced overseas trained music therapists. While eight of the music therapists lived and trained overseas, the ninth music therapist who had trained on the New Zealand course had lived and worked overseas in another profession before emigrating. However, this study represents the landscape of music therapists at a particular point in time in New Zealand; which is built up from a predominance of overseas trained music therapists. This suggests that international influences will be present in the music therapists' professional identities.

The music therapists in this study reported that a common and important experience was the development of new professional roles which broadened and changed their self-concepts as emphasised by Ibarra (1999). The development of new professional roles is another career transition for music therapists that can be linked to role identity formation literature by Stets and Burke, (2000). Music therapists developed new and varied roles during their career spans that extended their professional skills and influenced their professional identities. The new roles encompassed both music therapy and non-music therapy responsibilities that developed their career pathways and often involved their transferrable skills. Stets and Burke (2000), emphasise that an individual's self-concept is affected by meaningful emotional experiences in different roles. In the current study, the participants' passion for and commitment to their music therapy practice were sustained by their new roles. For most of them, there was specific clinical work that reinforced their self-concepts and reflected their values and beliefs that stood out as having had the greatest impact on their professional identities. The findings highlighted that it was possible to transfer aspects of this work to other clinical contexts.

In all the roles that were discussed by these participants, the role of supervisor was most commonly discussed. Music therapists described this role as a positive and affirming expansion of their identities.

5.2.6   Supervision

According to the findings of this study, supervision is a valued norm in the New Zealand music therapy community that offers something unique over some other countries who are perceived as more developed in the international landscape of music therapy. Music therapists in this study expressed a sense of pride when they talked about the place of supervision in their professional lives, and in the community of New Zealand music therapy.

Austin & Dvorkin, (2001) highlighted particular benefits of supervision for developing professional identity of music therapists, including increased insight and objectivity, self-awareness and in the exploration of values, attitudes. The findings indicated that through a focus on thoughts and behaviours of the self it allowed the individual to become more perceptive of their attitudes and beliefs; resulting in the development of self-awareness (Elkis-Abuhoff et al., 2010). In this study the music therapists' identities were influenced through their development of greater clarity and understanding about themselves and in how they interacted with different aspects of their professional work and the therapeutic relationship (Feen-Calligan, 2005).

The process of supervision supported the music therapists in experiencing and developing a sense of validation, support and empathy; whilst deepening their clinical practice. This benefitted their clients whilst also supporting the development of a clearer sense of identity. Through increasing their insight and objectivity in their clinical practice a deepened responsibility for learning developed, which connects to the literature by Sisneros et al, (2008). Furthermore, accessing supervision with others of the same profession was highlighted as decreasing feelings of isolation as there was a shared common language and profession.

Music therapists in this study who experienced long-term supervisory relationships were able to reflect on their growth over the length of the relationship. In some cases, the music therapists highlighted an increased confidence in dealing with situations that might have led them to seek supervisory support in the past. This suggests that over time there is a change in the music therapists' reliance on external authority to a reliance on internal authority through their interaction with multiple sources of influence (Skovholt and Rønnestad, 1992).

Although different models of supervision are accessed by music therapists in New Zealand it was interesting that only one music therapist discussed music-centred supervision. This felt significant, as music is the primary modality that music therapists use in their clinical practice and is a key

distinguishing factor in their professional identity. Supervision develops reflective practice and involves reflecting on thoughts and the role of music. Therefore, supervision can be used effectively in this context for support (Austin and Dvorkin, 2001). The findings highlighted that music's role in supervision was for emotional release and musical self-expression, and the exploration of specific roles and experiences of clients. This allowed the music therapist to reflect on thoughts and experiences whilst also being vulnerable in the music, which can mirror the experience of clients. Music therapists who access supervision from other music therapists may not do this in a face-to-face context and rely on phone or Skype, which can limit the access to, and use of music. Another factor may be that within the small New Zealand music therapy community, where multiple roles exist between its members, it is not easy to expose oneself musically in this way. Furthermore, not all music therapists access supervision from a music therapist and therefore it is highly unlikely that a non-music therapist is likely to use music centred supervision approaches in their practice. However, music can enhance our understanding of ourselves within the therapeutic relationship and subsequently enable words to be expressed about the supervisory issue.

To conclude the discussion, the findings of this study have corresponded with the research in the field of music therapy, evidence from social identity theory and the factors that influence professional identity development. A highlighted feature of the discussion is that the individual and collective identities of music therapists in this study are influenced by different aspects of identity development over time.

5.3   Ethical issues

In New Zealand the music therapy community is small, and one which I have been part of for 19 years. I hold multiple roles in that community and have developed multiple relationships with a number of the participants in this study. Some have been colleagues and peers, and in some cases I have developed social connections with them. Ethical implications include the type of relationship that may exist between the two parties; for example if it is a dependant relationship, and whether coercion was present in the recruitment process. Transparency of the multiple relationships and recruitment process were important to consider.

The size of the music therapy community and the multiple relationships present within it has required care to be taken around the boundaries of privacy and confidentiality.. Pseudonyms were used in the findings to protect participants' identities however, there were still risks to maintaining

anonymity despite all attempts made to de-identify participants. All participants were told of this possibility, and approved transcripts.

It has been important to contain any discussion with participants about the research to updates on its process to maintain professional boundaries around privacy. In the interviews, participants sometimes acknowledged our different relationships, however for the purpose of the interview I encouraged participants to discuss their thoughts as though I had no prior knowledge.

5.4   A Review of the Strengths and limitations of this study

When embarking on this study I had not anticipated the size of the topic in relation to the scope of this research. I can therefore understand that in music therapy literature, investigations generally focus on one aspect of music therapists' identity. The diversity of the backgrounds and experiences of the people in the current study revealed a broad platform of influences upon the identities of music therapists and at this point in time did not present a defined influence from the New Zealand training perspective.

The research design of a qualitative study has suited the dynamic nature of this topic and collection of data through open-ended interviews. These offered a picture of the music therapists at a certain time and place. Therefore the findings must be taken in this context and not generalised; rather they can offer an experience of New Zealand music therapists.

By exploring their thoughts and experiences conversationally participants were often intrigued and surprised at the depth and directions their interviews took. This was particularly helpful in understanding the influences on their professional identities.

The use of a case study methodology allowed for a study of the 'case' of New Zealand music therapists of which I am part. However, my position in this community has raised questions for me during the research in terms of the multiple relationships I hold with participants and my membership within the community. I found this added a depth to my ability to respond and open up within interviews, and the manner in which participants felt comfortable with me. Furthermore, this gave me an insider's knowledge of the profession. I questioned whether an ethnographic research methodology would have worked effectively as the researcher can benefit from being involved with the cultures they are studying as they have knowledge of them and can therefore convey their meaning to others.

I recruited only those who were currently practicing music therapy and had been doing so for over five years. Transferability of the results to music therapists with less experience may be limited.

5.5   Future Research

A number of questions emerged from this study which could lead to further investigation in the New Zealand context. As only one participant had trained in New Zealand it would be interesting to complete further qualitative research in five years' time interviewing larger numbers of music therapists to investigate whether the factors affecting music therapists' identity has changed with increased numbers of New Zealand trained music therapists with over five years' experience.

Music's role in supervision was only discussed by one participant in this study and as supervision was a significant aspect of the music therapists' professional identity and greatly valued there might be opportunities to investigate the use of music in supervision in the New Zealand context and what, if any, factors, may influence music therapists' access and use of this form of supervision. It would also be interesting to investigate music therapists in New Zealand in order clarify whether they identify more strongly as musician than therapist, or therapist than musician, and what factors may influence their clinical practice.

As the profession of music therapy develops in New Zealand it would be interesting to investigate the range of client populations worked with and what influence this has on the collective professional identity of music therapy.

Many of the music therapists involved in this study had trained, lived and worked overseas. To develop a better understanding of how individual music therapists professional identities and practice are formed it would be interesting to investigate music therapists experiences as they leave a country and move to practice in a new country as identified by Wheeler and Baker (2010).

