

Qualitative Inquiries in Music Therapy
2012, Volume 7, pp. 1–32
Barcelona Publishers

THE USE OF MUSIC AND MANDALA TO EXPLORE THE CLIENT/THERAPIST RELATIONSHIP IN A THERAPEUTIC DAY SCHOOL

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ABSTRACT

This qualitative study examined the use of a novel music and imagery technique in individual quasi-supervisory sessions that explored a client/therapist relationship. This technique was employed with four members of a clinical team at a therapeutic day school. The participants' experiences and follow-up interviews were used to examine perceived changes in the identified therapeutic relationships. Three overarching themes were identified: (a) the effect on the clinical work or perception of the client, (b) the experience of the intervention and/or process, and (c) the effect on the (therapist's) nonclinical self or personal growth. The results of this study provide support for the use of arts-based clinical supervision with mental health therapists who are not trained as creative arts therapies practitioners.

INTRODUCTION

Within my role as a music therapist at a therapeutic day school, I have been impressed and inspired by the level of care and dedication exhibited by my colleagues in the therapeutic services department. When working with children who have a variety of social and emotional needs, including many with a significant history of trauma, my coworkers demonstrate professionalism, compassion, and a willingness to go beyond the typical call of duty to ensure that our students are safe and supported. Providing this level of care has the potential to lead to compassion fatigue, burnout, vicarious traumatization, and general psychological distress (Bride, 2004).

As I witnessed and shared in their joys and struggles, and as I experienced growth and professional insight through my own creative arts supervision, I felt a strong desire to share this type of clinical supervision experience with my colleagues. I wondered if my more traditionally trained psychotherapist coworkers would find such interventions as helpful as I have. This led me to design the current qualitative study. Specifically, I offered individual, quasi-supervisory sessions that employed a novel music and mandala technique to afford each therapist participant the opportunity to examine a difficult relationship with a chosen client. I hoped not only that these sessions would allow deeper understandings to emerge, but also that this study would somehow make a difference within the culture of my department.

Topic and Purpose

A fundamental assumption of the Bonny Method of Guided Imagery and Music (BMGIM) is that music and imagery can be a powerful means of self-exploration and lead to the discovery of unconscious material. Specifically, the use of carefully chosen Western classical music paired with mandala creation may offer a window into what lies beneath conscious thought (Picket, 2002). Essentially, a mandala is artwork contained within a circle; in its traditional form, it often consists of planned geometric patterns. In this research context, a mandala consisted of spontaneously created artwork contained within or around a predrawn circle. These art forms have been used both individually and in tandem with a wide variety of people. In clinical settings, music and mandala have been used to address therapy goals, including but not limited to the following: to promote receptivity, to stimulate or relax, to evoke affective states and experiences, to evoke imagery and fantasies, and to stimulate peak and spiritual experiences (Bruscia, 1998a). In nonclinical settings, these art forms have been used for self-exploration, to foster self-awareness, to reduce stress, to stimulate creativity, for spiritual practice, and for training or supervision purposes (Bruscia & Grocke, 2002; Bush, 1995; Marshall, 2003; Merritt, 1996).

As a practitioner of BMGIM, I have had the opportunity to use various methods of imagery, with and without music, as a part of my own supervision process. I have found this experience to be very meaningful and illuminative of underlying countertransference issues or other challenges that exist in my clinical practice. Additionally, I have used music and imagery when supervising other music therapists and music therapy trainees. One can surmise that most music therapists are predisposed to working in the creative arts and are comfortable with using symbolic metaphors for personal exploration. I have often been curious, however, about the potential of this type of supervision for non-creative arts therapists. Therefore, the primary purpose of this study was to explore how mental health professionals who do not use artistic media in their work experience a supervisory method that uses music, imagery, and mandala to explore a client/therapist relationship. Furthermore, I wondered if this experience could affect the clinician's subsequent work with other clients. The effect on the client(s) was not studied within the scope of this research, but this would be an appropriate topic for future study.

Potential Significance

In many clinical situations, verbal discussion is the major mode utilized for the supervision and/or exploration of client issues. While this is a very helpful and necessary means of processing and sharing information, creative arts modalities may also have a valuable place in various supervision settings. Inherent in the nature of creative arts is an avenue for expression and exploration of that which may not be available verbally, and the use of the arts in a projective manner may access material not available on the conscious level (Bush, 1995; Lahad, 2000; Summer, 1985). This could lead to meaningful insights that may not otherwise be brought to the surface.

There is a great deal of information about the use of projective music and mandala either alone or in tandem for intrapersonal exploration (Bonny, 2002; Bush, 1995; Fincher, 1991; Jung, 1964) and for exploration of intimate relationships (Levick, 1980). However, there is little written about using projective music and mandala as a method of exploring the client/therapist relationship. Bruscia (1998) described a mandala technique (without music) designed for monitoring countertransference experienced by Bonny Method of Music and Imagery (BMGIM) therapists. Because countertransference is embedded in all client/therapist relationships, this technique may have application with professionals other than BMGIM therapists. Furthermore, the addition of music to such a technique may deepen the experience. It seems that research on a supervision technique that uses both music and mandala would add to the breadth and depth of information available about the use of the creative arts in various supervision contexts.

On another level, this study could open the door for increased support of the use of creative arts in non-creative arts-based settings, as well as illuminate the fact that creative arts therapists are capable of supervising non-creative arts therapists. As Mead (1990) noted, there is no proof to indicate that a supervisor must be an expert in the (supervisee's) specific model of therapy to perform supervision. Rather, an effective supervisor should be an expert in helping therapists become better therapists. Finally, this study may help to more fully educate non-creative arts therapists on what their clientele may experience through creative arts therapies. As Shulman-Fagen (2001) eloquently summarized: "It is incumbent upon supervisors to use the arts in the process of working through issues and challenges in order to continue to model the efficacy of the arts" (p. 151).

Framework and Research Questions

The seed of this research was planted during Friday morning psychotherapist staff meetings at the therapeutic day school where I provide music therapy services. The idea germinated week to week as I heard the struggles that my coworkers experience in working in a challenging environment with complex and difficult clients. My colleagues frequently expressed feelings of frustration and often had difficulty reaching and supporting our students, despite having a strong commitment to these children. There was a growing sense of despair, and staff morale seemed to be suffering. I felt a desire to help alleviate this frustration and the accompanying sense of low morale that seemed to be developing.

During these meetings and in my informal discussions with coworkers, we often noted that the struggle to form a meaningful interpersonal connection with the client is paramount to the therapeutic work. Because of the predominance of trauma histories and challenging family situations of the clients, this relationship may be not only the most important factor in making a difference in their lives, but also the most difficult one to establish (Dalenberg, 2004). This led me to consider the use of music and imagery with my colleagues to help them examine the struggles that they were experiencing in their client/therapist relationships. I hoped that offering such sessions might provide them with the opportunity to experience music and mandala as I have: as a means of exploration that not only has brought clarity to my clinical work, but also has provided me with nurturance and an aesthetic experience.

Therefore, the research questions were: “How does music and imagery affect psychotherapists’ attitudes towards or insights into a challenging client?” and “What is the nature of this change?” I chose a grounded theory approach of qualitative inquiry in order to develop a greater understanding of the phenomenon based on the data gathered. Additionally, because of my desire to effect change in my place of employment, this study also contained an action research component.

Music and imagery has been used within a variety of theoretical/philosophical frameworks, including but not limited to the psychodynamic, humanistic, and transpersonal. Because of the individualized nature of the music and mandala session, the person-centered approach developed by Carl Rogers and described by Bohart (1995) was deemed most appropriate. Several of Rogers’s key elements came into play in the facilitation of the research sessions. Rogers emphasized the significance of the *creativity and potential* of the client. This is inherent in the use of creative arts in therapy. Here, it is believed that each individual is creative and that accessing this creativity may lead to realizing a greater potential within the self (Robbins, 1993). Rogers also emphasized the importance of the *present-moment experience* in therapy. This was important to my research design in order to maintain the boundaries of exploration of material within the session (i.e., the focus was on the client/therapist relationship and not on the participants’ greater life experiences) as well as to maintain my boundaries as the session facilitator (i.e., I was a guide for the participants’ exploration, not a personal therapist). Rogers maintained the belief that each client is *self-reliant*. I wished to help instill a sense of self-reliance in my colleagues. I believe that music and mandala offers a means of discovering truths that are simply lacking a means of expression. Therefore, if the participants were able to uncover their own answers in this process, they would have confidence and a belief that they are capable of such awareness in the future. Similarly, Rogers supported *empowerment*, holding that the client will guide the process of discovery of new thoughts and solutions simply if allowed to do so by the therapist. In this case, this was enhanced through a process that included the creative use of music and mandala.

