Music Therapy for Music Students:

Using Music Therapy to Support University Music Students' Mental Wellbeing.

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Abstract

University music students face numerous stressors specific to their field which, when combined with their unique stage of development, puts them at risk to develop mental health problems. These stressors include competitiveness, performance anxiety, substance abuse, low self-esteem, high performance expectations, and arduous hours of practice spent in isolation.

Though the field of musician's mental health is an area of growing interest and much has been written on the topic, there is little research to date considering the specific use of music therapy to support this demographic. This dissertation explores how Music Therapists consider the use of music therapy in supporting university music students' mental wellbeing. Moreover, there is a lack of evidence that shows academic institutions' concern for this problem. This dissertation therefore also seeks to investigate the integration of music therapy techniques into university music pedagogy.

The research draws on participant data from interviews with two qualified Music Therapists. It uses an interpretative phenomenological analysis to identify key themes and assess their implications in conjunction with relevant literature. The data validates the severity of the problems and highlights the need for therapists working in the field to be aware of these problems and tailor their approaches accordingly. It also deliberates the relevance of the modality and considers the most suitable approaches to working with such clients, proposing a psychodynamic/eclectic approach. Various tools and techniques, including improvisation, 'play', secondary instruments, and receptive music therapy, are recommended for therapists and institutions working with this demographic. Lastly, the responsibilities of the therapist are emphasised, particularly being aware of countertransference.

The findings of this research contribute to the understanding of how music therapy can support the mental wellbeing of university music students and provide valuable insights for Music Therapists and educators working with this population.

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1. Introduction

Like many musicians, I have grappled with my mental wellbeing. During my undergraduate studies, I constantly questioned my decision to study music and ruminated over my uncertain future. I spent hours in isolation practising my instrument to compete with my course mates yet still felt inferior in every performance. By prioritising the perfection of music over my mental wellbeing, I lost my love for music and developed social phobia, substance dependence, and severe music performance anxiety (MPA). Kerr (2014: p.34) writes that musicians are often unable to separate themselves from their performing selves, and when they suffer failure in their music, this signifies a failure of themselves as individuals (Chesky and Hipple, 1997). As a student of classical guitar, I believed that imperfection was wrong, and by extension, that *I* was wrong.

It took me years to comprehend that 'perfection belongs to the gods' (Woodman, 1982: p.51) and that the idea of a perfect anxiety free performance is a 'fantasy, not a reality' (Nagel, 2010: p.148). I only truly began to come to terms with the severity of my defunct relationship with music when I started training as a Music Therapist. Through exposure to psychodynamic theory and the experiential aspects of music therapy training, the severity of my self-criticism and anxiety drastically decreased. As I began to take on the role of a psychodynamic Music Therapist, I was able to re-befriend music and my mental health gradually improved. I began to wonder how I might have responded if I had been introduced to music therapy earlier, and questioned if it could be used to help others. I wondered, as Trondalen (2016) has proposed, whether the problem may also be the solution, and whether music therapy could help musicians maintain and nurture their love for music *and* ensure wellbeing.

Having worked as a music production lecturer and classical music teacher, I have seen first-hand the distress of my students who suffer from low self-esteem, which in turn leads to other mental health problems. University music students face numerous stressors, such as high-level performance demands, competitiveness, and many hours of isolation during practising, which all contribute to mental health difficulties (Botha et al., 2022). They are also at the precarious stage where their musical identity begins to change from something fun and pleasurable to something that is required to

fulfil meaningful employment, sustenance, and identity formation (Musgrave, 2022). Areas of concern in choosing a music career may revolve around financial insecurity, performance anxiety, antisocial working hours, substance abuse, and high levels of pressure to succeed (Musgrave, 2022). The increasing cognitive capacity and self-awareness of adolescence, alongside academic and social stress, therefore, puts university students at greater risk of developing mental health problems (Kenny, 2005).

Furthermore, as part of my clinical placement at a mental health hospital, I have worked with several clients who are musicians. I have been captivated by discovering the unique ways that they engage (or don't engage) in music therapy, therefore working to discover what techniques and approaches are most effective for a musician in music therapy. Consequently, the combination of my personal experience, teaching experience, and music therapy experience places me in a unique position to understand and theorise about the problems associated with university music students and the solutions thereof.

In seeking answers, I have turned to the literature. Essentially, the literature suggests that even though 'making music is therapeutic, making a career from music can be traumatic' (Gross and Musgrave, 2020). While there is much literature that examines musicians' mental health (Loewy, 2022; Kegelaers et al., 2022; Richter, 2021; Gross and Musgrave, 2020; Vaag et al., 2016; Gross and Musgrave, 2016; Evans and McPherson, 2015; Bellis et al., 2012), and likewise literature affirming the effectiveness of music therapy to help improve wellbeing (Sharma and Jagdev, 2011; Wu, 2002) and even *musicians'* wellbeing (Trondalen, 2016; Loewy and Quentzel, 2011; Rider 1987), there has been little to no research focusing on using music therapy to improve university music students' mental wellbeing. Still, some (Ponce de Leon, 2021; Montello and Coons, 1990; Montello, 1989) have conducted clinical trials demonstrating the efficacy of music therapy in improving university music students' mental wellbeing. The current research aims to ascertain the opinion of Music Therapists on the matter. This investigation can offer invaluable insights to inform the future implementation of music therapy with this client group.

The primary aim of this research is to explore how music therapy may help university music students improve their mental wellbeing. This is accomplished through data collected from interviews with Music Therapists who have an interest in this field. My hope is that this project will help raise awareness of the problem and encourage the integration of music therapy into music education. This may help students develop psychological resilience and nurture their love for music throughout training.

Therefore, the research question of this project is: **How do Music Therapists consider that music therapy can be used to help improve university music students' mental wellbeing?**

2. Literature review

To properly contextualise this study, the following chapter will consider the topic from three increasingly specific perspectives: Firstly, it will examine the literature surrounding musician's wellbeing, then university music student's mental wellbeing, and lastly, the use of music therapy with this demographic.