5.6   Relevance of Study

Although the nature of the findings of this study cannot be generalised for each individual, the key outcomes from the findings can guide and support music therapists as they develop their professional identities and clinical practice in New Zealand. In particular, they highlight the factors that relate to identity formation for the music therapist on an individual and collective level. Due to the individual nature of identity formation different aspects of the findings may resonate with greater salience for different individuals. The dynamic nature of professional identity is also present

internationally as the music therapy community continues to develop and expand into new countries, with new theories and identities. Therefore, the results of this study may be relevant for consideration by international music therapists.

I was struck by the value and strength of music therapists' musician identities and their sense of belonging to a professional group in the findings of this study. There are questions around the musician identity and its salience within therapy sessions within the New Zealand music therapy community, and this may be of relevance for reflection on in relation to the development of clinical practices.

As the findings highlighted that music therapists in this study, value and experience a sense of cohesion and collective identity this research may be useful for MThNZ in developing a stronger group membership; especially for new graduates and new members.

Music therapists in this study, hold supervision in a valued position in their identities and this is particularly interesting in the international landscape of music therapy where New Zealand is a relatively small and new member of the community. The position supervision holds in New Zealand music therapy gives it a distinctive characteristic over other countries, particularly in the way that the music therapists advocate for its presence as a requirement of professional practice. This could be relevant for countries who are developing music therapy standards or who are considering the position of supervision within the professional requirements in their country.

Although this study has not investigated the developing identities of student music therapists the findings may be relevant in their training to develop an understanding of the influence on the development of music therapists' professional identities and the integration of the profession's distinctive characteristics to form stronger identities.

Finally a clearer understanding and communication of music therapists' professional identity can benefit the client and employers understanding when seeking appropriate service or skill mix within a multi-disciplinary team context.

Chapter Six

Conclusion

I began this research, from a strong clinician's background and as a new researcher, to investigate the factors that influence the professional identities of individual music therapists in New Zealand.

Music therapists who participated in the study shared experiences of their journeys to and through training, that shaped their development as professionals, and that impacted on their developing individual and collective identities. The findings highlight that the professional identity of the music therapist is a multi-dimensional, dynamic, interwoven process that is influenced by personal and social identity and develops over time.

An overarching category and three core themes that encompass personal, profession-specific individual and collective features of identity have emerged as influences on the individual music therapists' professional identities. These are to:

- Be validated by others
- Have a sense of professional competence
- Have direct or indirect professional communication with other music therapists
- Be able to adapt change or modify in response to new conditions or client need

The overarching category and core themes consist of different subsidiary themes that influence music therapists' professional identities and hold varying levels of salience for each individual. Influences from music therapists' personal identities involved life experiences that encompassed social, historic, personality, environmental and musical factors. Their individual profession specific identity is influenced by their overseas training and work experiences, professional roles, skills and client populations that are present within their work and direct and indirect professional connections. Finally, influences from music therapists' collective identity are associated to group membership and embody the norms and values of the profession.

Music's presence in music therapists' identities combine with the professional and personal features of their identity; with the evidence naturally suggesting it is a key adaptable skill that is integral in

their professional role. Strong and active musician identities exist. However, the scope of this study did not include an investigation into the concepts of musician and therapist in the identity of the music therapist and their salience in therapy New Zealand music therapy community. However, future research may investigate this topic.

Attention has been drawn to the presence and value of supervision within the New Zealand community of music therapists, and the distinctive characteristic it gives over other countries. In particular, there was clear evidence that music therapists in this study, advocate for its presence as a requirement of professional practice. Supervision also reaffirms connections with an individual sense of belonging to a professional group that values common approaches and theories. However, music's role in supervision was mentioned by only one participant, which seems particularly significant when music is the primary modality that music therapists use in their clinical practice and is a key distinguishing factor in their professional identity.

The profession of music therapy in New Zealand may be small however there was a sense of a collective identity, and of belonging to a professional group present within the participants. Collective identities can be proposed as distinctive characteristics of the profession in this country at this time. The findings indicate that some aspects of the music therapists' identities are robust and solid whilst others are developing or emerging.

Music therapists in this study, value the profession's distinctive characteristics that outline their collective identity. Furthermore, the profession has benefitted from individual music therapists' involvement in developing clinical practice, talking to others in different forums about the profession, increasing awareness of music therapy through the development of their clinical work, and their involvement at a national level in MThNZ.

To conclude, I have reflected on my own professional identity as a music therapist whilst researching and analysing the data generated for this study. I have been able to reconnect with my own journey with greater level of understanding and insight through the process of research and study. The over-riding reflection is that a music therapist's professional identity is influenced by a reciprocal interactive process, between the individual and collective identity, over time.

References

Aigen, K. (2005). *Music-Centred Music Therapy.* Gilsum, NH: Barcelona Publishers.

Aigen, K. S. (2014). *The Study of Music Therapy: Current Issues and Concepts.* Routledge

Aldridge, D., Brandt, G., & Wohler, D. Toward a Common Language Among the Creative Art Therapies. *The Arts in Psychotherapy*, 17, 189-195.

Alves, S., & Gazzola, N. (2011). Professional Identity: A Qualitative Inquiry of Experienced Counsellors. *Canadian Journal of Counselling and Psychotherapy*, 45(3), 189-207.

Amiot, C. E., Terry, D. J., Wirawan, D., & Grice, T. A. (2010). Changes in social identities over time: The role of coping and adaptation processes. *British Journal of Social Psychology*, 49, 803-826.

Amir, D. (2012). "My music is me": Musical Presentation as a way of forming and sharing identity in music therapy group. *Nordic Journal of Music Therapy,* 21(2), 176-193.

Ansdell, G. (2002). Community Music Therapy & the Winds of Change. *Voices: A World Forum for Music Therapy*, 2(2). Retrieved from https://normt.uib.no/index.php/voices/article/view/83/65

Austin, D., & Dvorkin, J. M. (2001). Peer supervision in music therapy. In M. Forinash (Ed.), Music therapy supervision (pp. 219-230). Gilsum, NH: Barcelona Publishers.

Baumeister, R. F., & Moraven, M. (1996). Identity as adaptation to social, cultural, and historical context. *Journal of Adolescence*, 19, 405–416.

Baumeister, R. F. (1986). *Identity: Cultural Change and the Struggle for Self*. New York: Oxford University Press

Beijaard, D., Meijer, P., & Verloop, N. (2000). Teachers' perceptions of professional identity: an exploratory study from a personal knowledge perspective. *Teacher and Teacher Education*, 16, 749-764.

Beijaard, D., Meijer, P., & Verloop, N. (2004). Reconsidering research on teachers' Professional identity. *Teaching and Teacher Education*, 20, 107-128.

Blumer, H. (1969). *Symbolic interactionism*. Englewood Cliffs, NJ: Prentice Hall.

Bonny, H. L. (1997). The State of the Art of Music Therapy. *The Arts in Psychotherapy*. 24 (1), 65-73.

Braun, V., & Clarke, V. . (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723–742.

Bronfenbrenner, U. (1994). Ecological Models of Human Development. In *International Encyolpedia of Education, Vol. 3*, 2nd Ed. Oxford: Elsevier.

Bronfenbrenner, U.(Ed). (2005). *Making human beings human*. Thousand Oaks, CA: Sage.

Brott, P.E., & Myers, J.E. (1999). Development of professional school counselor identity: A grounded theory. *Professional School Counseling*, 2, 339-349.

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

Bruss, K. V., & Kopala, M. (1993). Graduate school training in psychology: Its impact upon the development of professional identity. *Psychotherapy*, 30(4), 685–691.

Burke, P. J. & Reitzes, D. C. (1981). The Link Between Identity and Role Performance. *Social Psychology Quarterly*, 44(2), 83-92.

Burke, P. J. & Stets, J. E. (1999). Trust and Commitment through Self-Verification. *Social Psychology Quarterly* 62, 347–66

Cerulo, K. A. (1997) Identity construction: new issues, new directions. Annual Review of Sociology, 23, 385–409.

Clarke, M., Hyde, A.; & Drennan, J. (2013*). Professional Identity in Higher Education*. The Academic Profession in Europe: New Tasks and New Challenges 1-19.