Boundaries of the Study

This study had several boundaries that are important to note. The drive of the study was to understand how participation in a single music and imagery session may affect the psychotherapist-participants’ attitudes toward or insights into a challenging client. There are numerous other phenomena that could have arisen in these sessions and influenced other domains of the participants’ practice. I therefore maintained a focus on one single phenomenon based on my personal experience as an employee of this facility and on the participants’ own expressions about what they found challenging about providing therapy in this facility.

I was not the formal supervisor of the participants, so although the research session format was quasi-supervisory in nature, it was not investigating creative arts supervision per se. The results may merely suggest implications for how the creative arts may be used in supervision, particularly with non-creative arts therapists.

Finally, I did not study the impact of this technique on the therapy process itself. Rather, the research was limited to exploring the effects of a music and imagery session

on attitudes or insights into the client/therapist relationship, as perceived by the participants.

RELATED LITERATURE

Music and Imagery

Music has the ability to reach our deepest thoughts in a way that language cannot (Summer, 1985). The structure of music can provide a framework for exploring difficult and even conflicting areas of the self and thus transform haphazard and nonpurposive expression into meaningful and organized expression (Bonny, 2002). This supports the rationale for using classical music in projective therapy contexts. It should be noted that for the purposes of this study, classical music is defined as art music of the Western culture, not just music from the classical period. Classical music is multileveled and stimulating and connects inner experiences. McKinney (1990) found that the use of classical music significantly increased the intensity of emotions experienced when used for brief, unguided imagery experiences. Skaggs (1997) listed many aspects of Western classical music that make it ideal for projective music experiences. These include:

- Classical music is multilayered in melody and harmony, which influences the flow of imagery.
- The complexity of classical music reflects the complexity of human life.
- Classical music follows a predictable structure but also employs variability.
- Classical music utilizes a wide range of dynamics, which increases the emotional content.
- The ambiguity of classical music provokes imagery.
- Classical music expresses the entire range of human emotion.

These characteristics of classical music encourage the facilitation of imagery, and the emotional content inherent in classical music may enhance these experiences.

Imagery can be viewed as a link with the inner self. Imagery provides forms to relate to and manipulate (as opposed to abstractions) as well as a vehicle for the expression of feelings that may be hidden in the unconscious. Jung (1964) believed that this part of the unconscious consists of a multitude of temporarily obscured thoughts, impressions, and images that still influence the conscious mind. Furthermore, just as conscious contents move into the unconscious, new contents or insights can arise from the unconscious. Therefore, using projective music and imagery may access unconscious material, which can lead to new insights and creative ideas that can be used in the therapy setting. One therapeutic use might be the discovery of a solution to a behavioral problem (Summer, 1988).

Mandala

The word *mandala* comes from the Sanskrit word to meaning center, circumference, or magic circle. Jung first introduced the idea of the mandala to modern psychology as a

result of his own personal experience in mandala creation (Fincher, 1991). Jung saw that his daily mandalas reflected his state of mind. At their core, mandalas are believed to be archetypal symbols representing wholeness. On another level of conceptualization, mandalas can give outward expression to inward experience (Bonny & Kellogg, 1977). Mandalas offer a visual representation of the contrast between conscious and unconscious processes. Similar to music, mandalas offer a symbolical representation of emotionally laden and conflicting material while simultaneously providing a sense of order and integration of the material (Henderson, Rosen, & Mascaro, 2007; Levick, 1980). Tucci (1961) stated that images put in a mandala lead to cognition, which allows for intuitions to be projected outside of the creator. This can lead to liberating psychological experiences.

Fincher (1991) purported that mandalas are an accessible form of art because the act of drawing mandalas is spontaneous and untaught. After creating a mandala, verbal and rational modes of thinking help to amplify and clarify the message. Although Fincher (1991) and Kellogg, MacRae, Bonny, and DiLeo (1977) have provided methods of assessment and outlined approaches for the interpretation of mandalas, it may be that the creator's own interpretations are more powerful for personal growth and self-discovery. Phenomenological verbal processing between client and therapist (in this case, researcher and participant) may be an effective method for guiding the individual to fully digest and internalize the messages or insights presented by the mandala.

Based on the ability of music to stimulate and deepen imagery experiences, it seems natural to pair the use of carefully chosen classical music with mandala creation. As stated above, mandalas provide a visual representation of the unconscious. Through drawn expression and then verbal exploration, this process becomes conscious. The addition of music to this process may further stimulate the moving between conscious and unconscious material. In a case study of mandala and music imagery, Bush (1988) concluded that using music, color, and imagery revealed deeper patterns of the client, creatively and dramatically, which effected deep changes.

Creative Arts in Supervision

Just as the creative arts can be used as a meaningful therapeutic intervention, they can also be tailored for use in supervision contexts. Rationales for the use of live music in supervision are delineated in Young and Aigen (2010). In reviewing the literature, they found that music was used in supervision to examine transference and countertransference, for skill development, to enhance supervisory relationships, and to facilitate the process of a supervision session, as well as for personal and professional development, self-care, and maintaining a connection to music.

While supervision is not therapy, there are parallels in the processes of each. For example, just as no one model of therapy will work for all clients, neither will one model of supervision work for all supervisees (Mead, 1990). One mode of therapy may be appropriate at one point in the process, while other modes may be more beneficial at other stages. Likewise, it may be surmised that verbal supervision may be most effective at certain times, but, in other situations, a different type of supervision process may be more beneficial.

On a physiological level, brain functioning is a notable factor that may influence the potential for the use of creative arts in supervision. Bonny (2002) discussed the fact that both cortical and subcortical areas of the brain are involved in music listening, thus eliciting emotional responsiveness to music. When engaging in the creative arts either actively or passively, both the left and right brain hemispheres are activated. This equalization of both hemispheres allows individuals to become more whole, able to communicate more flexibly and with greater multidimensionality (Lahad, 2000). This equalization may also facilitate individuals seeing in patterns and relationship and may bring fresh insights (Skaggs, 1997). Based on these potential effects, it can be concluded that the use of creative arts in supervision offers a supervisee a technique that stimulates new avenues of communication with richer expression, thereby potentially fostering a more competent therapist. According to Mead (1990), therapist competency is the ultimate goal of supervision.

Creative Arts Supervision and the Therapeutic Relationship

When considering a client's experience of music, Bruscia (1998a) concluded the following:

The relationships that are formed through music experience can help lead to an awareness of which relationships are harmonious and balanced and which are not, while also providing the motivation and support needed to do something about them. Thus, relationships can be the target of change or the conditions necessary for change. (p. 128)

Storr (1992) also believed that human relationships can be metaphorically represented in music. It seems plausible, then, that using a music-based technique in supervision may offer similar effects. Lahad (2000) also supported the use of creative arts supervision techniques for exploring the client/therapist relationship. He advised that when addressing the therapeutic relationship in supervision, the inner life of the therapist may come into play and that this emotional content may lead to self-exploration. This may be beneficial in the supervisory session as long as the emotional content is explored within the context of its effect on the practice of therapy. In his study of a creative arts-based supervision group composed of counselors, he found that the interaction of verbal and arts modes of exploration constructed new meanings and thus amplified the participants' awareness.

Because the creative arts have the potential to access a therapist's personal issues, the supervisor is faced with important considerations. Lett (1993) suggested that the supervisor role is

to listen in such a way as to be able to suggest a further step of exploration ... asking questions to focus deeper meanings, and always seeking to connect the images to feelings and emotions, leading awareness into amplification and the fullness of felt meanings represented, cognized, and verbalized. (p. 378)

This will help to ensure that supervision remains based in the intent to change the therapist's interaction with clients so that their interaction is therapeutic and not to explore the therapist's personal issues (Mead, 1990).

Despite the fact that objective reality cannot always be changed, the use of metaphor in art-based supervisory techniques may change internal reality or bring about a change in the perception of external reality (Lahad, 2000). Thus, the presenting problem may not be changed, but the supervisee is led to develop resources and strengths in a creative manner arising from the self. When working with inner reality, one often deepens the relationship with the inner self, which can lead to greater trust in self (Bush, 1995). This may lead to a greater sense of efficacy and ultimately to a more meaningful sense of self as a therapist.

METHOD

Site and Participant Selection

The research took place at a therapeutic day school that is a division of a nonprofit organization that serves children throughout the state in which it is located. The school follows a model of collaboration between therapy and education, with a client-centered, family approach. The students come from a wide variety of backgrounds, but all have social-emotional needs and behavioral difficulties and many have learning challenges. Some come from intact families; others live in group homes or are in foster care. Many students have experienced significant trauma in their lives and most are mandated for clinical services while in the school program. Clinical services may include counseling, speech/language therapy, occupational therapy, and/or music therapy. Psychotherapists, consisting of psychologists and social workers, provide mandated counseling. This group is the focus of the present study.