2.1 Musicians' wellbeing

To begin, an initial presentation of the literature on musicians' wellbeing is required to help contextualise the research. The World Health Organization (2004: p.10) defines mental health as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. In recent years, research investigating musicians' mental wellbeing has been gaining more traction (Wristen, 2013). This is unsurprising as research shows that musicians experience more mental health problems than other populations (Vaag et al., 2016; Van Fenema and Van Geel, 2014; Kegalaers et al., 2021). Indeed, Gross and Musgrave (2016: p.5) claim that musicians could be up to three times more likely to suffer from depression compared to the general public.

2.1.1 – The lure of music

Some authors have recognised that musicians are often drawn to music as a way of managing their difficult emotions or experiences. Musgrave (2022) examines the dichotomy between music being beneficial for emotional wellbeing and building a career as a musician being potentially detrimental to mental wellbeing. The paper postulates that musical careers are often perceived as glamorous and even as a means for disadvantaged people to achieve social mobility. This is expanded on by Bellis et al. (2012) who argue that people may seek fame as a mechanism to escape deprived and abusive childhoods.

2.1.2 – Stressors faced by musicians

Nevertheless, musicians face numerous experiences unique to their field that may lead to mental health problems (Loewy, 2022). The most common problems are presented below.

<u>Professional</u>

The literature concerning professional stressors musicians face include job insecurity (Morgan and Wood, 2013: p.65), financial precarity (Berg, 2018; Parker, 2015), and anti-social working hours (Dobson, 2011). According to Morgan and Wood (2013), the need for musicians to have entrepreneurial skills in addition to creativity skills may catalyse mental health challenges.

<u>Substance Misuse</u>

Several authors have discussed the problem of substance misuse in the music industry. While Loveday and Musgrave (2022) claim that substance misuse stems from the prerequisite professional socialising vital to career progression, Loewy (2022) argues that the isolation and limited socialisation due to long hours of practise may lead to substance misuse as a coping mechanism. Regardless, substance use is universally recognised as dangerous and linked to poor mental health (Bellis et al. 2012).

<u>Music Performance Anxiety</u>

Musicians are consistently expected to perform to an exceptionally high standard, which may lead to the development of MPA. MPA has been examined at length (Zhukov, 2019; Kerr, 2014; Kenny, 2011; 2005; 2004; Craske and Craig, 1985; Gabbard, 1979; 1983). The research indicates a direct link between MPA and other mental health problems (Barbar et al., 2014; Rice et al., 2004) and is a precursor to depression (Botha et al., 2022; Yondem, 2007; Rice et al., 2004; Mor et al., 1995). MPA therefore plays a significant role in musicians' mental health.

Perfectionism

Hewitt and Flett (1990) suggest that musicians' desire to perform well may result in perfectionism. Most studies on perfectionism in musicians have found a positive correlation between perfectionism, anxiety, and low self-esteem (Musgrave, 2022; Dobos et al., 2019; Patson and Osborne, 2016; Kobori et al. 2011; Kenny et al., 2004). Due to the performative and competitive nature of the profession, musicians are therefore susceptible to developing perfectionism.

Identity

Musicians are also prone to psychological pressures relating to identity. Gross and Musgrave (2016) remark that the impact a lack of perceived success can have on a person's identity is a fundamental factor in determining musicians' mental wellbeing. Musgrave (2022) also suggests that the primary source of anxiety and depression in musicians' lives is the complex internal relationship between the musician and their musicianship. Several studies have suggested that a high degree of internalisation and identification with discipline of study and instrument may contribute to emotional problems in musicians (Dews and Williams, 1989; Spahn et al., 2004). Research therefore suggests that mental wellbeing is impacted by musician's perceived level of success and their identification with their practice.

2.1.3 – Conclusion

Due to the scope of stressors discussed here, it is unsurprising that several studies show the prevalence of burnout syndrome in musicians (Freeman, 2016; Teasley and Buchanan, 2016; Bernhard, 2010). Though there is now ample research on musicians' mental health, Botha et al. (2022) and Bellis et al. (2012) ague that this is a topic that requires further investigation. The following section discusses these issues within a university context, including the problems and potential solutions that universities may be able to provide.

2.2   University music student's mental wellbeing

While musicians are more prone to mental health problems than the general population, music students similarly experience more psychological problems than other students (Van Fenema and Van Geel, 2014). The following section explores the literature surrounding university music students' mental wellbeing.

2.2.1 – Problems faced by music students

In addition to the typical pressures placed on students, such as living alone for the first time, learning time management skills, peer pressure, sleep deprivation, fluctuation in sleep patterns, and concerns about gaining employment after graduation (Wristen, 2013), music institutions demand a great deal from their students by preparing them for their responsibilities as professionals (Trondalen, 2016). Loewy (2022) suggests that students may feel pressured by competitiveness, high expectations to excel from mentors, and lack of acceptance from parents. Evans and McPherson (2015) add that career indecision, low self-esteem, and identity crises are also common struggles faced by this demographic. In addition, Kessler et al.'s (2005) research indicates that mental health disorders typically first present themselves between ages 18 to 25. Moreover, both Kenny (2005) and Nagel (2018) note that the increasing cognitive capacity and self-awareness of adolescence alongside academic and social stress makes university students vulnerable to developing anxiety. Therefore, the literature indicates that this population is particularly susceptible to mental health problems.

2.2.2 – Institutional involvement

The paucity of literature by educational institutions has shown a lack of commitment towards developing sensitivity towards and awareness of the issue (Kerr, 2014). However, some institutions are beginning to recognise the problem and are including compulsory modules in performance psychology and wellbeing (Royal College of Music, 2021; Guildhall School of Music and Drama, 2023). Some researchers (Hoffman and Hanrahan, 2012; Botha et al., 2022) have also made suggestions for lecturers to incorporate therapeutic techniques to improve music students' mental wellbeing, as discussed below.