Côté J. E. (1996). Sociological perspectives on identity formation: the culture-identity link and identity capital. *Journal of Adolescence*, 19, 419–430.

Côté, J. E. and Levine, C. (1988). A critical examination of the ego identity status paradigm. *Developmental Review*, 8, 147–184.

Côté, J. E.,&Levine, C. G. (2002*). Identity formation, agency, and culture: A social psychological synthesis*. Mahwah, NJ: Lawrence Erlbaum.

Côté, J. E., & Schwartz, S. J. (2002). Comparing psychological and sociological approaches to identity: identity status, identity capital, and the individualization process. *Journal of Adolescence*, 25, 571–586.

Crossley, J., & Vivekananda-Schmidt, P. (2009). The development and evaluation of a Professional Self Identity Questionnaire to measure evolving professional self-identity in health and social care students. *Medical Teacher*, 31(12).

Crotty, M. (1998). *The Foundations of Social Research: Meaning and perspective in the research process*. St Leonards: Allan & Unwin.

Croxson, Morva (2003). Music Therapy in New Zealand. *Voices Resources*. Retrieved March 18, 2014, from http://testvoices.uib.no/community/?q=country/monthnewzealand_february2003

Davidson, S., & Patel, N. (2009). Power and Identity: Considerations for Personal and Professional Development. In Hughes, J., & Youngson, S. (Eds.), *Personal Development and Clinical Psychology* (pp. 79-88). BPS: Blackwell.

Denzin, N. K. (1992). *Symbolic Interactionism and Cultural Studies.* Cambridge, Mass: Blackwell.

Dileo, C. (2000). *Ethical Thinking in Music Therapy*. Cherry Hill, NJ: Jeffrey Books

Drieschner, K. & Pioch, A. (2002) Therapeutic methods of experienced music therapists as a function of the kind of clients and the goals of therapy. *Music Therapy Today*, October, available at http://musictherapyworld.net

Erikson, E. H. (1950). *Childhood and society*. New York: Norton.

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.

Elkis-Abuhoff, D. L., Gaydos, M., Rose, S., & Goldblatt, R. (2010). The Impact of Education and Exposure on Art Therapist Identity and Perception. *Journal of Art Therapy Association*, 27(3) 119-126.

Eisenberg, E. M. (2001). Building a Mystery: Toward a New Theory of Communication and Identity. *Journal of Communication*, 51(3), 534.

Elwafi, P. A. R. (2011). The impact of music therapists' religious beliefs on clinical identity and professional practice. *Qualitative Inquiries in Music Therapy*, 6, 155-191.

Esteban-Guitart, M., & Moll, L. C. (2014). Funds of Identity: A new concept based on the Funds of Knowledge Approach. *Culture and Psychology*, 20(1), 31-48.

Feen-Calligan, H. R. (2005). Constructing Professional Identity in Art Therapy Through Service-Learning and Practica. *Art Therapy: Journal of the American Art Therapy Association*, 22(3), 122-131.

Feen-Calligan, H. R. (2012). Professional Identity Perceptions of Dual-Prepared Art Therapy Graduates. *Art Therapy: Journal of the American Art Therapy Association*, 29(4), 150–157.

Forrest, L. (2001). Addressing Issues of Ethnicity and Identity in Palliative Care through Music Therapy Practice. *Voices: A World Forum for Music Therapy*, 1(2). Retrieved from https://voices.no/index.php/voices/article/view/60/38

Forinash, M. (2009). On Identity. *Voices: A World Forum for Music Therapy*. Retrieved June 10, 2013, from http://testvoices.uib.no/?q=colforinash290609

Foucault, M. (1970). The archaeology of knowledge. *Social Science Information*, 9(1), 175-185.

Friedman, D., & Kaslow, N. (1986). The development of professional identity in psychotherapists: Six stages in the supervision process. *Clinical Supervisor*, 4, 29–49.

Gale, A.U., & Austin, B. D. (2003). Professionalism's Challenges to Professional Counselors' Collective Identity. *Journal of Counselling and Development*, 81, 3-10.

Gazzola, N., & Smith, D. J. (2007). Who Do We Think We Are? A Survey of Counsellors in Canada. *International Journal for the Advancement of Counselling*, 29(2), 97-110.

Gecas, V., & Burke, P. J. (1995). Self and identity. In Cook, K. S., Fine, G. A. & House, J. S. (Eds.). *Sociological perspectives on social psychology*, (pp. 41–67). Boston: Allyn & Bacon.

Gergen, K. J. (1991). *The saturated self: dilemmas of identity in contemporary life*. New York: Basic Books

Ghetti, C. M. (2011). Clinical practice of dual-certified music therapists/child life specialists: A phenomenological study. *Journal of music therapy*, 48(3), 317-345.

Giddens, A. (1979). *Central problems in social theory*. Berkeley: University of California Press.

Glen, S. (1999). Education for interprofessional collaboration: Teaching about values. *Nursing Ethics*, 6, 202-213.

Gonzalez, P. (2011). The Impact of Music Therapists' Music Cultures on the Development of their Professional Frameworks. *Qualitative Inquiries in Music Therapy*, 6, 1-33.

Hanser, S. B. (2005). Challenges to music therapy in a world of need. *The Arts in Psychotherapy*, 32, 217–224.

Hermans, H. J. M., & Kempen, H. J. G. (1993). *The dialogical self*. New York: Academic Press.

Hesser, B. (1988). Creating a strong professional identity. *Journal of the International Association of Music for the Handicapped*, 4(1), 11-1 4.

Hsiao, F. (2011). From the Ideal to the Real World: A Phenomenological Inquiry into Student Sojourners' Re-entry Adaptation. *Journal of Music Therapy*, 48 (4), 420-439.

Hoare, C. H. 1991). Psychosocial Identity Development and Cultural Others. *Journal of Counselling and Development*, 70, 45-53.

Hogg, M. A. (2000). Subjective uncertainty reduction through self-categorisation: A motivational theory of social identity processes. *European Review of Social Psychology*, 11, 233-255.

Hogg, M. A., Abrams, D., Otten, S., & Hinkle S. (2004). The Social Identity Perspective: Intergroup Relations, Self-Conception, and Small Groups. *Small Group Research*, 35 (3), 246-276.

Hogg, M. A., & Reid, S. A., (2006). Social Identity, Self-Categorization, and the Communication of Group Norms. *Communication Theory*, 16, 7–30.

Hotho, S. (2008). Professional identity – product of structure, product of choice: Linking changing professional identity and changing professions. *Journal of Organizational Change Management*, 21(6), 721-742.

Ibarra, H. (1999). Provisional Selves: Experimenting with Image and Identity in Professional Adaptation. *Administrative Science Quarterly*, 44, 764-791

Identity. (1989). In *Oxford English online Dictionary (2nd Ed.).* Retrieved from http://dictionary.oed.com

Igari, Y. (2004). "Music Therapy is Changing" and So Am I: Reconstructing the Identity of A Music Therapist. *Voices: A World Forum for Music Therapy*, 4(3). Retrieved from https://voices.no/index.php/voices/article/view/190/149

Isenberg-Grzeda, C. (1988). Music therapy assessment: A reflection of professional identity. *Journal of Music Therapy*, 25(3), 156-169.

Kennelly, J. D., Baker, F.A., Morgan, K.A., & Daveson, B.A. (2012). Supervision for music therapists: An Australian cross sectional survey regarding views and practices. *Australian Journal of Music Therapy*, 23, 41-56.

Kim, Seung-A. (2011). Predictors of Acculturative Stress Among International Music Therapy Students in the United States. *Music Therapy Perspectives*, 29(2), 126-132.

Kowaleski, Julia Beth (2011). Music Therapy in Antigua and Barbuda: Two Music Therapists, One Small Island. *Voices Resources*. Retrieved March 23, 2014, from http://testvoices.uib.no/community/?q=country-of-the-month/2011-music-therapy-antigua-and-barbuda-two-music-therapists-one-small-island

Kroger, J. (2004). *Identity in adolescence. The Balance between Self and Other* (3rd Ed.). East Sussex: Routledge

Ledger, A. (2010). Exploring Multiple Identities as a Health Care Ethnographer. *International Journal of Qualitative Methods,* 9(3), 291-304.