After I had worked at this school for several years, it became clear to me that many of our dedicated and caring professionals often feel challenged by the complex nature and needs of the students. On any given day, staff members may be exposed to stressful behavior management situations; take trips to the emergency room with students in crisis; stay late for parent meetings; write reports, case notes, and Individualized Educational Plans; and spend hours of time on the telephone with parents, caregivers, and other service providers. These factors, among others, create a palpable level of stress throughout the facility.

Typically, formal supervision is verbal and scheduled for 1 hour per week. The psychotherapists also meet weekly to share information and provide each other with peer support. Informally, much peer support also occurs during downtime in shared offices, most often in the form of *venting*. Even with these opportunities for exploration of client issues, there seemed to be a need for more of these types of experiences. As previously noted, I believed that creative arts supervisory techniques might benefit my non-creative arts coworkers. Additionally, I am the first creative arts therapist to work in this facility. My coworkers have been supportive since I joined the clinical team and have become increasingly interested in learning more about my training and the types of experiences that I offer.

All psychotherapists in the school-based clinical services department who provided individual counseling services for at least one student were offered the opportunity to participate in this study. At the time of the research, this group included a total of 16 individuals—nine psychologists and seven social workers. Recruitment occurred through sharing information about the study at the psychotherapists' weekly meeting and via email.

Four therapists volunteered to take part in the study. Participant One was a female social worker with 4 years of clinical experience and 1 year of tenure at the study site. Participant Two was a male temporary employee (filling in for someone on maternity leave) who was finishing his supervision hours to become a Licensed Clinical Social Worker. He had been working at the study site for 3 months. Participant Three was a female psychologist, employed at the satellite school program of the study site. She had 6 years of experience, all within the site. Participant Four was a female social worker, also employed at the satellite school program. She had 32 years of experience, six within the study site. Informed consent was obtained from all participants.

Design

This research was designed within the grounded theory framework of qualitative inquiry. This approach lent itself well to this study for several reasons. According to Creswell (2007), in a grounded theory study, the researcher strives to develop a theory that “might help explain practice or provide a framework for further research” (p. 63) by utilizing participants who have all experienced a process (in this study, the music and mandala session). The author goes on to state that this design is often used when previous models of a process were developed for populations other than those being tested. The use of music and mandala individually and in tandem is well documented with clients in a therapeutic setting, in education and training, and even in some supervision settings. However, the particular method of music and imagery used in this study in quasi-supervision sessions had not been examined in the available published research. Because the research questions focused on how participants experienced the process of music and mandala in reference to the client/therapist relationship, I examined the steps in the process and how it unfolded. This is another key component of grounded theory research.

Conjunctly, this research was rooted in the action-oriented framework. Action research follows the paradigm of praxis, which is the art of acting upon the conditions one faces in order to change them (O'Brien, 2001). Bridges and Meyer (2007) purported that by acting on these conditions, one gains a new understanding which leads to change and, ultimately, a greater sense of well-being. Part of the impetus of this study was to offer a potential means of support to the employees of the facility, with the hope that the psychotherapists would experience constructive insights into the identified client-therapist relationship, which in turn would lead to positive change.

Trustworthiness

In qualitative inquiry, the aim of trustworthiness is to support the soundness of the research and its conclusions (Marshall & Rossman, 2006). This requires attention to the credibility, transferability, dependability, and confirmability of the results. Due to my

multiple roles in this study and the use of an innovative/unique technique, it was important for me to be fully engaged in establishing the trustworthiness of this research.

To assist me in my role as researcher, I employed the method of participant checking. Within each session, I verbally checked my interpretations with the participants to ensure that I had a clear understanding of what they were experiencing. This guided me in my choice of music for the mandala portion and also helped me to guide the participant through the postlude, or mandala-processing portion, of the session. Similarly, I engaged in verbal checking during the follow-up interviews. After the sessions and interviews were completed, each participant received a summary of their interview and session transcript in order to review these documents and make corrections. This allowed the participants to be more actively involved in the research and, where applicable, it elucidated their meanings and insights. Finally, I engaged in the process of triangulation, or the use of multiple perspectives (researcher's and participants'). Action research values the use of multiple perspectives in order to improve the chances of maximizing the accuracy and meaningfulness of the contributions (McTaggart, 1989; O'Brien, 2001; Wadsworth, 1998b).

To assist me in both roles as session facilitator and researcher, I kept a reflexive journal on the research activities. This included written reflections on my own self-processes, such as insights, frustrations, affective responses, and my ideas regarding the design and implementation of the study. In addition to written reflections, my reflexive journal also included my own mandalas, which assisted me in processing and managing my experience as the session facilitator.

Data-Collection Procedures

Sessions. Each participant engaged in an individual music and mandala session facilitated by me, in which I served in the capacity of quasi-supervisor. It is important to distinguish between the use of the terms *quasi-supervisor* and *guide* (the traditional term used for a BMGIM therapist) and to understand why these sessions were labeled as *quasi-supervisory*. These choices were rooted in the fact that the research protocol was an exploration of the participants' clinical work. While I didn't direct or advise on their clinical processes, I supported their exploration of these processes both in my verbalizations and in the music I chose. This required a depth of knowledge about their clinical work to which I would not otherwise be privy and which may have caused discomfort for the participants. For example, when asked about participation with me as the session facilitator, one participant responded, "It might have also been a little awkward or intimidating to share a professional dilemma with someone who I want to be competent in front of." Participation required some level of vulnerability that is often not present between colleagues. This led to an inequality of power: I as the session facilitator was in a position of power over the participant. This suggested that our interaction contained a supervisory quality.

The format of the session was derived from two sources. The first is an individual adaptation of Summer's (1988) re-educative music and imagery format developed for use in therapy. In this method, the client images to music with the intention of exploring issues of the here-and-now that were identified in a verbal prelude. The second source is a method of uncovering countertransference issues in music therapists as developed by

Bruscia (1998b). In this method, the therapist draws a mandala using three colors, one each for him-/herself as the therapist, for the client, and for the music. In the current research, the session consisted of a verbal prelude, music, and mandala focusing on the topic from the prelude, and a verbal postlude.

Before the session, the participants met briefly with me to sign consent forms and ask questions. At this time, they were instructed to choose a client whom they perceived as challenging. After discussion about the client and the nature of the relationship and/or difficulty (the prelude), I chose a piece of Western classical music that seemed to reflect what was illuminated in this discussion. The participants were instructed about the procedure and what they might expect to experience and given specific instructions on how to create the mandala. The procedure for the drawing of the mandala was a slightly more structured approach than when used freely as described by Bonny and Kellogg (1976). The participants were instructed to choose one color for him-/herself, one color for the client, and a third color for their relationship. The participant was free to choose black or white paper and oil and/or chalk pastels. Participants made these decisions during the music/mandala portion and not before the music experience in order to allow for the music to influence their decisions. The participants, in an upright position, were then guided through a body relaxation and mental focus (the induction), after which the music was played. When the participant was ready, either during or after the music, he/she created a mandala. After the drawing and music were complete, verbal processing of the mandala and the experience as a whole occurred within the same session (the postlude). This was designed to explore the immediate insights and understandings that may have been gained through this process. Each session was videotaped and transcribed. Additional sources of data included my written impressions and my own mandalas drawn after each session.

Follow-up interviews. Each participant participated in a follow-up interview with me that was designed to gather additional information that may have come into awareness by the participant as the session integrated into their work. These interviews took place within 30 days of each research session. This time frame was determined in relation to the nature of the school environment. Most clients are seen weekly, and there are scheduled breaks and holidays in the school schedule. Additionally, there are times when the therapist may not see the client during the regularly scheduled time due to the need for crisis intervention with other clients. Thirty days allowed sufficient time for the insights to be integrated and for each participant to have had at least two meetings with the identified client after the research session. These interviews were audiotaped and transcribed. Finally, each participant received a written summary of his/her interview and session transcript for review and correction.

Data-Analysis Procedures

The process of analysis was informed by Creswell (2007). Verbal data from the participants' sessions and interviews were transcribed and segmented into meaning units. A coding system based on categories of experiences was developed based on the segments that emerged. An open-coding process was aimed at finding the major categories of information in the data. Axial coding was then used to identify one

prominent or core open-coding category and develop categories around this core phenomenon. This information is presented in Part One of the Results section.

Data analysis was a recursive process, as the data was analyzed as the individual sessions and interviews occurred in order to refine the data gathering and analysis procedures. This was completed using the constant comparative method of data analysis, in which data was reviewed as it was being collected and then compared to emerging categories. This information was kept in a research log to help work through the data.