2.2.3 – Proposed solutions

Numerous papers have advocated for a reformation in education and have proposed ways in which educational institutions could implement psychological wellbeing strategies. Burland (2005) found that psychological coping strategies played an integral role in maintaining a professional musical career after graduation. Although this study is dated, it is based on the hypothesis that developing psychological resilience during training has long-term benefits, which is still relevant. Indeed, Musgrave (2022) and Evans and McPherson (2015) advocate for the need to prepare musicians for their careers not only with technical and business expertise but also with psychological skills and personal resilience. Additionally, Kegelaers et al (2022) suggest that organisations should strive to decrease mental health stigma and provide easy access to mental health support. Lastly, Trondalen (2016) suggests that institutions ought to offer health promotion and wellness courses to music students. Therefore, there is ample research that advocates for a reform of mental health awareness and support in universities.

Regarding personal tuition, Botha et al. (2022) and Wristen (2013) emphasise the contribution that music educators have in assisting students to develop coping strategies, foster mental health awareness, and promote seeking treatment. Subsequently, Loewy (2022) suggests that educators must teach self-care and examine their teaching methods to promote healthier practise in their students.

2.2.4 – Conclusion

The research indicates that the responsibility of improving mental wellbeing in university music students lies at the institutional as well as the personal educational level. Still, Van Fenema and Van Geel (2014) suggest that additional research is needed to gather data on the severity of the problem of conservatoire students' mental wellbeing. Likewise, Musgrave (2022) supports further research on making music education a 'healthier' endeavour.

2.3   The use of music therapy

Having considered the problems faced by musicians, and in particular university music students, this section now examines the literature investigating the use of music therapy with the demographic.

2.3.1 – Music therapy for musicians

Researchers have often advocated for the specific use of music therapy for musicians. For example, Ponce de Leon (2021: p.236) suggests that musicians are suitable users of a therapeutic modality which 'comprises an essential part of their identities'. According to Maranto (1989), this allows the musician to play an active role in the treatment, thereby giving them a sense of agency. Correspondingly, Dileo-Maranto (1992) and Trondalen (2016) assert that because of years of training, musicians have sophisticated physiological and psychological responses to music and may therefore respond better to it than non-musicians. Therefore, the literature indicates that musicians are likely to benefit from music therapy.

2.3.2 – Music Therapists

Rider (1987) argues that because of mutual understanding, the Music Therapist is in a unique position to help the musician understand and integrate their difficult feelings towards music. However, Rider (1987) encourages the Music Therapist to first understand their own psychodynamic development as a musician to be able help struggling musicians. Loewy (2022) also stresses the importance of exploring both the patient's *and* therapist's past and current relationship with music when helping clients work through the music-associated trauma. The literature therefore encourages therapists working in the field to reflect on their own relationship with music.

2.3.3 – The efficacy of music therapy as a treatment

Clinical music therapy studies have evidenced the efficacy of music therapy in treating mental health problems commonly experienced by musicians. These include anxiety and depression (Wu, 2002), low self-esteem (Sharma and Jagdev, 2011; Yücesan

and Şendurur, 2018), and MPA (Maratos et al., 2008; Montello, 1989). Below are some music therapy tools that have been shown to benefit music students.

<u>Improvisational music therapy</u>

Much has been written about the benefits of clinical improvisation. According to Poch (2011), improvisation can contribute to fostering creativity, self-knowledge, knowledge of others, self-esteem, relationships with others, and awareness of one's surroundings. Alonso (2014: p.17) maintains that free improvisation assists in the 'exploration and negotiation of other forms of social relations that are not based on hierarchy or competition'. It is therefore unsurprising that research has investigated the impact of improvisational music therapy on the current demographic.

Regarding musicians, Ponce de Leon (2021: p.239) highlights that the absence of 'traditional musical' rules in improvisation can be liberating to a musician who is accustomed to precise playing. The result is that improvisational music therapy 'can help students confront stage fright, overcome fear and insecurities, enhance creativity, and mitigate feelings of frustration' (Ponce de Leon, 2021: p.239). Montello (2016) and Ponce de Leon (2021) concur that group improvisation empowers musicians to be more assertive, take risks, explore musical relationships, and help musicians trust their musical intelligence and creativity. Ponce de Leon (2021) implemented an improvisational music therapy programme in a conservatoire and found that improvisational music therapy restored and intensified the joy and pleasure of making music, helped foster relationships, supported students to express themselves musically, and helped students overcome insecurities and blocks. The use of improvisation is therefore highly encouraged for this demographic.

<u>Play</u>

Most of the prior research has discussed the parallels between clinical improvisation and the reintegration of play into musicians' lives. Loewy (2022) states that musicians tend to focus on stringent practising, leaving little room for 'playing' as a creative outlet. Many musicians in Loewy's (2022) case studies describe themselves as 'being burnt out' or 'hating music' (Loewy, 2022: p.138-139). The spontaneous aspect of free improvisation enhanced creativity and 'play' time unrelated to practise or performance,

which enhanced the efficacy of the therapy. Similarly, in Ponce de Leon's (2021) study, 'play' allowed students to enjoy other ways of making music without fear of making mistakes. Research therefore indicates that play can be helpful in reintroducing passion to music.

<u>Receptive music therapy</u>

Ponce de Leon (2021) claims that receptive music therapy may also benefit musicians' mental wellbeing. Kim (2008) conducted research that validated the efficacy of the Bonny Method of Guided Imagery and Music (GIM) (Bonny and Savary, 1973) in reducing symptoms of MPA amongst musicians. More recently, Trondalen (2016) examined the use of resource-oriented GIM as a creative health resource for musicians and found that it helped musicians strengthen their professional identity, relationship with their primary instrument, and self-esteem. Receptive music therapy has therefore been shown to improve musicians' mental wellbeing.

2.3.4 – Eclectic approach

The factors influencing musicians' mental health are multifaceted, and Rider (1987) suggests that an eclectic approach to treatment is most effective. The research denotes that developing psychological resilience is essential to help musicians maintain good mental health. Approaches that have been shown to help develop psychological resilience include cognitive behavioural therapies (Kendrick, et al., 1982; Craske and Craig, 1985; Nagel et al., 1989), skills used in sports psychology (Hoffman and Hanrahan, 2012; Barend et al., 2016), and mindfulness training (Barend et al., 2016). Though there is evidence that these interventions work, limited research has focused on music therapy as a treatment, and Loewy (2022) suggests that further clinical studies are needed to consolidate the efficacy of this intervention.