Lee, C. (2008). Reflections on Being a Music Therapist and a Gay Man. *Voices: A World Forum for Music Therapy*, 8(3). Retrieved from https://voices.no/index.php/voices/article/view/415/339

Levick, M. F. (1995).The Identity of the Creative Arts Therapist: Guided by Ethics. *The Arts in Psychotherapy*, 22(4), 283-295.

Lerner, (1995). *Concept and Theories of Human Development*. New York: Random House.

Leung, H. Y. A., Wilson, B. L., Roth, E. A., & Smith, D. (2014). The Re-entry Experiences of International Music Therapy Professionals from the Asia Pacific Rim Area. *The Australian Journal of Music Therapy*; 25, 45-65.

Lindvang, C. (2013). Resonant Learning: A Qualitative Inquiry into Music Therapy Students' Self-Experiential Learning Processes. *Qualitative Inquiries in Music Therapy*. 8, 1-30.

Loth, H. (2006). How Gamelan Music Has Influenced Me as a Music Therapist - A Personal Account*. Voices: A World Forum for Music Therapy*, 6(1). Retrieved from https://voices.no/index.php/voices/article/view/246/190

Macdonald, R., Meill, D., & Hargreaves, D. J. (Eds), (2002). *Musical identities*. Oxford : Oxford University Press.

Marks, D. F. & Yardley, L. (2004). Research Methods for Clinical and Health Psychology: Content and Thematic Analysis. Sage Research Online, Retrieved 2013- 03-28.

Marom, M. K. (2004). Spiritual Moments in Music Therapy: A Qualitative Study of the Music Therapist's Experience. *Qualitative Inquiries in Music Therapy,* 1, 37-76.

McLeod, J. (2010). *Case Study Research in Counselling and Psychotherapy*. Sage.

Mead, G. H. (1934) Mind, Self and Society. Chicago, IL: University of Chicago Press.

Meeussen, L., Delvaux, E., & Phalet, K. (2014). Becoming a group: Value convergence and emergent work group identities. *British Journal of Social Psychology*, 53, 235–248.

Mőssler, K. (2011). 'I am a psychotherapeutically oriented music therapist': theory construction and its influence on professional identity formation under the example of the Viennese School of Music Therapy. *Nordic Journal of Music Therapy*, 20(2), 155-184.

Music Therapy New Zealand Registration Board. (2011). http://www.musictherapy.org.nz/registration/

Music Therapy New Zealand Registration Board. (2014). http://www.musictherapy.org.nz/registration/

Nelson, K. W., & Jackson, S.A. (2003). Professional counselor identity development: A qualitative study of Hispanic student interns. *Counselor Education and Supervision,* 43, 2-14.

Ng, T., & Feldman, D. (2007). The school-to-work transition: A role identity perspective. *Journal of Vocational Behavior*, 71, 114–134.

Noguiera, A. L. H. (2014). Emotional experience, meaning, and sense perception: Interweaving concepts to dialogue with the funds of identity approach. *Culture and Psychology*, 20(1), 49-58.

O'Brien, N., & Goldstein, A. J. (1985). A Systematic Approach to Developing a Private Practice Music Therapy. *Music Therapy*, 5(1), 37-43.

O'Grady, L., & McFerran, K. (2007). Community Music Therapy and Its Relationship to Community Music: Where Does It End? *Nordic Journal of Music Therapy*, 16(1), 14-26.

Oakland, J., MacDonald, R., & Flowers, P. (2013). Identity in crisis: The role of work in the formation and renegotiation of a musical identity. *B. J. Music Ed*. 30(2), 261–276.

Orlinsky, D. E. & Rønnestad, M. H. (2005). *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth.* Washington, DC: American Psychological Association.

Pavlicevic, M. (2003). *Groups in music: strategies from music therapy.* London: Jessica Kingsley.

Pelliteri, J. (2009). *Emotional Processes in Music*. Gilsum, NH: Barcelona Publishers.

Penuel, W. R., & Wertsch, J. V. (1995). Vygotsky and Identity Formation: A Sociocultural Approach. *Education Psychologist*, 30(2), 83-92.

Preti, C., & Welch, G. F. (2013). Professional identities and motivations of musicians playing in healthcare settings: Cross-cultural evidence from UK and Italy. *Musicae Scientiae,* 17(4), 359–375.

Priestley, M. (1994). *Essays on Analytical Music Therapy.* Gilsum, NH: Barcelona Publishers.

Pullen Sansfaçon, A., Brown, M., Graham, J., & Dumais Michaud, A. (2014). Adaptation and Acculturation: Experiences of Internationally Educated Social Workers. *Journal of International Migration and Integration.* 15(2), 317-330.

Quinn, S. L. (2005). Identity: Importance of knowing and listening to self. Proceedings from CAMT Conference 2005. http://www.musictherapy.ca/documents/confproc/2005/SusanQuinn.pdf

Rice, P. L., & Ezzy, D. (1999). *Qualitative Research Methods. A Health Focus*. Victoria, Australia 3205: Oxford University Press.

Rickson, Daphne (2010). More Thoughts about Identity. *Voices Resources*. Retrieved March 17, 2014, from http://testvoices.uib.no/community/?q=colrickson080210

Rickson, D.R. (2013). *Lecture Notes*. Wellington: New Zealand School of Music

Rodgers, N. (2012). Shifting Landscapes of Counselling Identities in Aotearoa New Zealand. *British Journal of Guidance & Counselling*, 40(3), 191-204.

Ronnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5–44.

Ruud, E. (1997). Music and Identity. *Nordic Journal of Music Therapy*, 6 (1), 3-13.

Ruud, E. (1998). *Music therapy: improvisation, communication, and culture*. Gilsum, NH: Barcelona Publishers.

Schein, E. H. (1990). Organizational Culture. *American Psychologist*, 45, 109-119.

Schlossberg, N.K. (1981). A Model for Analyzing Human Adaptation to Transition. *The Counselling Psychologist*, 9(2), 2-18.

Schwartz, S. J. (2002). In search of mechanisms of change in identity development: Integrating the constructivist and discovery perspectives on identity. *Identity: An International Journal of Theory and Research*, 2, 317-339.

Schwartz, S. J., Cote, J. E., & Arnett, J. J. (2005). Identity and Agency in Emerging Adulthood: Two Developmental Routes in the Individualization Process. *Youth and Society*, 37(2), 201-229.

Schwartz, Kurtines & Montgomery (2005). A Comparison of Two Approaches for Facilitating Identity Exploration Processes in Emerging Adults: An Exploratory Study. *Journal of Adolescent Research*, 20(3), 309 – 345.

Shotter, J., & Gergen, K (Eds), (1989). *Texts of Identity*. London: Sage.

Showers, C. J., and Zeigler-Hill V. (2003). Organization of self-knowledge: Features, functions, and flexibility. In Leary, M. R., & Tangney, J. R. (Eds). *Handbook of self and identity, 2nd Edition,* (pp. 105-123). Dewey: Guildford Publications.

Sisneros, J., Stakeman, C., Joyner, M., & Schmitz, C. (2008). *Critical multicultural social work*. Chicago, IL: Lyceum Books.

Skovolt, T. M., & Ronnestand, M. H. (1992). Themes in Therapist and Counselor Development. *Journal of Counselling and Development*. 70(4), 505-515.

Slay, H. S., & Smith, D. A. (2010). Professional identity construction: Using narrative to understand he negotiation of professional and stigmatized cultural identities. *Human Relations*, 64(1), 85–107.

Smeijsters, H., & Aasgaard, T. (2005). Qualitative Case Study Research. In Wheeler, Barbara L., Ed. (2005). *Music Therapy Research. Second Edition*. (pp 440-457). Gilsum, NH: Barcelona Publishers

Smith, L. G. E., Amiot, C. E., Smith, J. R., Callan, V. J. & Terry, D. J. (2013). The Social Validation and Coping Model of Organizational Identity Development: A Longitudinal Test. *Journal of Management,* 39(7), 1952-1978.