Because I had dual relationships with the participants as a session facilitator and colleague, data was also gathered on my own processes. After each session, I took field notes and completed a mandala based on my reactions to the session. I created each mandala using the same three colors as each participant while listening to the same music. I wrote notes after the completion of my mandalas. Finally, I also kept a reflexive journal to explore the process of the research. This data was used in an analysis of the actual sessions and is presented in Part Two of the Results section. Also included in Part Two are brief analyses of the participants' mandalas using Kellogg's mandala assessment as a guide (Bruscia, 2002, June) and a general description of the music utilized during the mandala process.

Personal Biography

I am a music therapist who is most comfortable practicing within a music psychotherapy framework. In addition, I am a Fellow of the Association for Music and Imagery—a qualified practitioner of the Bonny Method of Guided Imagery and Music (BMGIM). This process uses programmed Western classical music to assist clients in working through unconscious material for the purpose of self-exploration. In tandem with this work, I have been trained in the use of mandala in assessment, treatment, and evaluation. Use of mandala, as developed by Joan Kellogg, is a projective art technique that also can bring to light unconscious material and offer a means of self-exploration. While psychodynamic principles are often incorporated in this work, these practices are humanistic in nature and may offer transpersonal experiences. I firmly believe in the role of unconscious drives in daily life, which includes professional practice as a therapist. I believe it is important to gain awareness of this unconscious material and use it in a way that will benefit clients.

I have experienced BMGIM and mandala in three roles: as client, therapist, and supervisee. In all three situations, I have found the use of the music, imagery, and mandala to be an incredibly powerful and useful experience. As a client, it has helped me through my own personal issues. As a therapist, it has helped me to develop a deeper understanding, or window, into my clients. As a supervisee, it has helped me to understand my own process as a therapist and the challenges that are inherent in the client/therapist relationship. Because of these personal and professional experiences, I expected that participation in this type of experience would help the participants with their clients and bring to light unconscious issues in the client/therapist relationships.

It is important to note that I had several potentially conflicting roles in this research process. First, I was both researcher and quasi-supervisor. This seemed a necessary compromise because there are not many music therapists trained in the specialized nature of the projective use of music and imagery. The specific nature of the

method I chose required a trained, credentialed individual to carry out the sessions. No doubt this made me feel more invested in the process and potentially may have caused me to work harder to help the participant find insight than if I had not been the researcher. Second, I facilitated the sessions in a quasi-supervisory nature with my own coworkers. My hope was to capitalize on the benefits of this arrangement while minimizing the detriments. Being a member of the team offered several benefits. One benefit was availability and familiarity with the facility. This made it much easier to schedule sessions at convenient times for the participants and in a familiar setting. Additionally, because the intervention occurred in a single session, my pre-established rapport may have been helpful in allowing for a higher level of engagement in the process. On the other hand, my having a previous relationship with the participants could have had a detrimental effect on the process; it may have made them either less or more willing to authentically participate. Due to these multiple roles, it seems likely that I had more intimate and immediate access to the information, but it also may have potentially limited my focus.

The framework within which I approached this level of music and mandala is also important. As noted earlier, I approached this intervention from a person-centered stance. During my regular practice in the Bonny Method of Guided Imagery and Music, I borrow from different frameworks, depending on the needs of each particular client and the stage of therapy in which we are engaged. For example, a psychodynamic framework may be most useful in the early stage of therapy, as we may be attempting to uncover transferences and patterns of past behavior that may be influencing the client's functioning and/or their progress in therapy. Later in the course of therapy, transpersonal theories may be more applicable as the client becomes ready to relate in and to the world on a new level. Even with these influences in my work, I still believe that my general stance must come from a humanistic viewpoint. This is supported by the founder of this method, Helen Bonny (2002). Specifically, when working supportively, as was the plan for these single-session interventions, the stance must be person-centered. It is simply not appropriate to delve into the participant's psyche nor is it possible in one session to reach a transpersonal state, not to mention that this would have been inappropriate in light of my multiple roles. Approaching these sessions from a person-centered perspective served to limit my interpretations of the work of the participant (which is desirable in this study) and helped me to deepen the participant's experience through empathic listening and reflection. This allowed me to strive to empower the participant to discover his/her own meaning in the process, thereby helping them to move toward a fuller experience as a clinician.

Ethical Considerations

In addition to the multiple roles that I played in the research process, the actual technique that I chose to use in this study merits ethical consideration. Because of the projective nature of mandala, there was a possibility that personal issues of the therapist could be revealed, even within the structure that had I provided in order to minimize this possibility (e.g., the limit of three colors to represent the relationship and choosing music based on the verbalizations about the client/therapist relationship). Another safeguard that I implemented was that each participant was responsible for informing his or her own

clinical supervisor about participation in the study. This was done so that countertransference issues could be further addressed in the regular supervision setting if necessary. Sources for additional support were provided on the consent form in the event that personal issues arose as a result of participation. Finally, the need for confidentiality on my part was paramount. Participants were informed that they were not to reveal any names or unnecessary identifying information about their client. As a colleague, it is likely that I would know the client chosen for the session, and I wanted to minimize my own reactions as much as possible.

RESULTS AND DISCUSSION

The data is presented in the following manner:

1. A detailed description of each participant's experience and mandala. It is important to note that only two of the four participants' mandalas are included in this report. Due to human and technological error, Participants One and Two's mandalas are no longer available. After photographs were taken of each of the mandalas, the drawings were returned to the participants. The photographs were uploaded to a secure folder on the researcher's personal computer and backed up to an external hard drive. Unfortunately, the researcher's personal computer crashed, and when an attempt was made to access the data on the external hard drive, that information had also been corrupted and lost. An attempt was made to obtain the originals; however, one participant was no longer working at the school, and the other could not locate the mandala. Because Participants Three and Four's mandala photographs were uploaded to my laptop, they were not lost and will be included in this analysis.
2. Analysis of the themes discovered in the music/mandala. These themes are based solely on the experience of the research session itself. The languages of *stages* and of color theory included in this section are based on Joan Kellogg's mandala assessment, taught to me by Bruscia (2002). The assessments are made solely in reference to the information presented by the participants, with no attempt to explore unconscious content that is inherent in mandala production.
3. Analysis of the themes discovered in the interviews. These themes capture how the sessions impacted the participants' clinical work with their identified client, and when appropriate, other clinical situations. Each theme is first illustrated through the participant's experiences and then synthesized for a more general picture.

Participant One

This participant actually chose a coworker, a classroom teacher, as the subject of relationship exploration. She reported that she felt like she was struggling to maintain a positive working relationship with this teacher, which was making it difficult to collaborate at a level that would be helpful for the students. Keeping in mind the action-research component of the study, I allowed the participant to focus on a coworker.

Because the focus was on the struggle within the relationship, I decided that it was still within the spirit of the research.

Participant One noted that initially, her relationship with the teacher was collaborative and that they had shared a sense of hope for the students with whom they worked. Over time, the participant felt that the teacher was becoming punitive toward the students and that her relationship with the teacher was deteriorating. This deterioration caused the participant to feel stuck (i.e., not know what to do) and defensive toward the teacher. This led me to choose the “Sentimental Sarabande,” a movement from Britten’s *Simple Serenade* (1996). The contrasting segments of tension and release seemed to reflect the shift in their relationship from one of hope and collaboration to one of defensiveness.

Participant experience. After examining the mandala, Participant One realized that as the school year had progressed—her first year at this facility—she had grown and was “taking up more space” in the professional team. She had become more comfortable expressing her thoughts and ideas as she became more acclimated to the environment and the job. She concluded that she may need to make more space for the teacher, and that she might repair the relationship by acknowledging more fully how difficult the job of the teacher is in the facility.

My experience. During the prelude, I had an image of the relationship between Participant One and the teacher as one of “butting heads” between an experienced teacher and a new clinician. As the participant became more comfortable in this work environment, her stronger, more vocal presence may have caused discomfort for the teacher.

Though the mandala drawn by Participant One is no longer available, the mandala I drew in response is below (see Figure 1).



Figure 1. My response to Participant One’s mandala.

I used the same colors as Participant One had used: peach for the therapist, light blue for the teacher, and gray for the relationship. I drew the therapist as holding the teacher above and the relationship in the center. Though Participant One verbalized her insight as needing to create more space for the teacher, I had the sense that perhaps she needed to be more supportive of the teacher. She did briefly acknowledge her need to be more aware of the challenges of the teacher role in the facility, but it seemed to me like an

afterthought. My response is likely a result of my own bias after working at the facility for several years. Many new professionals begin their tenure at the school with fresh ideas and great optimism. On the opposite end of the spectrum, some veteran staff seem to have become jaded and cynical about the ability to affect change with our students. While not desirable, it is understandable. It is a difficult population, and a difficult environment in which to work. I noticed that I was feeling aligned with the teacher, concerned that Participant One was being too hard on her (this was without knowing the identity of the teacher). This is evident in the mandala, in that it appears that the therapist color seems to be a container for the teacher color.