2.3.5 – Conclusion

This chapter has contextualised the current research in terms of prior literature, examining the topics of musicians' mental wellbeing, university music students' mental wellbeing, and music therapy for university music students. The following chapter will discuss the methodology utilised in this project.

3. Research methodology and analytical procedures

The primary aim of this research is to explore how music therapy may help university music students improve their mental wellbeing. This has been accomplished by analysing the transcripts of interviews with Music Therapists who have an interest in the subject. This chapter justifies the chosen methodology and data collection and analysis processes.

3.1. Methodology

When considering the question of the most suitable methodology for acquiring knowledge, Denscombe (2014: p.3) states that 'approaches are selected because they are *appropriate* for specific kinds of investigation and specific kinds of problems.' Since the research topic is personal and subjective to both the researcher and the participants, qualitative research was found to be the most appropriate methodology for data collection.

Using numerical analysis and standardised research instruments, quantitative research exists independently of the data and is, therefore, more objective (Denscombe, 2014). Qualitative research, by contrast, tends to place the researcher as the 'measurement device' (Denscombe, 2014: p.245) and the researcher's background, values, identity, and beliefs may have a significant bearing on the collection and analysis of the data. Furthermore, while quantitative research favours larger-scale projects, this small-scale project is better suited to qualitative, which tends to involve relatively few data sources, allowing for a greater profundity of data (Denscombe, 2014).

3.2. Method

The method used was an Interpretive Phenomenological Analysis (IPA). IPA aims to explore in detail how participants make sense of their personal and social world and provides rich insights into a person's lived experiences (Smith et al., 2009). IPA studies feature open questions, small sample sizes from a largely homogenous sample and

detailed analysis of interviews (Smith et al., 2009). The use of direct quotations about people's perspectives and experiences is often employed in music therapy when conducting research as the process of exploring emerging themes aligns with the creative, reflective process of music therapy (Andsell and Pavlicevic, 2001).

3.3. Data collection

3.3.1 – Participant Recruitment

The data was collected through a small sample size of two semi-structured one-to-one interviews. Using purposive sampling (Smith and Osborn, 2015) the inclusion criteria for participants were qualified Music Therapists who had an interest in music therapy for university music students. Initially, an advert (Appendix G) was placed on the BAMT bulletin (BAMT). Following a lack of response, the researcher used the BAMT 'find a therapist' search (2022) to contact BAMT members with interest in the field. After an additional lack of responses, the researcher contacted professional networks and received some interest. Initially, the research aimed to recruit three participants, however, following advertising, only two candidates were viable for the criteria. Other candidates were not qualified Music Therapists.

3.3.2 – Interview Process

'Typically, the IPA researcher employs semi-structured interviews which means developing a set of questions which are used to guide, rather than dictate the course of the interview.' (Eaton and Smith, 2017: p.206) The interview schedule (appendix F) was based on predetermined questions yet allowed for free-flowing associative flexibility in the conversation (Denscombe, 2014: p.186). The natural flow of the conversation allowed for unconscious associations to emerge and reveal more about the nature of the topic which was helpful in answering the research question. The interview schedule utilised a combination of descriptive, structural, comparative, and evaluative questions to extrapolate the most data from the interviewee (Smith et al., 2009). Every question was designed to help answer the research question.

As suggested by Smith et al. (2009), the researcher conducted a self-interview prior to participant interviews to ensure the relevance of the proposed questions, eliminate unconscious bias, and maintain personal well-being. An additional informal pilot interview was also conducted with a peer, the feedback of which was used to help refine the data collection process. The interviews took place on Microsoft Teams and lasted 40-60 minutes each.

3.4 Data analysis

The audio of the interviews was recorded on two devices (for backup purposes) and later transcribed verbatim (appendices A and B). Following each interview, personal notes were written to assist in the reflection of the researcher's impressions of the interaction with the interviewees (Smith et al., 2009). Through multiple readings, the researcher memoed the data by highlighting similar patterns in the transcripts. In the coding stage, short phrases were used to group together similar themes across the transcripts. Finally, these were organised into a table of super- and sub-ordinate themes (Smith and Osborn, 2015), which contain relevant quotations from each transcript. These themes were then unpacked and cross-examined with existing literature to answer the research question. This process, as suggested by Smith et al. (2022), allows for thorough familiarity with and presentation of data.

3.5 Ethical considerations

The Research for this project was submitted to the Programme Convenor, MA music therapy for ethics consideration and approved under the University of Roehampton's procedures for MA Dissertation Projects. In research, it is vital to collect and interpret the data thoroughly, honestly, and openly. This research was conducted in line with the University of Roehampton's (2022) ethics guidelines. All information on the research and the expectations of the participants was clearly communicated through the information sheet (appendix E) and participatory consent forms (appendix C) they were required to sign. Participants were asked to give consent to have the information they provided used, anonymised, and stored safely (on the encrypted university OneDrive system). They were also made aware of their right to withdraw at any stage

without reason. On the participant debrief form (appendix D), information and support services were provided to support their wellbeing post-interview (Smith et al., 2009).

3.6 Limitations

Despite significant attempts to recruit participants for this project, the researcher received minimal participant interest and so only two participants were interviewed which resulted in limited data. Furthermore, due to a lack of responses, the criteria for participants were amended from Music Therapists who had experience working with university music students with mental health problems to Music Therapists who had an interest in the topic. Subsequently, the participants had not provided music therapy for the said demographic and were not experts in the field. While this may be reflective of the limited interest in the field, it has also limited the data of the research and subsequent implications. Future research would benefit from additional participants who have direct experience working with the client group.

This following chapter will present the key themes that emerged from the data collection.

4. Data presentation

4.1 Theme 1

Both participants recognised the severity of the problem of university music students' poor mental wellbeing. These included institution-related difficulties, the pressures faced by university music students, and the struggle with musical identity.