Stake, R. E (1995). *The Art of Case Study Research.* Thousand Oaks:Sage

Stets, J. E., & Burke, P, J. (2000) Identity Theory and Social Identity Theory. *Social Psychology Quarterly*, 63(3), 224-237.

Stige, B. (2005). Ethnography and Ethnographically Informed Research. In B. L. Wheeler (Ed.), *Music Therapy Research* (pp. 392-403). Gilsum, NH: Barcelona Publishers.

Stige, B. (2002) *Culture-Centred Music Therapy*. Gilsum, NH: Barcelona Publishers.

Stryker, S. & Brke, P. J. (2000). The past, present and future of an identity theory. *Social Psychology Quarterly*, 63, 284–297.

Sussman, N. M. (2000). The Dynamic Nature of Cultural Identity Throughout Cultural Transitions: Why Home Is Not So Sweet. *Personality and Social Psychology Review*. 4(4), 355-373.

Swamy, S. (2011). "No, she doesn't seem to know anything about cultural differences!": Culturally Centred Music Therapy Supervision. *Music Therapy Perspectives*, 29, 133-137.

Tajfel, H., Billig, M., Bundy, R. P., & Flament, C. (1971). Social categorization and intergroup behaviour. *European Journal of Social Psychology*, 1, 149–177.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey, CA: Brooks/Cole.

Tajfel, H. (1981). Social stereotypes and social groups. In J. C. Turner & H. Giles (Eds.), *Intergroup behaviour* (pp. 144–167). Oxford, UK: Blackwell.

Tobbella, J., & O'Donnell, V.L. (2013). Transition to postgraduate study: postgraduate ecological systems. Cambridge Journal of Education, 43(1), 123–138.

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, UK: Blackwell

Twyford, K., & Watson, T. (Eds.). (2008). Integrated team working: Music therapy as part of transdisciplinary and collaborative approaches. London: Jessica Kingsley.

Unruh, A. M. (2004). Reflections on: ''So… What Do You Do?'' Occupation and the Construction of Identity. *Canadian Journal of Occupational Therapy*, 71(5), 290-295.

Vega, V. P. (2010). Personality, burnout, and longevity among professional music therapists. *Journal of music therapy*, 47(2), 155-179.

Waterman, A. S. (1982). Identity development from adolescence to adulthood: An extension of theory and a review of research. *Developmental Psychology*, 18, 341–358.

Waterman, A. S. (1999). Identity, the Identity Statuses, and Identity Status Development: A Contemporary Statement. *Developmental Review*, 19(4), 591–621.

Watkins, C.E. (2012). On Demoralization, Therapist Identity Development, and Persuasion and Healing in Psychotherapy Supervision. *Journal of Psychotherapy Integration*, 22(3), 187-205).

Wertsch, J. V. (1991). *Voices of the mind: A sociocultural approach to mediated action*. New York: Cambridge University Press.

Wheeler, B. L., & Baker, F. A. (2010). Influences of music therapists' worldviews on work in different countries. *Arts in Psychotherapy*, 37(3), 215-227.

Wilson, L. H. (2003). Role differentiation in a professionalising occupation: the case of occupational therapy, New Zealand : a thesis submitted for the degree of Doctor of Philosophy of the University of Otago, Dunedin, New Zealand.

World Federation of Music Therapy. (2011).
http://www.musictherapyworld.net/WFMT/WFMT_Documents.html

Yin, R. (2011). *Qualitative Research from Start to Finish*. New York: Guildford Press.

APPENDICES

Appendix 1

Attached are letters requesting i) expressions of interest, ii) an information sheet, iii) questionnaire and iv) consent form for participants

EXPRESSIONS OF INTEREST

Invitation to Participate in a Music Therapy Research Project

My research project as part of the MMusTh (Thesis only option) is entitled:

What are the factors that have influenced individual music therapists' professional identity over time and how have those factors impacted on their practice and the field as a whole in New Zealand?

If you are a registered music therapist who has been qualified for 5 years or more and are working in New Zealand I would like to interview you. The interview would take place at a time and at a place that is convenient to you and will take approximately one hour. For further information or to indicate your interest in participating in this project, please contact Penny Warren, Tel: 04 9709340 or 0274 710430
Or email : pennywarren@clear.net.nz

INFORMATION SHEET

What are the factors that have influenced individual music therapists' professional identity over time and have those factors impacted on their practice and the field as a whole in New Zealand?

Researcher Introduction

Name of Researcher: Penny Warren RMTh

This project is being completed for the Masters of Music Therapy at the New Zealand School of Music (Thesis only option).

The aim of this study is to investigate and learn about the factors that influence the professional identity of music therapists' within the New Zealand context and the impact these factors can have on the clinical practice of music therapists' and the profession as a whole within New Zealand.

I am writing to you to be part of a qualitative research project study because you have expressed interest in the possibility of participating in this research, following initial contact being made through the Music Therapy New Zealand website and professional forum.

Project Description

I aim to identify the factors that influence the New Zealand music therapists' professional identity and the impact these factors have upon their clinical practice and the profession.

There are various aspects that influence individual professional identity which include personal work values, skills and knowledge, growth as a person, success and improvement at work. However the process that takes place in creating professional identity occurs over time throughout one's career and involves the attaining of new role behaviours and new views of the self (Clarke 2013).

An understanding of identity and the development of self-awareness is of importance to music therapists, as engaging with those different from themselves is fundamental to their clinical practice. The characteristics which define a profession's basic group identity also influence the individual's identity, where the individual has a sense of belonging to a group. In addition, the individuals and groups that make up a profession influence the identity and growth of the profession.

Participant Identification

Participation in this study requires that music therapists will have been working in the field for five years or more and currently work within New Zealand. Approximately eight music therapists will be recruited to be interviewed by the researcher. There has been significant interest in my project and I may not be able to include everyone. Therefore, in order to capture the diversity of music therapists in New Zealand, participants will be included according to the following criteria.

- Music therapists' gender
- Hours of work
- City or rural practice location
- Number of years of practice
- Training location
- Client populations worked with

A questionnaire for potential participants to complete is attached to this information sheet which covers the areas being considered in the selection process. I will contact you once I have completed selection.

Project Procedures

The type of interview used in this project will be an open-ended interview. The purpose of the interview is to gather information from each music therapist regarding the factors that influence their professional identity and the impact these have on their clinical practice and the profession in this country. Interviews will be undertaken face-to-face, or by telephone. The time participants will need to allow for the interview will be up to **one hour.**

Interviews will be recorded and transcribed word for word by the researcher. The transcripts will then be analysed using thematic analysis. I may need to have a further discussion to clarify what has been said in interviews. Initial interpretations of individual transcripts will be e-mailed to participants who will be invited to clarify, expand or confirm interpretation of the data. The participants' comments will be incorporated into the findings. The total time of involvement in this project will be **2.5 hours**. This time will include interview, follow-up and review.

All data will be held on a password protected computer. The data that is collected from this study will be securely held at the New Zealand School of Music for five years after the project is completed and will then be destroyed.

All identifying material that is not relevant to contextualize the findings will eventually be removed from the research thesis. However, some contextual information will be needed. There is therefore a high likelihood that participants may be identifiable.

A summary of the research findings will be sent to you at the end of the study.

Participant's Rights

You are under no obligation to accept this invitation.

If you do decide to participate in this project, you have the right to:

- decline to answer any particular question;
- withdraw from the study, up until the time you have approved your manuscript
- ask any questions about the study at any time during your participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded;
- Ask for the recorder to be turned off at any stage of the interview.

Project Contacts

If you have any questions about this project please feel free to contact either Penny Warren or Dr. Daphne Rickson

Researcher: Penny Warren
E-mail: pennywarren@clear.net.nz
Tel: 04-9709340 or 0274 710430

Research Supervisor: Dr. Daphne Rickson
E-mail: Daphne.Rickson@nzsm.ac.nz
Tel: 04 4635233 x35808

LOW RISK NOTIFICATIONS

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director, Research Ethics, telephone 06 350 5249, email humanethics@massey.ac.nz.

Please return your consent form and completed questionnaire by Friday 18th October 2013. A stamped addressed envelope is included.