The relationship color in the center is also held by the therapist. Again, it appears that I placed the responsibility for nurturing the relationship on the therapist. This appears to be a reflection of my own internalization of the role of the clinical staff at this facility. I hold them to a high standard of nurturing and of providing support to the rest of the staff, as well as to the students. This mandala seems to be more about my own process than a reflection of the participant's.

Participant Two

Participant Two chose a client with whom he felt that he was “getting nowhere.” He described this student as emotionally labile, with disconnection between what emotion he labeled and what was observably expressed. This caused Participant Two to feel confused and disempowered and feel a sense of sadness because he didn't know how to help the client. He shared that the client's mother often expressed pessimism about the client, and he was beginning to share that feeling with her.

When asked to describe the emotions he felt in response to what he had shared about the client, Participant Two emphasized feelings of sadness. This led me to choose Fauré's (1996) *Pavane*, as it seemed to capture this sadness while offering support in through the predictable, repetitive structure.

Participant experience. While the photograph of Participant Two's mandala is no longer available, I drew a model in my notes. On black paper, he drew a yin yang symbol. He used blue to shade the outer edge of the black side of the yin yang representing him, and red for the edge of the white side representing the client. The edge was drawn in a tight zigzag pattern. Where the two colors met at the top and the bottom of the circle, the colors were applied heavily on top of each other.

Participant Two was painstaking in his mandala creation; he worked slowly and deliberately. He stated that the yin yang was a representation of his relationship with his client. He realized the need to connect with both the positive and negative aspects of the client, the need to find a balance between the two rather than focusing only on the negative. He chose red for the client to represent the pain the client feels and blue for himself to represent his desire to bring calm to the client and the relationship.

Through processing this experience, Participant Two realized that he had been very focused on finding a clear direction, or a clear plan, when working with this client. Having a plan brings him comfort, and the struggle to find direction was very challenging for him. Through this experience, he was better able to connect with what the client might be feeling. This gave Participant Two insight into the fact that his push to establish a plan might not be what the client needed. He decided to try to be less

structured in their sessions and to be more responsive to the client's state and presentation in the moment.

My experience. Though the mandala drawn by Participant Two is no longer available, the mandala I drew in response is below (see Figure 2).

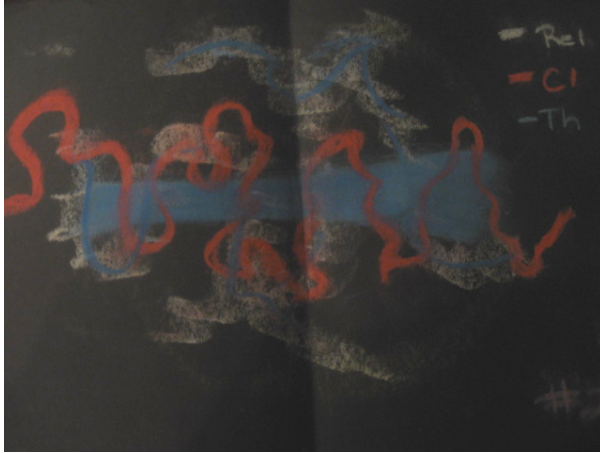


Figure 2. My response to Participant Two's mandala.

I drew my mandala with a much freer hand and more random figures, while using the same colors to represent client (red), therapist (blue), and their relationship (white). The therapist in this mandala is a constant presence: a thick band of blue that allows for the client to weave through the center of the circle. The therapist color also is accompanying the client color, but with a more smooth movement, not as jagged and twisting as the client's. The therapist color also weaves smoothly through the relationship color, which is found throughout the circle and within the client and therapist figures. It seems as though the therapist is supporting the client in his unpredictability, providing a calm, consistent presence through the client's ups and downs.

The representation of the therapist in the mandala was my hope for Participant Two and his client: for him to find a way to be with and support his client, rather than to try to fix his client. I could very much relate to Participant Two's desire for a plan. I interpreted this as his need for some control in an unpredictable situation. I have had similar experiences in my own clinical work and have worked hard in supervision to address this issue. It has taken much growth and self-awareness on my part to learn how to follow the client, adopting a more directive stance only when clinically appropriate, and to not succumb to my own need for control.

Participant Three

Participant Three chose a client whom she had recently decided to transfer to another clinician. This decision was made in the best interest of the client; her colleague had more experience with the issues this client was facing, namely transitioning from the school setting to young adulthood and independence. This decision was very difficult for the participant, and she chose to address this relationship because she felt a struggle in the transition. While she could cognitively reason that this decision was sound, she was

feeling ambivalent, second-guessing herself, and even wondering if perhaps she should “recant” the change. This verbalized ambivalence led me to choose Britten’s (1996) “Sentimental Sarabande,” a movement from *Simple Symphony*, because of its vacillation between gentle, nurturing melodic lines and more intense, forceful passages. I felt that this might help her to connect with her own vacillation between trusting her decision and doubting her clinical judgment.

Participant experience. Almost immediately after the music started, Participant Three began to draw. Her mandala came quickly and easily. She chose purple to represent the relationship, light blue for the client, and green for her as the therapist (see Figure 3).



Figure 3. Participant Three’s mandala.

During the postlude, she said that the mandala shows that she has been holding the client together and that this had contributed to her worry over the termination. Participant Three realized that even when she would no longer be this client’s therapist, the relationship they developed would continue to be with the client (signified by the rings of purple and green around the outside of the circle). She went on to say that the client can grow with the relationship, and eventually she won’t need it any longer. Because their work together and their relationship are strong, the client will be able to move forward in her life without her (the figure extending from the bottom right of the circle). Upon describing this, Participant Three stated that she was now sure about her decision to transfer this case to another therapist.

When considering this mandala from an assessment stance, I am struck by the most intense presence of the client color in the upper left quadrant of the circle. When considering that this portion of the circle relates to the separation and individuation stages of development, it can be surmised that it is pointing to the separation of the client from Participant Three. Similarly, the figure of the client moving forward in her life is on stages 11 and 12, which signify first a letting go and then a rising above or transcending. Finally, all of the colors of the mandala are feminine, with a mothering quality. This is not surprising considering the role that Participant Three had as the therapist who was holding the client together.

After our meeting, Participant Three noted that she had considered canceling our session, as she did not feel that she had been in the right mind-set to participate. She

decided to keep the appointment, as she felt a commitment to me and wanted to help me with my research. However, despite having an underlying negative feeling about participating, she found the session very meaningful and useful and was quite glad that she had participated. In fact, a week after her participation, Participant Three sent an unsolicited email to her coworkers to encourage them to participate in the research based on her positive responses to the session.

My response. The music choice for Participant Three seemed very natural; it was almost as if I was hearing the music in my head as we were talking during the prelude. What was interesting to me is that she began drawing her mandala so quickly after the induction, without hearing the contrasting sections of the music that I had thought would be helpful to her. Yet she stated that the music held her in the mandala and helped her expression through the artwork. I wrote in my notes that it felt to me as if the energy of the music choice was felt even before the music was played.

The mandala I drew in response (see Figure 4) shows the client being held and nurtured by both Participant Three and the relationship. I also added the yellow figure under the circle as a representation of the insight that Participant Three had gained in the session.



Figure 4. My response to Participant Three's session.

There are elements of stage 4, holding and nurturing, and stage 12, transcending, which are both related to what Participant Three shared about the client and their relationship.

My personal response to this session was a sense of joy and lightness. It was as if I felt buoyed by the success of this session and the overwhelmingly positive and supportive response from Participant Three. This was especially meaningful to me, as there had been a significant break between this session and the one prior to it. I wasn't getting the number of volunteer participants for which I had hoped and was feeling frustrated and disappointed. Participant Four's enthusiasm and insights restored my confidence and reminded me that from the standpoint of action research, it is not about how many people participate, but rather about the gains of those who do.

Participant Four

Participant Four chose a client who was new to her and with whom she was having difficulty connecting. This client was often unavailable as he slept for most of the day, and when he did meet with her, he was not easily engaged in conversation or activity. She shared that she was feeling angry with herself because she had not been able to help her identified client. She was feeling frustrated with what felt like her own inadequacy in being able to reach him. I chose Debussy's (1996) "Andantino" from *String Quartet* because of the pull between sadness and poignancy that moves into a more hopeful tone.

Participant experience. Participant Four drew her mandala very slowly and deliberately (see Figure 5).



Figure 5. Participant Four's mandala.

She chose red for herself in her mandala, green for the client, and gray for their relationship. The anger she felt at her own struggle is represented in the red color. She noted that it's under and over her client and also in the relationship. She described the relationship as being like a gray cloud that is heavy and dark. She drew her client as a "green shoot" because the music caused her to see him as a baby, growing and needing to be held, supported, and nurtured. She realized that he needed time to grow.