4.1 Recognition of the severity of the problem		
4.1.1	The Institution's contribution	
	"It's such a competitive environment I mean, so competitive that they're all sort of pitted against each other and sort of I think shamed into being these perfectionists."	P1/p56/240
	"…it's almost like they're sort of giving them mental health issues in conservatoires."	P1/p55/L228
	"…the lecturers themselves are quite often products of their own training and it's like this sort of thing that's passed down sort of generational maybe."	P1/p56/L253
4.1.2	Pressures faced by students	
	"Well, first of all is anxiety, that builds into the competition. The fact that you have to compete with so many good players. Um. And this strive to greatness that you have to be focused and uh and practise and practise and all of that is is quite a lot of stress - for stress on your system. Uh, which that can lead for lack of sleeping, that can lead for lack of good nutrition. Um. And all of that has proven to be really effect like in a bad way, effective towards your mental wellbeing."	P2/p80/L247
	"…you can put so much pressure on yourself as well that 'Oh I'm not good enough. Gotta practise more.'"	P1/p57/L293

	"…when you see someone playing in very high levels of conservatoire or whatever you kind of know what pain and what pressure they've gone through to get to that point where it looks like, you know, like a swan sort of swimming? But underneath their legs are furiously paddling sort of thing."	P1/p62/L450
4.1.3	Putting all your eggs in one basket	
	"…am I going to go down the performance route? Or am I going to go down and more academic route? Sort of if you go one way and then it all goes wrong, you've kind of lost every… It can feel like you've lost everything and you totally lose your identity. And that's really, really hard..."	P1/p70/L715
	"…it's just this thing of putting all your eggs in one basket and and how that can really impact. It's when things go wrong, you know? How do you? Yeah, how can we support students like like that?"	P1/p70/L706
	"…the fact that they have lots of hopes and expectations, and when they don't meet it, it it takes them down."	P2/p80/L257

4.2 Theme 2

The participants explored the applicability of music therapy to the demographic and also deliberated different therapeutic approaches.

4.2 Investigating the modality and approach		
4.2.1	The applicability of music therapy to the demographic	
	"For some people it might be really comforting to feel sort of, listened, literally listened to and heard. But then it might be way too close to home for others. So I think that really depends on the on the individual."	P1/p67/L617

	"…I think to go and use something from their world, it will be quite daunting to them."	P2/p79/L208
	"…the students are in the process of becoming big or becoming professionals in the field. I I I'm not sure how much tolerance will be towards music therapy if it makes sense."	P2/p83/L369
4.2.2	Psychodynamic approach	
	"I can't see how else you could you could do something like this without taking a psychodynamic approach because it is all about your internal feelings and your relationship with yourself, your relationship with your instrument, and also the therapist. So it's like a triangle."	P1/p61/L424
	"…providing containment and I'm thinking about Bion and all that sort of thing now um containment and a a holding space. It's just a non-judgmental space where where the the music student can just sort of *be* can just be themselves and play however they feel."	P1/p63/L496
	"…less, less Nordoff Robins practical playing together, this might actually have more impact than and, and will help, or like they will find way that music therapy is actually beneficial."	P2/p86/L438
4.2.3	Nordoff Robbins approach	
	"…there's this sort of Nordoff Robbins thing, the music child, of letting your music child sort of release your music child that that that's sort of, I think would be really helpful…"	P1/p61/L422
	"Well, with my approach I I don't think so, unless the person is really open minded."	P2/p82/L336
	"So I think that the combination of both, all approaches together that a strength it can be a very good strength for you as a Music Therapist."	P2/p91/L611

4.3 Theme 3

In discussing potential therapeutic techniques, both participants promoted the use of improvisation, play (including the use of secondary instruments), and receptive music therapy.

4.3 Tools and techniques		
4.3.1	Improvisation is key	
	"…I think improvisation is, is is the key to a lot of this. Because it will provide like a musical outlet. Where you're not judged for what you produce, maybe. And it will help the university, um, students connect with each other."	P1/p59/L349
	"…when you're trying to be performer, you're constantly be told what you're doing wrong, but maybe, you know you need a space where there's no right or wrong where you can just sort of be just be alongside other people with no with no pressure."	P1/p60/L372
	"And it can be with, you know, more instructed. For example, everyone has to play 5 notes or everyone has, you know, you need to actually listen to one another and pick up on that. And it can be like free, completely free."	P2/p87/L496
4.3.2	Play and secondary instruments	
	"…and you can do fun, fun things as well. So music can still be fun and enjoyable, so sort of doing things like sound baths…"	P1/p69/L693
	"…maybe people not sort of on their own instruments. So you've got a sort of level playing field."	P1/p67/L625
	"One thing that, um, especially for musicians that are not, that are not singers. Um, the power that we have using our voice."	P2/p88/L515
4.3.3	Receptive music therapy	

	"But listening actively and actually thinking about why and and reasoning why you chose this song together and actually analysing it as well."	P2/p86/L451
	"Just having a calm space where you can just listen to music that makes you feel better. Sort of. I'm thinking about sort of, you know, GIM."	P1/p61/L404
	"…we did a lot of receptive music, listening to music together. And that was that was hugely helpful for him."	P1/p65/L551

4.4 Theme 4

A final theme extrapolated from the data is the role of the therapist working in the field. This includes the therapist's responsibilities in creating a containing environment, the importance of developing trust, and the necessity of analysing countertransference.