QUESTIONAIRE

PARTICIPANT INCLUSION CRITERIA

Due to the significant interest in my project and in order to capture the diversity of music therapists' in New Zealand, the following inclusion criteria will be taken in to consideration when selecting participants.

Please circle your answer to questions 1-3.

1. I am:

Male
Female

2. I work:

Full-time
Part-time

3. My music therapy work is in :

City Community
Rural Community
Both

4. How many years have you been practicing as a music therapist?
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

5. Where did you train as a music therapist?
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

6. What client populations have you worked with since you completed your training as a music therapist?
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
Thank you

What are the factors that have influenced individual music therapists' professional identity over time and how have those factors impacted on their practice and the field as a whole in New Zealand?

PARTICIPANT CONSENT FORM

Please complete and return this consent form in the stamped address envelope supplied with the consent form, information sheet and questionnaire.

I, …………………………………………………………………………………..(please print name) have read the Information Sheet that has been provided for this research and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: .... **Date:** ....

Full Name – printed ....

Appendix 2

Examples of Participant Feedback to Interview Transcripts

Example 1

I don't think professional identity is dependent on the specific organisations we work for - otherwise I would experience some identity confusion around working in two very different models of therapy, different theoretical orientation and different methods, suited to the strengths, needs and demographics of different clinical populations. On the contrary, I think the eclecticism of my New Zealand training and the New Zealand context have encouraged me to adopt an integrated approach and the capacity to offer different things to different clients. There is someone in New Zealand who frequently tells me that "analytic music therapy [by which I think they mean anything psychodynamically informed] is on the decline internationally". In my experience, the psychodynamic theory and therapy are alive and well, and a continuing professional choice. Yes, there are many music therapists offering humanistic music-centred approaches (including me) but there are others (also including me) whose lived experience with clients, colleagues and supervisors has shown the value of deeper reflections rather than being quite "activity" based.

Example 2

I think the only aspect I am slightly uncomfortable about is the names and titles as I refer to xxxxxxx and also to various titles that I hold or have held and I am not comfortable about those being included. Also, I had a thought about trying to clarify the piece at lines 78-93 where I talk about the complexities of the music/therapist pieces. But I'm not sure how to re-word it so am happy to let it stand as it is.

Appendix 3

i) Example of Interview Transcribed Verbatim

INTERVIEW 6 – face-to-face in the morning at the home of the participant

1 P: So, just to start off, how about……you tell me a little bit about what led you to music therapy?

2 6: OK, well…um….I trained as a musician obviously. I trained as a flute player at ▮▮▮▮ and right the
3 way through that I funded my university studies by working for IHC as a support worker for children
4 with disabilities and a home support worker, going into their homes. But, yeh also um…a week-end
5 manager in the day base. Um,…and I used to get told off all the time by my flute teacher for putting
6 too much energy into that and not enough in to my studies. Because I was working 30-40 hours a
7 week sometimes, not always, but sometimes yeh to buy a very expensive flute and things like that, I
8 had to fund it. So um, yeh…..actually it was about 20 hours a week during-during the term. But that
9 meant that was still quite a lot of my time involved with all the children with disabilities. I'd gotten
10 into that because I'd nannied kids in my street when I was…..a teenager. I'd grown up with them,
11 and the mum trusted me when she was at work in the school holidays and asked me to nanny.
12 Um……and it was just the job I sort of fell into when I went to Uni. And also my sister has
13 um…..Autistic Spectrum, probably, undiagnosed but……definitely Asbergers, or what was Asbergers.
14 So,….um……a lot of experience of hospitals. Oh she had some physical disabilities when she was
15 born and needed loads of operations over her life. So I had a lot of experience with that as well

16 P: Right

17 6: Kids with special needs or people in different settings…yeh….I was quite comfortable with
18 that….so yeh, the IHC work was just comfortable and right…for me. And my boss there asked ……if
19 I'd ever heard about music therapy…and she suggested I do it. And I said…"No"(Laugh) I said " No,
20 this is my job and I love it, but it's my job and music's my passion and I'm going to make a career as a
21 musician. I am not joining the two together." And my mum insisted,….she told me about music
22 therapy too and asked me why I wasn't doing it. But I don't even recall that. I obviously just,….I
23 don't know, I had my mind made up and wasn't going to do it. Um, …and then I went overseas for a
24 year to do some music summer schools and things like that. But by doing that, I gave up all my
25 itinerant work here, teaching and performing. 'Cos' I was doing some performing freelance when I
26 left Uni. And when I came back I couldn't get back into it. I'd lost all that work. It was gone. So I did
27 more nannying and tried to get more music work but it didn't happen. And then I got abit frustrated
28 and I thought 'Bugger it, it-it isn't going to happen……'cos I also knew I wasn't quite dedicated
29 enough in the performance practice side of things. Yeh…..I was good but I just wasn't….I wouldn't
30 give up a whole day to practice, I just couldn't. I was too interested in working with people. I was
31 ….I didn't like the isolation.

32 P:'cos you like working with people.

33 6: So….I-I couldn't focus on…on the flute as much as I should've. And then at the last minute I heard
34 something about music therapy. I didn't even know, and this is very embarrassing, that there was a
35 New Zealand Society of Music Therapy. Didn't know there were conferences. I didn't know I
36 could've got funding to help me with my training. I found out about that afterwards, that lots of
37 people got funding to go overseas to train.

38 P: Oh……ok

39   6: Had not idea. I just decided that I wanted to do it and found out…that I could go to ███████ to do

40   it. That I had one week to get applications in. Decided I was going to go to ███████ because it was a

41   one year post-grad course instead of the two years in ███████ And I didn't want to go to ███.

42   So, …applied for ███████. Found out…..very shortly afterwards that I got through. Even though

43   when they asked me what I knew about music therapy. (Quietly) I knew bugger all.

44   P: Right….I was just gonna ask that

45   6: it was a phone interview with ███████████ ah….and others…ah…What did I know about it. "Um…

46   well I've read abit about it". Two sentences on the music therapy website at ███████. So I reeled

47   that off um….but I just said I knew abit more from my own experience working with people with

48   disabilities and…you know……singing abit there and things like that. And I knew there were real

49   connections there. And I think it music have just been my work background and my openness to the

50   possibility. Um because I really didn't know much about it…yeh. So

51   P: Although you're saying you did because you knew….that you could make connections with people.

52   6: Yes but…..I didn't….I almost didn't do it on purpose. I just knew

53   P: Yeh

54   6: If I put the radio on, certain songs for some of the teenage boys worked well. They'd change their

55   attitude, you know. They were starting to get into little fights and all picky. I'd put the music on and

56   have abit of a sing and dance to it and play silly buggers basically but it was…..you know…I just knew

57   that they really enjoyed that. And at nights I'd sing lullabies to the littler babies when I was working

58   with to help them sleep. And things like that, you know. It was….just….I never thought of any of

59   that as relating to music therapy but….you know. Obviously I had abit of background experience and

60   they realised that even if I didn't…..So yeh, it was a spur of the moment thing. I thought 'Damn it,

61   I've got to get some work. I'm not going to float around and waste my life. I'm gonna try this and

62   I'm going to go overseas and I'm sick being stuck in New Zealand if I can't find work and….yeh. I just

63   need a change'. So I went over

64   P: So when you read about music therapy, the bit you did read. Did that…..what –what was that,

65   what was your impression of that or your response to that?

66   6: Um,…..I just remember thinking……I'm absolutely positive this could work and….realistically

67   looking at my background, I think I could do this. I think I'm the right kind of person to do this.

68   Um,…..and it could be very satisfying. It was just…..up until then I'd been determined ……..to

69   completely disregard it…because it wasn't performance and that's what I wanted to do. And when I

70   got to the point where I realised that….OK this isn't going to happen. I'm not gonna be a performer

71   as much as I want to. And I refuse to waste my life floating around and hoping it's going to happen

72   when I know it's not going to. So that's when I just accepted that actually there was a profession out

73   there…..that could be perfectly suited….to my skills.

74   P: Yeh

75   6: And so, yeh…………um, so yeh, I read that and I thought 'Yeh, I could do that. Don't see why not.