From an assessment standpoint, Participant Four's mandala is very expressive of her experience. Her color choices match her identification of their meaning (i.e., red for anger and green for growth, with the gray relationship relating to her sense of guilt). This pointed to her feelings about herself coloring the relationship with the client, a countertransference issue. Her placement of the client's figure on stage 1 also fit her description of the client as a baby and needing time to grow.

When discussing the session further, Participant Four expressed that she wanted to be yellow like a light to the client and was quite disappointed in herself that she wasn't. She again expressed feeling disappointed in herself when she struggled to open herself to the symbolism in the imagery, but instead was being very concrete. When I expressed that it seemed as though she was being very judgmental about herself and intellectualizing the process, she realized that perhaps this is how she was approaching the client. She realized that this could be affecting her ability to connect with him more fully. We concluded the session with her deciding that she would try to approach the client in their next meeting as the yellow color she so desired: more open and less agenda- and task-oriented.

My response. My first response to Participant Four's presentation was concern. It seemed to me that she was so caught up in feeling disappointed in herself and trying to do everything that she could to alleviate this discomfort that perhaps it was coloring her interactions with this client. It was as if her desire to feel effective with her client was actually contributing to the struggle. At first, I also questioned my music choice. I was afraid that it was too heavy and that there wasn't enough of the hopeful sound that I had imagined in my inner hearing. I feared that the music would compound her sense of disappointment and dissatisfaction.

Upon reflection after the session, I realized that this was representative of a parallel process. I was taking ownership of how the participant responded to what I offered and was second-guessing myself and my decision. This caused me at first to be distracted from her process during her mandala creation, as I was listening so intently to the music, almost trying to will it to sound more hopeful, instead of allowing her to make out of it what she needed at that time. Likely, this is a process similar to what she was experiencing with her client.

My mandala in response to the session was done on black paper to signify the heaviness that I felt from the session (see Figure 6).



Figure 6. My response to Participant Four's session.

This mandala has elements of stages 4 and 12. It has the shape of a flame, which typically relates to transcendence (stage 12), but seems rooted in the center of the circle (stage 4). Stage 4 is the stage of nurturance and support. This could be viewed as a response to Participant Four's image of the client as a baby who needs to grow. I noticed that all of the colors are in better balance in this mandala. This was my wish for Participant Four: that she would find a way to balance her presence and the relationship with the client in order to help him grow.

I noticed that during this session, I had a more difficult time with my dual relationships than I had had in other sessions. I found myself worried about Participant Four and her presentation during the session. She seemed depressed, and her color choices for herself and the relationship in her mandala worried me. It seemed that this triggered the trained therapist in me and my desire to help Participant Four in her struggle. I found myself thinking of her often after this session and wanting to check on her. Fortunately, this was alleviated during the follow-up interview, but this experience

emphasized to me the difficulty with multiple relationships and roles within this type of research.

Themes

Part One: The Music and Mandala

Through analysis of the verbalizations made during the processing of the mandala and the follow-up interviews, three themes were identified: (a) the effect on the clinical work or perception of the client, (b) the experience of the intervention and/or process, and (c) the effect on the nonclinical self or personal growth. This may seem obvious, but it merits discussion that the experience of the intervention and process seems to lead to the other two themes. It appears that the experience of the intervention affected the clinical work and the nonclinical self (see Figure 7). The effect of the experience on the nonclinical self was related to self-care and a generalization to relationships outside of the clinical setting.

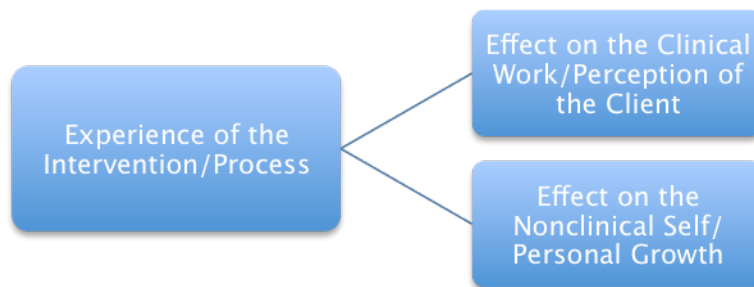


Figure 7. Participants' overall experience of the sessions.

For example, several participants noticed a shift in the way in which they viewed their clients or worked with their clients as a direct result viewing the mandala image and through the process of creating the mandala. This is illustrated in Participant Four's experience. She observed the image of a holding environment for her client in her mandala. This helped her to realize that the most helpful presence she could provide for her client was a supportive, holding presence rather than pushing him into work in which he was not ready or able to engage. This shift allowed her to work with her client in a way that ultimately was more helpful to him and led her to feel more confident in her work with him. She noted that she was increasingly being seen as a helpful presence in his life, which extended to her relationship with the client's mother. Thus, the drawing of the mandala led to a shift in her presence, which led to a shift in the manner in which she worked with the client, which led to strengthened relationships with the client and his mother. Evidence of the strengthened relationship came through when she had assisted her client and his family through a mental health crisis outside of school hours. Participant Four noted that she felt more confident and relieved in her work with him.

Participant Two had a similar experience, but it was related to his general participation of the session and specifically to the way in which he created his mandala. In the postlude, I expressed to him that he seemed so careful and particular about every stroke of color, line, and placement in creating his mandala. Upon this reflection, he saw

the parallel between this process and the way in which he was approaching his sessions with his client. He also noted that the “free-form” style of the research session, with loose structure but still responsive to the needs of the participant, was a bit of a revelation to him. Up to this point, he had been working with a focus and planned interventions that left little room for flexibility and adaptability. He realized that he had other options in his approach with his client. This led to changes in his relationship with his client in the way that he facilitated sessions and ultimately in the way that his client responded to him as a clinician. Participant Two found that this transferred to his work with other clients as well. Again, his experience within the research session led to the effects that he experienced within the client/therapist relationship.

Participant Three, in particular, responded to the nonverbal, creative expression components of the session. She found that when she was able to quiet the thoughts that were causing her to “think in circles,” she was better able to connect with her feelings and to the responses she had with regard to her decision to transfer her client’s case to another clinician. This allowed her to be more grounded and settled in her decision, which allowed her to approach her client with this presence and allowed her to support her client through the transition. Again, her experience of the process of the session led to a shift in her presence, which led to a shift in the relationship. Another important facet in Participant Three’s case is that her experience of the process within the session led to a great feeling of taking care of herself. She found this to be immensely helpful, as subsequent to the research session, she made the decision to change jobs. This required her to terminate with all of her clients. She expressed that this act of self-care helped her to feel settled in her affective expression and thus be more available to all of her clients.

Connections between the intervention itself and the participant’s perception of the client were less clear in Participant One’s experience. It is worth noting that she expressed that the nonverbal expression got her out of her “thinking brain” and more into her “feeling space,” leading to a shift in her emotional process. She noted changes in her emotional process in the effects on her perception of her client, in this case her colleague. Therefore, it can be concluded that her emotional shift, experienced as a result of the nonverbal component of the session, likely led to the changes in the emotions associated with her colleague, which thus led to a shift in the interactional quality of their relationship.

Personal reflections. My method of making music choices was similar to that of any typical trained BMGIM facilitator. I took in the content of the participants’ verbal description of the situations, clarified the struggles and the emotions surrounding the experiences, and chose music that in some way reflected these experiences.

The participants responded similarly to clients of this method, typically listening to the music for a short time and then beginning to draw, except for Participant Three, who began to draw almost immediately after the induction. I also guided the inductions in the same way that I would have led a client, helping the participants to first relax their bodies, quiet their cognitions, and focus their awareness on the identified issue. While no participant commented specifically on the induction, it seems as though this process is important as a sort of preparation and transition into the internal experience. The inductions seemed to create a pathway to the internal world and allowed for the insights to be discovered.

In these limited analyses, I was surprised at how easily the mandala, coupled with the verbal presentation of the participants, fit into mandala assessment theory. The colors, shapes, and general designs were easily matched to mandala theory in ways that fit the content of their verbalizations. Though the participants were not aware of this, and I never alluded to it during the discussions, they were able to experience and internalize these connections as insights about their experiences with the clients. Using the three-color technique of Bruscia (1998b) seemed to be quite effective at limiting the amount of personal information that could have seeped into the drawing. Each mandala seemed clearly focused on the client and the relationship.

The verbal processing of the experience during the postlude seemed to be vital. It appeared to help each participant crystallize the insights that were germinating, if they were not yet fully formed, that came from the arts involvement. I think that this may be especially important for people who are not typically engaged in arts involvement on a regular basis. It is important that they be given the opportunity to make sense of the experience through words, a more comfortable mode of interaction. During the postlude, I was careful to maintain the focus of the discussion on the client and the relationship, only gently probing or offering alternatives when the participant appeared to be struggling. These moments seemed to be key in helping the clients to shift their thinking (as also noted in the data from the previous section).