4.4 Role of the Therapist		
4.4.1	The Responsibilities of the Therapist	
	"…you might get that competitiveness creeping in and that's where you'd need maybe a Music Therapist to try and sort of, you know, dissolve that somehow."	P1/p12/L362
	"…you'd have to put down very clear boundaries that this is not a, you know, this isn't a competitive environment - this is a place just to be."	P1/p60/L375
	"…holding and containing yes, creating a hol, holding space and creating containment to let those feelings just just be."	P1/p62/L431
4.4.2	Developing Trust	
	"She wanted somebody who knew what it was like, um to be like a professional musician who understood all of the problems and the sort of trials and tribulations so she actively looked for like a a therapist who had a musical background but who wasn't a Music Therapist."	P1/p67/L612

	"I think it would be very difficult, you know, to prove to get a trust because a lot of what we do in music is getting the other sides trust. If it's a child with special needs or an adult with mental health difficulties, you need to get the trust. And I think one of the trust for us is be a good musicians and show that we know things to the other side."	P2/p83/L337
	"…it took me quite some time to prove myself to him that I'm good enough. You know that I know how to play and I understand music."	P2/p83/L346
4.4.3	Awareness of Countertransference	
	"…I see possibly a problem like for the Music Therapist, you've got to be very aware of your own… stuff. Because if you've got someone who's an absolutely brilliant musician, and then you perceive yourself not to be as a high level as as they are… I could see that could be potentially a bit of a problem."	P1/p64/L516
	"I did feel very inadequate and not very great about my musical ability and sort of doubting myself and like, the whole impostor syndrome thing was happening to me internally. Yeah. So I took that, I had to sort of take that to supervision a lot and and sort of worked on it through that way. But as as the relationship sort of built and grew, you know it kind of it didn't matter and in some way I was a sort of vessel for him for his musical outlet really enabling him to to access music. So that sort of those feelings sort of dissolved. The fact that the more the relationship between us grew."	P1/p66/L581
	"I think I was too snob to say "yeah, I'll do music therapy" because I'm a great musician, I don't want to have this failure musician playing with me. I I wasn't, um, I I don't think I would give you the chance that it deserves."	P2/p78/L200

5. Discussion

The aim of this research is to elucidate 'how do Music Therapists consider that music therapy can be used to support university music student's mental wellbeing?'. In the previous chapter, super- and sub-ordinate themes were drawn from the participant data. This chapter describes, analyses, and synthesises the themes and data with relevant literature to extrapolate arguments in response to the research question and present the wider implications of this research.

5.1 Recognition of the severity of the problem

One important theme echoed by both participants was a recognition of the severity of the problem of university music students' mental wellbeing. Both participants relayed experiences, either their own or of someone close to them, of tumultuous mental health challenges while studying music. The presence of this theme validates the severity of the problem and calls for further investigation of the topic. More relevantly, it also implies that both therapists and educators working with such a demographic should have an awareness of these problems in order to create supportive and preventative measures.

5.1.1 – The institution's contribution

In concordance with previous literature (Botha et al., 2020; Loewy, 2022), both participants described a competitive, non-encouraging environment where the expectation is to practise and perform to an exceptionally high standard. P1 spoke about the shortcomings of the institution in supporting their daughter who was injured and struggling with her mental health. There was a criticism of how the problem was 'managed' (P1/p55/L202) and a 'lack of knowledge' (P2/p87/L481) from the side of the teachers. This validates the concern that there is a lack of awareness in these areas amongst the students and the staff of these institutions. To remedy this, educators may look to Montello's (2010) clinically tested curriculum for the prevention, treatment, and empowerment of music-related mental health problems. It is also hoped that the current research will contribute to raising awareness and potentially implementing music therapy techniques into pedagogy.

5.1.2 – Pressures faced by students

Both participants meticulously described the pressures experienced by university music students. This mirrors the previous research that university music students are subject to multiple unique pressures that may negatively impact their mental wellbeing (Botha et al., 2022).

The most notable problems experienced by students, according to P1, (p54/L187) were finding a suitable place to live and practise, financial insecurity, isolation, managing expectations, and dealing with injury. P2 (p80/L247) concentrated on anxiety, competition, stress, lack of sleep, and poor nutrition. There was also mention of the impact of COVID on students' mental wellbeing. Other stressors mentioned were issues in terms of gender and sexuality, drugs, language barriers and cultural differences faced by international students, self-harming, low self-esteem, imposter syndrome, and self-imposed expectations. It can therefore be reasoned that Music Therapists working in the field should be aware of these problems.

For example, injury was a topic that was deliberated at length and has been an area of concern amongst researchers for a significant time (Rogers, 1926). Palac (2008) has explored strategies that teachers can use to help their students avoid physical injury. This may be important knowledge for Music Therapists and teachers working in the field to be aware of. Although physical, injuries have an impact on mental wellbeig (Vaag, et al., 2016). This relates to the following theme of 'putting all your eggs in one basket' because 'if all you've ever been is a musician and suddenly you can't play at all' (P1/p55/L222), then 'you sort of lose your identity' (P1/p55/L218).

5.1.3 – Putting all your eggs in one basket

Much of the data explored the theme of expectations and the hazards of defining one's identity through music. This links to the belief, as discussed in the literature review, that a high level of internalisation and identification with a discipline of study or instrument may contribute to emotional problems (Dews and Williams, 1989). Rider (1987) argues that from childhood, music is a way of relating to others and for the

musician, it is the 'primary means of relating' (Rider, 1987: p.41). Rider (1987) posits that if the ability to make music is impaired, then so is the ability to relate to others. This results in extreme pressure on the musician to succeed. The expectation to succeed may cause a discrepancy between what Mruk (2006) calls an individual's *felt* personality notion (the character that the individual wants to be) and their *actual* personality notion (the way that the individual sees themself) which can result in low self-esteem (Mruk, 2006). In order to help therapists working in this field to navigate issues of identity and client expectations, the following section investigates the relevance of the modality and various approaches to music therapy.

5.2 Investigating the modality and approach

Regarding whether music therapy would be a viable intervention for such clients, both participants, although coming from different backgrounds and approaches, established that music therapy, particularly psychodynamic music therapy, would be beneficial. Both maintain however, that the result is subject to the individual client.

### 5.2.1 – The Applicability of music therapy to the demographic

Both participants agreed that music therapy can potentially be helpful. P1 stated that music therapy could help 'break the negative cycle' (p64/L508) and P2 said that it could 'really reduce anxiety' (p82/L303). In line with the literature (Ponce de Leon, 2021; Trondalen, 2016; Dileo-Maranto, 1992; Maranto, 1989), the data also confirms that Music Therapists are in a unique position to understand and make meaning of musical interactions with musicians.