76   Other than playing the piano bit.' Um…..yeh

77   P: Apart from playing the piano bit (Laughter)

78   6: Yeh….um….played um,….had to send in audition tapes

79   P: Right

80 6: From a kids book. 'Busterpher Jones' from Cats………….One chord and two fingers, I think in the
81 right hand for the melody…..huh…..and then when it came to sing with it I just played the chords 'cos
82 I couldn't do a melody and sing. Huh…and it was terrible…yeh

83 P: That……….and has that changed for you now?

84 6: A bit , not a lot

85 P:Yeh……but you use other instruments

86 6: Exactly…I-I've…..there are lots of…..areas of work I would love to get into in music therapy and
87 that I really admire people who do some of these other fields. But they're not me, because they
88 don't meet my skills and-and…um,……..while I do try to upskill um….and I'm much……'cos I couldn't
89 play guitar then either

90 P: Mmmmm

91 6: I just couldn't do it. So I've got much, much better on the guitar. Um…yeh, I just decided that I'd
92 go with the fields, and try and expand them a bit. But I do want what I could do and what I have
93 potential in and not try and be someone I'm not. 'Co I wasn't ever trained as a pianist. My
94 theoretical background…I still struggle a lot more with that than a lot of music therapists. Because it
95 doesn't come naturally to me to be analysing as I'm playing and thinking necessarily in chords. Well,
96 when I'm playing on the guitar I'm…thinking basic chord structures. I kind of, feel them more now
97 than I…..than I used to. But you know, to actually analyse and sit and listen to what was going on in
98 say a piano improvisation and analyse that-that…….it would be a real struggle for me. So I-I don't go
99 into fields of work where I do that because I have other strengths. So….so

100 P: so….the strengths influence where you work to a certain degree

101 6: Yes…definitely

102 P: Mmmmm

103 6: Though there are fields I'd love to work in but I don't because…there isn't…the money and you get
104 turned down so many times. I would love to work in….paediatric oncology. I'd love to be in the
105 hospital system. It was where I did my first placement and it was hugely challenging um…….in fact
106 we weren't supposed to go in there on our first year placement. They never sent first years in but
107 they just decided that…….since two of the first years were……postgrads…..because our course was
108 both Bachelor and Postgrad

109 P Oh ok…so both undergrad and postgraduate

110 6:Yeh……….and um…………yeh so,……and there were a couple of us on the postgrad course who'd
111 also, who'd done our music degree and then gone and worked in related fields for a few years. And
112 so they decided we would cope with the situation and put us straight into paediatric oncology.
113 And……and it was really hard but I loved it…and….felt like I was doing a really good job there….for my
114 first placement obviously. And…ever since I've wanted to get back into it but just get knocked back
115 at every turn in New Zealand. So…hasn't happened………And dementia care…..I'm….that was
116 another of my placements but I'm…..yeh……..very passionate about that now…but it's, to get decent
117 work in that area is very hard. Yeh

118 P: Yeh

119   6: Yeh……..and Special Ed is where it's at in New Zealand….alot of the time. And Special Ed is the
120   one area I never wanted to go into

121   P: Oh well that's interesting (smiles)

122   6: Never……..that was my third and final placement. Never wanted to go into it…….because so many
123   of the children I worked with on my first placement were in the autistic spectrum and so many of
124   them reminded me of my sister…And…I just thought. 'No I….this is too close to home. I don't wanna
125   do this. Er…I don't know if I'll have the patience for it. I don't know how I'll cope because I'll always
126   be thinking of my sister.' And it's frustrating when it's your sister. I cope much better with the
127   people at school. (laughing) I'm far better at that. And yeh, um,……turns out I'm better at it than I
128   thought I would be. But…..I always thought my strengths were actually with adults or in-in the
129   hospital settings or other settings. Not education.

130   P: Mmmmm…..So, yes Special Ed's where it's at in New Zealand, is what you're saying

131   6: Yeh

132   P: U-um….what's shifted in yourself then around working in Special Education…..based on what you
133   said

134   6: Partly I found that I'm reasonably good at it. It seems quite comfortable. Um…..partly it suits my
135   skills. Um….being…sitting on the floor with a guitar……is-is…..right for me, in that it's right for the
136   kids at school. That works. So the skills I have…work well in that setting.

ii) Example of Analysis of Interview Text

INITIAL CODING OF INTERVIEW 6

1   INTERVIEW 6 – face-to-face in the morning at the participants home

2   P: So, just to start off, how about……you tell me alittle bit about what led you to music therapy?

3   6: OK, well…um….I trained as a musician obviously.   I trained as a flute player at ▓Uni and right the
4   way through that I funded my university studies by working for IHC as a support worker for children with
5   disabilities and a home support worker, going into their homes.   But, yeh also um…a week-end
6   manager in the day base.   Um,…and I used to get told off all the time by my flute teacher for putting
7   too much energy into that and not enough in to my studies.   Because I was working 30-40 hours a
8   week sometimes, not always, but sometimes yeh to buy a very expensive flute and things like that, I had
9   to fund it.   So um, yeh…..actually it was about 20 hours a week during-during the term.   But that
10 meant that was still quite a lot of my time involved with all the children with disabilities.   I'd gotten
11 into that because I'd nannied kids in my street when I was…..a teenager .   I'd grown up with them, and
12 the mum trusted me when she was at work in the school holidays and asked me to nanny. Um……and it
13 was just the job I sort of fell into when I went to Uni.   And also my sister has um…..Autistic Spectrum,
14 probably, undiagnosed but……definitely Asbergers, or what was Asbergers.   So,….um……a lot of
15 experience of hospitals.   Oh she had some physical disabilities when she was born and needed loads of
16 operations over her life.   So I had a lot of experience with that as well

17 P: Right

18 6: Kids with special needs or people in different settings…yeh….I was quite comfortable with that….so
19 yeh, the IHC work was just comfortable and right…for me.   And my boss there asked ……if I'd ever
20 heard about music therapy…and she suggested I do it.   And I said…"No"(Laugh)   I said " No, this is my
21 job and I love it, bit it's my job and music's my passion and I'm going to make a career as a musician.   I
22 am not joining the 2 together."   And my mum insisted,….she told me about music therapy too and
23 asked me why I wasn't doing it.   But I don't even recall that.   I obviously just,….I don't know, I had my
24 mind made up and wasn't going to do it.   Um, …and then I went overseas for a year to do some music
25 summer schools and things like that.   But by doing that, I gave up all my itinerant work here, teaching
26 and performing.   'Cos' I was doing some performing freelance when I left Uni.   And when I came back
27 I couldn't get back into it.   I'd lost all that work.   It was gone.   So I did more nannying and tried to
28 get more music work but it didn't happen.   And then I got abit frustrated and I thought 'Bugger it, it-it
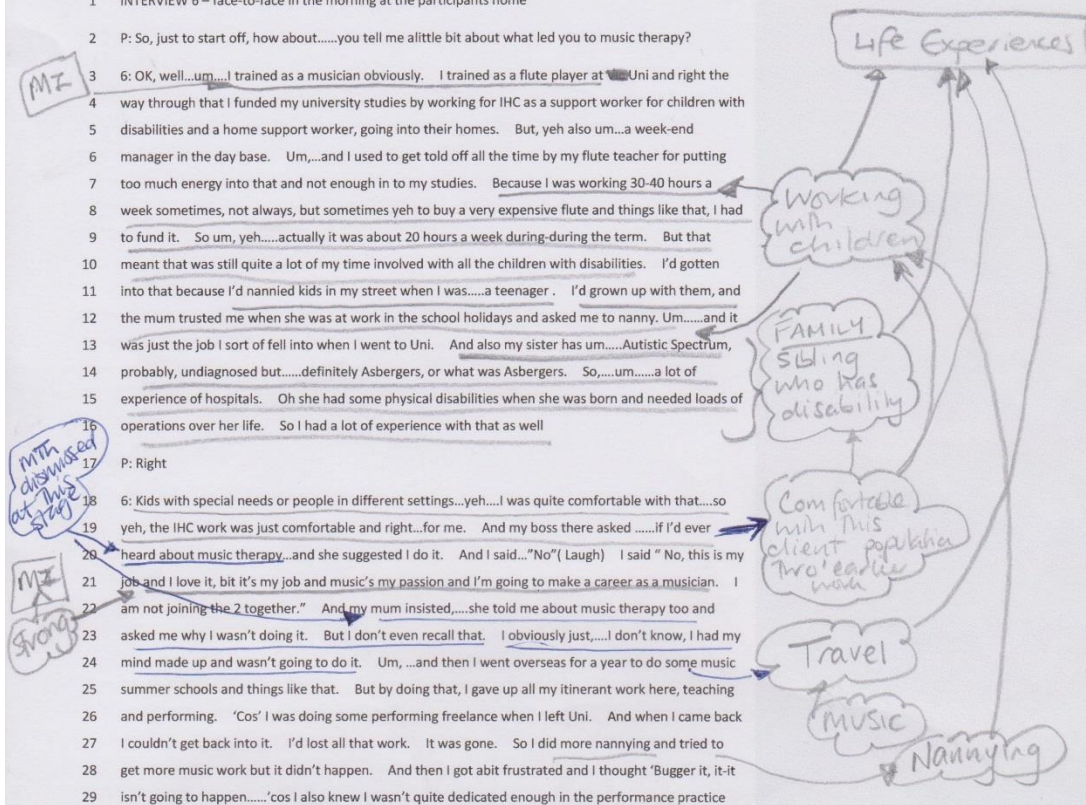29 isn't going to happen……'cos I also knew I wasn't quite dedicated enough in the performance practice