I believe that each component of the session was important to and influential on the process and experience of the participants. I can honestly say that I would not change any component. The participants used the mandala and the music in ways that were helpful to them. This technique, coupled with verbal exploration, seemed to have an impact not only on their relationship with the identified client, but also, in many cases, on themselves as clinicians. When facilitated in a manner that was focused on the client and relationship while striving to reduce (if not eliminate) the possibility of personal information of the participants interfering, it seems quite feasible that this technique can have a place in the supervision of non-creative arts therapists.

Part Two: The Impact of the Sessions

After the coding of the data, I discovered that there were three major categories of information:

1. Effect on clinical work/perception of client
2. Experience of the intervention/process
3. Effect on nonclinical self/personal growth

Each category is first addressed within the individual participants and then presented in a synthesis of the data from among participants. An important note about Participant One, who chose to explore a relationship with a coworker: Due to the differing natures of a relationship between coworkers and one between client and therapist, her experience is presented individually but not in the synthesis portion of the data within this category.

Category 1: Effect on clinical work/perception of client.

Participant One. This participant noted that she became more attentive to her relationship with the teacher and noticed that she had changed in her interaction style. She felt that she was personalizing interactions less, which led to less frustration with the relationship. This ultimately led to a greater level of satisfaction with the relationship. The shift in her perception of the interactions with the teacher was related to what she saw in her mandala.

Participant Two. Participant Two noted that his participation in the session led to a new perspective on his client. Instead of focusing on the behavior of the client, he began to connect more with the emotions he felt that the client might be experiencing. This led to a shift in his approach with the client, from highly structured to more open. He noted that this relieved the anxiety and pressure that he had been putting on himself and allowed him to better meet his client's needs. The improved ability to work with the client was due to the participant's greater level of awareness of the emotions of the client with less focus on the behavior and thus a greater understanding of the client's experience.

Participant Three. After participating in the research session, the participant reported feeling more grounded in a clinical decision, thus changing her behavior with the client. She found that this internal shift, which manifested itself through her presence with the client, allowed her to be a more effective therapist. She noted that after the session, she felt better able to contain the client's affect in response to the transition, because the participant was more able to manage her own affect. This allowed them to work through the clinical issues that arose during the transition and helped her to better meet her client's needs.

This participant also noted that shortly after her participation in the research session, she decided to terminate her employment at the study site. She found that her experience and connection with the feeling of being more grounded had a positive impact on her ability to terminate with all of her clients.

Participant Four. After participating in the research session, this participant realized through her mandala that she needed to create a holding environment for her client and that she didn't need to "fix" him. She felt this gave her more permission to simply be in the environment with the client as a helpful presence, rather than as someone trying to push him. She found that letting go of the need to fix this client carried into her work with others in that she was better able to allow other clients to have more of a voice regarding the pace of their work. She also noted that she was more aware of the team with whom she worked. This relieved her of the overwhelming feeling of having sole responsibility for his care. Participant Four experienced a shift in her approach with the client that allowed her to better meet his needs.

Synthesis of category 1. Analysis of the data from each participant indicates that there appear to be two primary changes that occurred in the participants: They are more in tune with their own countertransference and, as a result, they have a different internal experience. The shift in internal experience led to less anxiety and to experiences of being more grounded and more at peace with one's self (see Figure 8). In addition to changes within themselves as therapists, the participants noted benefits to their clinical work. They felt better able to meet their clients' needs. They felt better able to meet the client in their present states. This allowed their clients to have more voice in the therapeutic process and caused the participants to feel more available to their clients.

Finally, the participants felt a shift in their presence. This changed clinical presence led to a more supportive, strengths-based approach, a greater connection with the emotional/internal experiences of the client, and greater attentiveness to the client and the therapeutic process (see Figure 9).

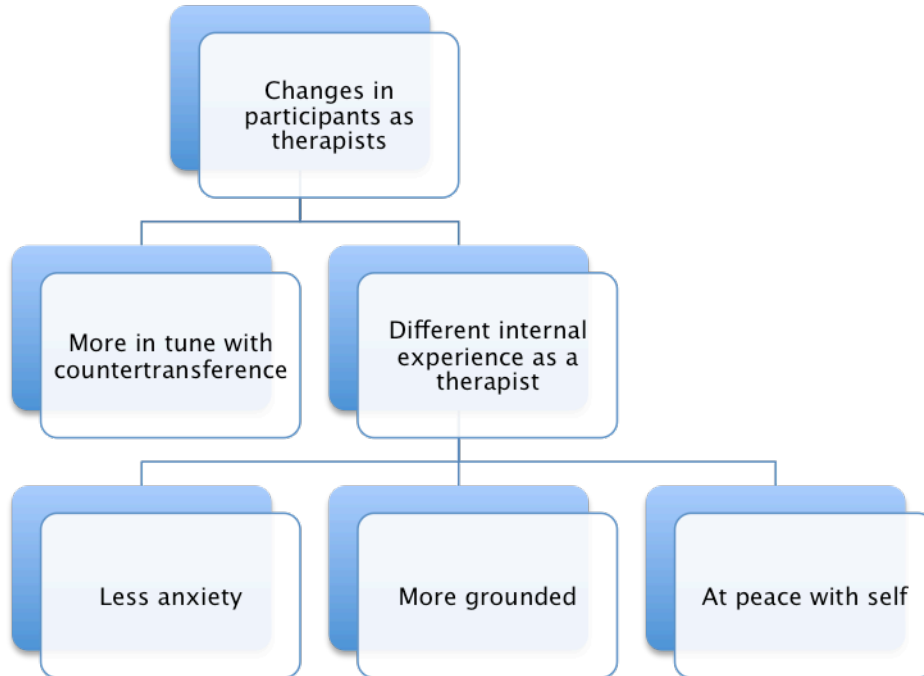


Figure 8. Category 1: Effect on clinical work/Perception of client changes in participants as therapists (3 of 4 participants included).

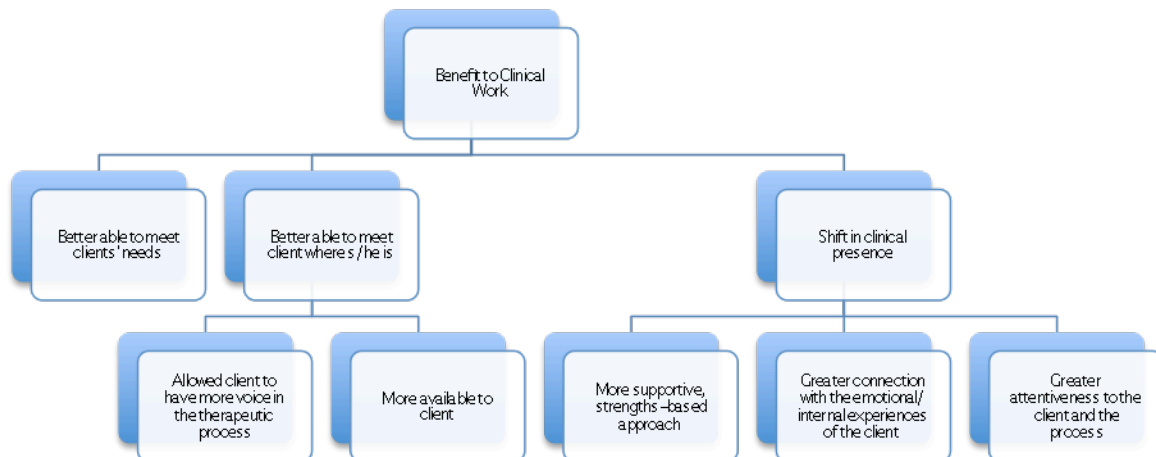


Figure 9. Category 1: Effect on clinical work/Perception of client benefits to clinical work (3 of 4 participants included).

Category 2: Experience of the intervention/process.

Participant One. Participant One found that the nonverbal, creative expression of the research session was helpful to her. She shared that participating in something visual, musical, and visceral led to a shift in her emotional process. The music got her “out of her thinking brain and more into her feeling space.” Additionally, she found it helpful that we had a prior relationship, albeit brief and collegial, and stated that “it might have been harder if someone else approached me that I didn’t have that level of comfort with.”

Participant Two. For Participant Two, the “open-ended, freestyle” structure of the session was helpful. This served as a model of how it could be to have a format, but not a specific plan, when facilitating a clinical session. He also reported that my verbalizations as the session facilitator had an impact, particularly my reflection on the careful, controlled manner in which he created his mandala as a process parallel to how he approached his sessions with the client. He found that I had an “objective, outside perspective” as a session facilitator.