P2 felt that students coming from a non-classical background would be "more open-minded about music and psychology and music and wellbeing" (P2/p74/L45) and may be more receptive to music therapy, whereas classical students might have a prejudice that music therapy is for 'failure musicians' (P2/p79/L202) and would not be "mature enough" (P2/p78/L199) to understand how music therapy could support them. Accordingly, both participants advocated for the education of music and psychology in the early stages of musical training. Developing psychological resilience

in the early stages, potentially with 'regular timetabled improvisation slots' (P1/p69/L688) may be beneficial in improving social aspects of training and may also help to introduce students to music therapy.

5.2.2 – Psychodynamic Approach

The data shows P1 advocated strongly for psychodynamic music therapy. They referred to techniques such as holding (Winnicott, 1960) and containing (Bion, 1962). They argued that these could help establish a trusting environment and therapeutic relationship in which the client navigates the core aspects of the problem which is to do the relationship between self, instrument, and therapist (P1/p61/L426).
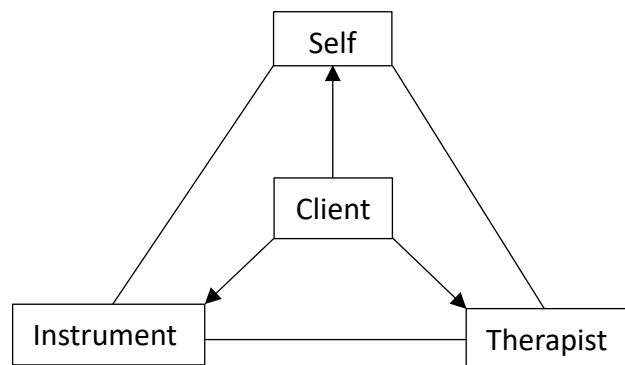
The psychodynamic triangle of relationships for music students working with Music Therapists.

The drives within the music education setting can be complex and often rooted in unconscious motives (Nagel, 2018). Nagel (2010) and Loewy (2022) have suggested that a psychodynamically informed approach to music therapy may help work through the music-associated trauma experienced by musicians and help psychological integration. The psychodynamic model helps the patient access inner strengths, examine self-doubts and fantasies, and strengthen self-esteem (Nagel, 2010). It also allows links to occur between musical expression, emotions, thoughts, words and insight which results in the client being able to 'create for themself the unique shared musical experience they need to move forward' (Streeter, 1999: p.18). A psychodynamic approach should therefore be considered by Music Therapists working with the demographic.

5.2.3 – Nordoff Robbins Approach

Having come from a Nordoff Robbins background, much of the interview with P2 considered the relevance of a music-centred approach and whether the 'togetherness' (P2/p81/L300) experienced in a musical relationship could help improve the client's wellbeing. P2 concluded that even though this 'togetherness' can help 'release tension' (P2/p81/L301), a more psychodynamic centred approach may be favourable. To elucidate this, a discussion on the relevant differences between the two approaches in relation to the demographic is required.

The Nordoff Robbins approach, according to Aigen (1999) emphasises musical experience, while the psychodynamic approach focuses on interpretation. Loewy and Quentzel (2011) advocate for the use of shared musical experience to address issues specific to the demographic and likewise, P1 promoted for the theoretical aspects of the Nordoff Robbins approach (P1/p61/L423). Brown (1999) argues that all analysis and interpretations can take place within improvisational material itself, rather than the verbal analysis. Still, for the current demographic, who are constantly being pressured to enter a musical flow state (Csikszentmihalyi, 1990) and may be experiencing a desire to 'throw [their instrument] out or never see it again' (P1/p57/L277), the expectation to enter an intimate shared musical experience where 'the music *is* the person' (Pavlicevic, 1996, p.6) could potentially be perceived as overwhelming. Instead, the data suggests that psychodynamic approaches can help create a novel way of connecting with others and reflecting on their relationship with music without expectation or pressure to perform. Therefore, the Nordoff Robbins approach may be challenging for a client who identifies too closely with their music, and the psychodynamic approach might more accessible. However, it is important to note that the approach also 'depends on the individual' (P1/p67/L619) and Music Therapists' should take this into account.

Still, both participants agreed with Rider (1987) that an eclectic approach is the most viable intervention. For therapists working in the field, it is essential to heed Pavlicevic's (1999: p.62) advice and 'ensure that we are not using 'working only in the music' as a shield behind which to conceal our 'selves', or that we are shielding poor

music therapeutic work behind complex psychoanalytic explanations'. Some of the commonly endorsed tools and techniques are discussed in the following section.

5.3 Tools and techniques

In discussing techniques that might be effective, both participants acknowledged that improvisation, play, and receptive music therapy would all be valuable to this client group. These findings align with Loewy (2022), who posits that some of the most beneficial techniques for this client group are clinical improvisation and using secondary instruments.

5.3.1 – Improvisation is key

Both participants strongly promoted for the use of group improvisation, arguing in accordance with Poch (2011), Alonso (2014), Montello (2016), and Ponce de Leon (2021) that improvisation provides a non-judgemental and non-competitive musical outlet that can help foster relationships. Both free and directed improvisation were mentioned. Specifically for this demographic, where students may be used to 'precise playing' (Ponce de Leon, 2021: p.239), directed improvisation may help clients feel contained. Improvisation is therefore considered to be an effective tool.

5.3.2 – Play and secondary instruments

As we have seen (Loewy, 2022), music students often prioritise their performance over their 'playing'. In the spirit of Winnicott's (2005: p.63) belief that 'it is only in being creative that the individual discovers the self', the data suggests that reintroducing playful elements in music therapy could help improve clients' mental wellbeing.

In accordance with Loewy (2022), who held that using secondary instruments helps clients feel more confident, the data suggests that secondary instruments can help 'create a level playing field (P1/p67/L625). P2 advocated for the power of voice and group singing (P1/p88/L516), which is also endorsed by prior research (Keeler et al., 2015). Finally, P1 also suggested light-hearted meditative techniques (p1/p61/L410) which have been proven to improve psychological wellbeing (Barend et al., 2016).