Appendix 4

Example of the Process used to Clarify Developing Themes in Relation to the Research Question.

What are the factors that have influenced individual music therapists' professional identity over time and how have those factors impacted on their practice and the field as a whole in New Zealand?

Emerging Theme	What I mean	Refined meaning	How does the emerging theme impact on the individuals practice?	How does the emerging theme impact on the wider field of music therapy in New Zealand?
Life and work experiences before training in music therapy - relating to participants' personal beliefs and values. Including s*piritual beliefs, family values and experiences with can involve music*	Music therapists described specific experiences that they felt to be important in relation to their decision to train in music therapy. These experiences included education, non music therapy professional training and work prior to training in music therapy Music therapists' identities were also influenced by their spiritual beliefs and values from their family system.	Having life experiences that have enhanced the skills that the music therapist brings to their work	Values and beliefs congruent with music therapy	Music therapists' describe experiences that they identify as influencing their ability to work with clients with empathy and understanding, relationally, and responsively.

Appendix 5

Emergent Theme Relating to Examples in Data

Colour Code and pseudonyms used for interview identification
Int 1: yellow – Bev
Int 2 – red - Andrea
Int 3 – green - Chris
Int 4 - fuschia - Carol
Int 5 – light grey - Karen
Int 6 – teal - Sarah
Int 7 –dark blue - Nicole
Int 8 – light blue – Martha
Int 9 – white - Alex

Emerging Theme	Examples Relating to Theme From Data
Life Experiences before training	Int 1: "I think I have all these abilities that I think are very complementary to music therapy……and I know, I still know that's what I want to do. And even in my teacher aide work, in my teacher aide work I was doing wholly music and I loved it. And I was quite happy being a teacher aide for a long time and then I got to a point where I wanted more responsibility now, I was ready for more responsibility…in my job, not just …do these songs with kids and then ..go home and don't have to think about it" L166-172
	Int 2: when I finished my degree, I wanted to do something either with drama or with music….But I also wanted to work…for abit…because I was fed up with being in education….Um…so I found myself working..um with…children and young people with special needs and ….um…I worked for ▇▇▇▇▇▇▇▇▇ on an integration project. Which was supporting…um…children and young people to access summer play schemes
	And then after that I found myself in a job which was for a charity…that was titled Special Needs Integration Project. So the whole focus about that was integration. And I did that for a few years and then..found myself becoming frustrated with the …..fact that I was in quite an organisational..um…role" L23-32
	Int 3: "initially I trained as a teacher and..then went over to the UK and worked for 2 days in a high school and then decided I wasn't keen on that and then went into primary school. So was the first, the first time I'd ever really worked with young children and the first time I'd ever really worked full-time. I literally went over there straight after I'd finished my degree, um, and started doing some work. So working in an inner city school..er, with quite challenging students, er, not on any special needs spectrum officially, but rough um…really, the demographics of the school, socio-economic, quite a lot of socio-economic …er..parent group. So I started working with the students and at the same time got very involved with African drumming and percussion" L6-13
	Int 4: " So I worked for 3 years as a teacher aide in a school for children with primarily autism spectrum disorders in ▇▇▇▇▇▇▇. And the principal at the time recognised my speciality in music as she called it so I was known as the music specialist and I worked

alongside well a year later, I worked alongside the teacher who was in charge of music in the school, co-ordinating music. Butthe principal invited me to run a choir and I nearly died when she said, I thought ' Children with autism and she wants me to run a choir' (laughter). And she said" It's not going to be like a normal choir. I just want these children to engage in music". So, that was a huge, kind of leap for me. But I did it and then with the support later of the specialist teacher, who I got on extremely well with and she was quite a mentor for me in lots of different ways in that school. And in the holidays I used to be a part of some of the holiday programmes and in fact even ran a music holiday programme once there at the school and also was involved in co-ordinating playschemes and sports clubs during that time." L33- 47

Int 5: " and did a music degree and became a teacher. I still knew about it music therapy and as I found out more about it and I thought it would be really interesting way to work but I was very interested in what I was doing at the time. But I increasingly found that I was working with children with special needs. So one of the schools I worked at had quite a high proportion of children with special needs and we were quite friendly to and supportive to those families whereas some schools tended to see them as a problem and I was quite lucky being able to introduce music programmes in the last school I taught at with the support of the SENCO and also to have some professional development that was related to using music with children with special needs" L9-17

Int 6: "I trained as a flute player at ▇▇▇▇ and right the way through that I funded my university studies by working as a support worker for children with disabilities and a home support worker, going into their homes. But, yeh also um…a week-end manager in the day base" L3-6

Int 8: ….the teaching was by default in some ways, even though it has become part of my identity now. At the time, in my head, I saw it as I need to fill in time and grow old. I'll teach til I'm old enough to go and train. So in my head, I always wrote it off in that sense. But as I went through teaching I really loved it and that has become, as time has gone on as well to be more and more my identity in that sense. I think when I, I remember when I first started training as a music therapists, I remember ▇▇▇ saying it was much harder for music teachers to become um…music therapists. And um….and tried to encourage us to throw that all out. And I totally understand that. So I think it's a funny identity. Um….I guess because I work in a school now, it's-it's obviously got benefits cos' I can understand and access wider bits of information in a school and environment. Educationally and practically I understand perhaps alittle bit more about what goes on. Um,….but I think it can be really confusing being a teacher and…..and also a therapist, because in some ways they are conflicting roles. Aah…perhaps maybe not so much in our special schools. But um…as a teacher you are already product based……in a lot of ways. And as a therapist I see myself more about the process, not the product L77-89

Int 9: "I was um…..working in a library situation and I got a repetitive strain injury from working on computers and had to stop that work and look at other things to do." L5-6"

Int 9:" I had er…an ACC case manager, who encouraged me. Because I was really passionate about it when I talked to him about it. So I started to do some things that could….joined the New Zealand Music Therapy Society and started doing some courses.. And then um…looked at um…what I could do. Like I did an extra psychology course at

university and um…..another music course. And then, I worked as a teacher aide to get some more experience. That sort of thing." L9-13

In 9: "But I wasn't in a job like that, at that time and I found that very difficult. So when I was doing the, being a teacher aide and the teachers would say to me "Well, what would you do if you were a music therapist in this situation?" And I just felt like, I don't know. I'm still, you know, I'm still finding out. I'm not trained, so…for me actually, going and doing a training course would give me the confidence to say to people "This is what I could do, this is what music therapy can offer." Rather than trying to do that as I was going, where I wasn't confident in doing that. So I went to, I applied for the ██████████ ██████████ Music Therapy Training Course and was accepted into that and started that in 1994". L46-53

Appendix 6

Map to Illustrate the Development of Core Themes from the Subsidiary Themes