Participant Three. Similar to the first participant, Participant Three found that the nonverbal, creative expression deepened the impact of the session. The idea that one does not have to use words all of the time to relate to others resonated deeply with her. She felt that it had been valuable to work in a different medium and that the experience “stuck with her.” She noted that it helped that I “wasn’t a stranger” as a session facilitator. She expressed that she felt vulnerable because working in this manner (within the creative arts) pushed her out of her comfort zone, and because we had a level of trust that wasn’t overly close, she was able to more openly share her professional dilemmas without the fear of feeling incompetent or intimidated. She stated that my manner of facilitation, an open and supportive presence, had the most impact.

Participant Four. Again, the nonverbal creative expression was meaningful for Participant Four. She found that nonverbal engagement freed up her mind for other thoughts to come in and took her “out of her thought chain.” This allowed for new perceptions and perspectives brought by the imagery, particularly the image she had of the client, which helped her to better understand him and his needs. My verbalizations were helpful to her, particularly my suggestion that it did not just have to be her taking care of the client and that perhaps she could rely on the team. Furthermore, she found my supportive and validating manner helpful. My knowledge of and comfort with the process led her to feel safe and trusting. She stated that because we are “more colleagues than coworkers,” she felt comfortable participating in the session with me as the facilitator.

Synthesis of category 2. The participants commented on four components of the session: the nonverbal experience, the creative experience, the structure of the session, and the facilitator of the sessions (the researcher). Each of these components was noted to have benefit for the participants as presented in Figure 10.

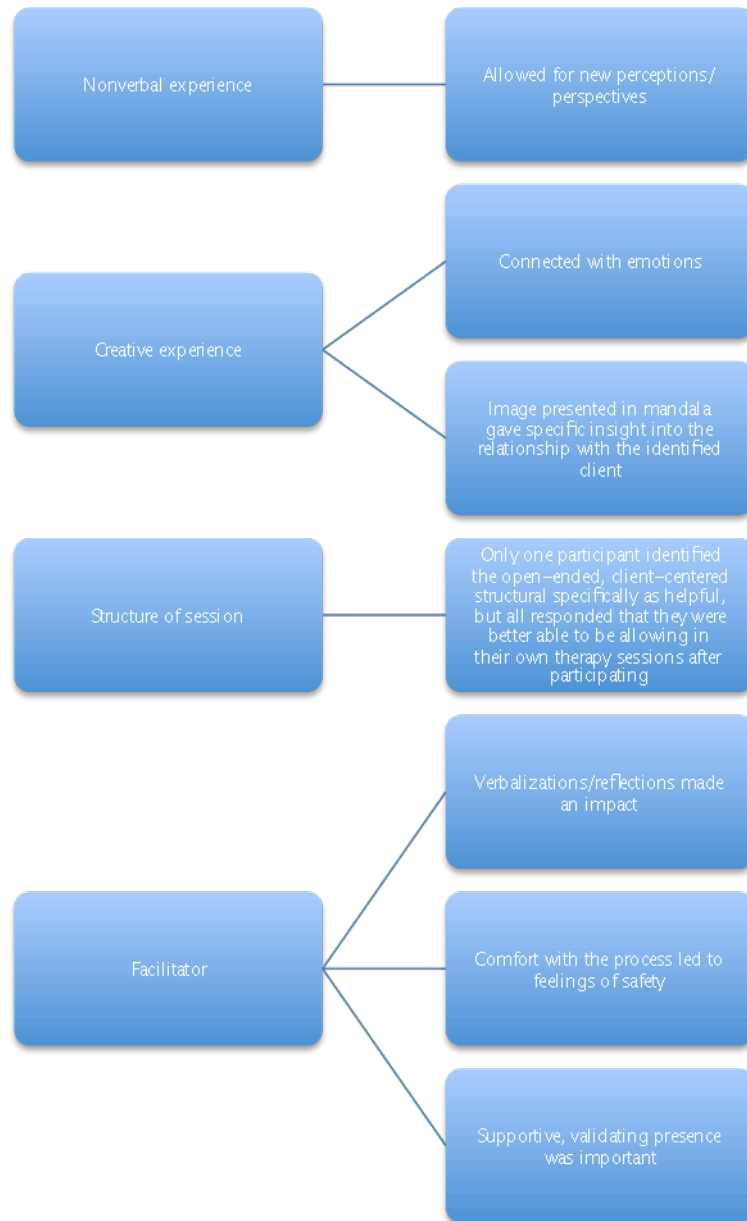


Figure 10. Category 2: Experience of the intervention/process (4 of 4 participants included).

Category 3: Effect on nonclinical self/personal growth.

Participant One. Participant One stated that she “learned that bad relationship patterns don’t have to continue” and that one can “shift the way you think about or interpret a relationship.” She found that this insight transferred to her personal relationships.

Participant Two. There was no data in the interview with Participant Two in this category.

Participant Three. Participant Three was reminded of the importance of self-care. She felt that the session served as a reminder for her to take care of herself so that she could be more available to her clients. It was also a reminder of her own creativity. She felt nurtured and enjoyed herself.

Participant Four. Self-care was also an important theme for Participant Four. She found the nonverbal process carried into her outside life as she was working to find a place of calm and quiet inside herself.

Synthesis of category 3. The awareness of the need for self-care was a notable response in this category. The feeling of nurturance and finding a place for calm and quiet (nonverbal) was important to two participants. It is important to note that these two participants were very expressive in this category, reiterating the benefit of feeling as though they had done something good for themselves as well as for their clients.

Concluding Remarks

My experience. It is important to discuss my experience as the researcher/session facilitator/colleague in this study and to explore the feasibility for replication of these types of sessions in other settings. First of all, recruitment was challenging. It is important to point out that the four participants were either new to the facility or worked in the satellite school. When asked, all of them commented that it was helpful to have a colleague as a facilitator, yet someone with a somewhat removed relationship. Perhaps this is what allowed the four participants to volunteer in the first place, while my closer colleagues opted not to volunteer. I found that I had to manage my own feelings of frustration and discouragement. I believe in this process so fully, and truly wanted to make a difference for my colleagues, that I had to temper my enthusiasm and not take the lack of participation personally. I did not notice any carryover from the research sessions into my day-to-day relationships with the participants. Only one participant is still employed at the school, and she concurs with my perspective.

Participant Three felt that this type of supervision would have been difficult had her regular clinical supervisor facilitated it. She said that she would have been concerned about appearing incompetent, that it was too much of a risk. This participant also got so much benefit from participation that she sent an unsolicited, personal email to the clinical department to encourage others to volunteer. Both she and Participant Four encouraged me to develop this technique further and offer supervision to clinicians as part of a private practice. Participant One found her participation so meaningful that she wished that all of our colleagues would volunteer and wondered about the possibility of facilitating this type of experience at a professional development session. Based on my struggles with recruitment and the potential of risk/discomfort for participants, it does seem that sessions with coworkers are better suited to a private practice setting. This is in spite of the fact that three of the four participants noted that it was helpful that we had some kind of relationship before the session and that this led to feelings of trust and safety. In order to address this, I would recommend that a working therapeutic relationship be established with all supervisees in the first session and that the music and imagery format be used in subsequent sessions.

As I noted previously, a particularly challenging situation with a participant seemed to trigger my therapist identity, although I was serving as a quasi-supervisor and

researcher. I found myself wanting to help her through her self-directed negative feelings, in a manner that went beyond the research session. While I did not act on this, it illuminated one of the potential concerns about dual roles within the work setting. These issues require a constant state of self-awareness and need to be addressed in supervision.

Participants' experiences. It was clear that all four participants benefited from participating in the sessions. All felt a shift in their relationships with the chosen clients, and all felt that it transferred to their work with other clients. Much of what led to these shifts in relationships was a result of the participants' experience of the music and mandala. Three of the four participants responded favorably to the nonverbal, creative nature of the sessions and felt that these aspects were what allowed them to connect more fully with their own insights. Thus, it can be concluded that creative arts can play a positive role in the supervision of non-creative arts therapists, and specifically that the use of music and imagery can be effective when facilitated by a trained therapist. I do feel that facilitators of these types of sessions should have training in BMGIM and should be familiar with the two techniques that inspired the session format used in this research (Bruscia, 1998b; Summer, 1988). In addition, well-developed supervision skills are important, as well as having significant personal experience as a supervisee (i.e., beyond what is required in student training).

I will conclude with a statement made by Participant Three. Her words integrate the three themes that emerged in the sessions and interviews and, in my mind, best illustrate the potential effectiveness of this technique.

If you are sorting out a dilemma with a client using this process (music and mandala), you are simultaneously looking after yourself and improving the most valuable tool that you have in the work that you do with your clients. So, inevitably, you help other people too because you have helped yourself.

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