Therapists working in the field should therefore encourage the use of play to help their clients reintegrate their love for music.

5.2.3 – Receptive music therapy

Receptive music therapy encompasses techniques where the client is a recipient of the music experience, as distinct from being an active music maker. (Denise and Wigram, 2006). As shown in both the data and literature, receptive music therapy approaches are encouraged. Both participants brought case studies of clients experiencing similar problems to those of this project and described how receptive music therapy techniques were helpful in enriching the therapeutic relationship and integrating traumatic experiences. This corroborates with the findings by Kim (2008) and Trondalen (2016) that receptive music therapy is a valuable technique for this demographic.

5.4 The role of the therapist

The data revealed a requisite to define the role of the therapist working in this field. This section provides insights that could help therapists navigate the challenging transferences involved in a therapeutic relationship where both parties have a mutual investment in the medium.

5.4.1 – The responsibilities of the therapist

For adequate holding to take place, the therapist must carefully consider therapeutic boundaries that enable the client to feel safe and supported (Darnley-Smith, 2003). The data suggests that it is the therapist's responsibility to create a space that is separate from performance and competition in which a client can 'just be' (P1/p61/L401). P1 (p62/L431) suggests that this can be done through the two-stage process of creating a holding space through clear boundaries and then containing any experiences through music and words. Establishing these boundaries can provide a foundation for developing trust in the therapeutic relationship.

5.4.2 – Developing trust

It is implicit in the data that trust can be helpful in developing a healthy therapeutic relationship. P2 claims that trust can be cultivated through shared musical experience but cautions that the therapist will need to prove that they are a 'good enough' musician to gain the client's trust (P2/p83/L347). However, from a psychodynamic perspective, it could also be argued that the therapist does not need to demonstrate their musical abilities to prove their worth. Through containment, the therapist will be perceived as being 'good enough' (Winnicott, 1964). This will help establish trust and a productive therapeutic relationship. It is therefore encouraged that the therapist does not act on the perceived conditions or projections of the client. Rather, they should analyse the transference to create and maintain a 'secure base' (Bowlby, 2005: p.157) from which the therapeutic relationship can thrive.

5.4.3 – Awareness of countertransference

Both participants spoke sincerely about their personal experience and musical journey and used themselves as hypothetical clients when considering the relevance of the topic. This provides insights into the potent personal implications that work with such clients may have on the therapist and the subsequent impact this may have on the therapy.

Working with clients who are highly capable musicians may create tension in the therapeutic relationship. The therapist may experience feelings of inferiority, superiority, envy, or judgement in response to the client's musical expertise. P1, for example, describes their insecurities working with a 'brilliant' musician (P1/p64/L521) and how supervision played an essential role in managing those feelings (P1/p64/L525). However, P1 later states that the insecure feelings 'dissolved' (P1/p66/L587) as the musical relationship grew. This aligns with Aigen's (1999) belief that countertransference can be analysed both by working through emotional reactions in clinical supervision (psychodynamic approach) and also the experience of the shared music (music-centred approach). Regardless, therapists are encouraged to prioritise integrating these feelings rather than having them impact the therapy.

It appeared that the subject matter revealed difficult personal emotions for the participants. P1 reflected on their own decision to become a therapist and teacher instead of a performer, which appeared to generate feelings of confusion and remorse. Similarly, P2 questioned the definition of music therapy (P2/p78/L192) and questioned why musicians decide to become Music Therapists (P2/p78/L188). Lastly, both participants used themselves as hypothetical clients based on when they were students. Two points can be extrapolated from this. Firstly, the participants did not have sufficient clinical experience or expertise in this field, therefore implying that future research be conducted with participants who have greater experience. Secondly, therapists working with this demographic need to know and trust that their own sense of self will 'remain intact when allowing unconscious reactions to the client's material to wash over them' (McCounaughy, 1987: p.305).

Conclusion

In this chapter, the themes, data, and relevant literature have been thoroughly examined, analysed, and synthesized to generate arguments in response to the research question. The implications of this research on institutions, educators, and therapists have also been presented.

6. Conclusion

This project aimed to provide insight into how Music Therapists consider that music therapy can be used to support university music students' mental wellbeing. In accordance with prior literature on the topic, the research findings suggest that Music Therapists view the modality as a potentially beneficial intervention for enhancing the mental wellbeing of university music students.

Implications

While music therapy has demonstrated overall effectiveness as an intervention, the research included an exploration of various approaches to music therapy interventions. The findings suggest that a psychodynamic approach may be most helpful for the current demographic. Techniques such as group improvisation and receptive music therapy are also highly encouraged.

The research implies that there is much scope for the integration of music therapy into university music education. For example, 'music and wellbeing' modules could be introduced in the early stages of musical training. The research indicates that these may help raise students' awareness of mental health, foster non-competitive creative expression, and help students develop psychological resilience as they embark on their training.

Lastly, the research suggests that therapists working in the field are encouraged to prioritise self-reflection and seek supervision to help navigate any countertransference that may arise.

Future research

A small sample size and lack of professional experience were limitations in the current study, as discussed in Chapter 3. Further research should consider the perspectives of additional Music Therapists. A larger sample size would provide more diverse and accurate data from which arguments could be drawn. Ideal candidates are Music

Therapists with experience in the field and a profound understanding of the institutions. In addition to this, a more substantial examination of the diverse approaches to music therapy could be undertaken to refine the most relevant approach for this demographic. Finally, the data suggests that future research should continue to investigate and implement the use of group improvisation and receptive music therapy on the demographic.

Conclusion

This research has generated a valuable discourse that will hopefully promote awareness and encourage proactive solutions on behalf of music education institutions as well as Music Therapists. It has explored the significance of music therapy in supporting the mental wellbeing of university music students and the unique role of Music Therapists in addressing these challenges. Psychodynamic music therapy, incorporating techniques like group improvisation and receptive music therapy, shows promise in this context. Integrating music therapy into educational and therapeutic settings is crucial for better supporting the mental wellbeing of university music students.

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