Registered music therapists' motivations and perceptions of the impact of their practices on the well-being of clients and themselves

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In plain language:

This article reports findings from three focus group interviews conducted with 15 music therapists. Therapists who worked in different settings were invited to discuss their motivations for ongoing clinical practice and perceptions of the well-being benefits of music therapy on their clients. Findings revealed that various groups of clients required different clinical skills in terms of music facilitation styles. Therapists also explained their own processes of becoming skilful with and affectionate towards their specific client group. Using self-determination theory, music therapists' motivations were explained as offering well-being benefits for themselves as well as their clients.

Original Research

Registered music therapists' motivations and perceptions of the impact of their practices on the well-being of clients and themselves

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Abstract

This paper explores how and why music therapists invest significant personal human resources in their clinical practice to facilitate well-being processes for others. We use self-determination theory (Ryan & Deci, 2000) to understand the motivations of 15 Registered Music Therapists (RMTs) to practice, and analyse how their approaches vary in response to the different clinical contexts in which they work. Three focus group interviews were conducted and discussions were analysed thematically, the findings being compared across groups. The three groups comprised: four RMTs who worked with children who have various support needs; five RMTs who worked with adolescents and adults who have mental health issues; and six RMTs worked with adults who have a wide range of disabilities. The RMTs practiced in a variety of contexts such as medical, educational, and community-based settings. Analysis suggests that the RMTs were initially motivated by intrinsic factors such as personal belief in the power of music, but when working with clients who have particular needs, they integrated themselves into a newly identified role that could maximise therapeutic benefits. As might be predicted, differences were identified in music therapy facilitation styles, with variations in planning/focus of sessions and the use of music repertoire depending on the specific support needs of the particular groups of clients and their existing relationships with music. The findings report for the first time how perceived well-being benefits of the therapists' themselves continue to motivate their ongoing professional development and further investment in musical practices.

Keywords: Registered Music Therapists (RMTs), motivation, musical investment, perception, well-being benefit, self-determination theory

Introduction

The current study reports the findings of a qualitative study, conducted as part of the Australian Research Council funded Discovery Project (DP 140102679), investigating the relationship between musical activities and well-being benefits. Since the goal of music therapy interventions is to optimise clients' quality of life, improving health and well-being as related to physical, social, communicative, emotional, intellectual, and spiritual areas (World Federation of Music Therapy, 2011), we were particularly interested in music therapists as a cohort. Moreover, little attention has been given to why the therapists are motivated to practice. Using focus groups comprising members of Australian Music Therapy Association enabled us to question Registered Music Therapists (RMTs) about their practices to gain critical insight into their motivations, including feelings and beliefs about music therapy and therapeutic practice and its impact for both clients and the therapists themselves. Since understanding the process of self-determination seemed crucial for this professional group's ongoing musical investment, it was expected that the knowledge and insights gained from the current study would be useful for some therapists who may experience some challenges along their career paths and benefit from a deeper understanding of their own practices and self-motivations.

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Theoretical Framework

Self-determination theory is a macro theory of human motivation, development, and wellness, and explains how these notions are related to individuals' affect, behaviour, and well-being (Deci & Ryan, 2008). Topics studied in self-determination theory include "personality development, self-regulation, universal psychological needs, life goals and aspirations, energy and vitality, non-conscious processes, the relations of culture to motivation, and the impact of social environments on motivation" (Deci & Ryan, 2008, p. 182). Because of the wide range of topics, the theory has been successfully applied to various academic fields such as psychology (Ryan & Deci, 2006), psychotherapy (Ryan & Deci, 2008), sports and exercise science (Vallerand & Fortier, 1998; Wilson, Mack, & Grattan, 2008), health care (Ryan, Patrick, Deci, & Williams, 2008), education (Guay, Ratelle, & Chanal, 2008), and music education (Evans, 2015).

Of relevance to the current study is that one of the most important notions in self-determination is motivation, which is defined as "the process by which goal-directed activity is instigated or sustained" (Schunk, Meece, & Pintrich, 2013 as cited in Evans, 2015, p. 65). Depending on the source and cause of the motivation, it comprises intrinsic and extrinsic aspects (Evans, 2015; Gagne´ & Deci, 2005; Ryan & Deci, 2000). When an individual's motivation is activated internally due to personal interest and enjoyment, it is intrinsic. Extrinsic motivation includes 'external regulation' that is presented as a reward or punishment. 'Introjected regulation' is based on self-worth contingent on performance, accordingly is another form of extrinsic motivation. 'identified regulation' refers to the situation when one identifies the importance of goals and values of the activity in relation to self, and 'integrated regulation' occurs when one not only identifies the goals and values of the activity but also integrates them with other aspect of the self. Depending on the degree of self-understanding and control over the environment,

the latter two extrinsic motivations are classified as 'autonomous motivation' along with intrinsic motivation. Researchers have compared and investigated the relationships between these types of motivations and suggested that extrinsic motivation can be internalised over time to become intrinsic motivation, which might account for evolving motivations.

Another crucial notion of self-determination theory includes three basic psychological needs - competence, relatedness, and autonomy - nurture intrinsic motivation and the process of internalisation. The psychological needs for competence is related to one's self-efficacy to be competent in skills, abilities, and interactions in the social world. The need for relatedness can be fulfilled in social environments that offer social connections in mutually beneficial and supportive ways. Autonomy relates to self-confidence and agency, and is found along with feelings of free-will and choice over behaviour (see the summary by Evans, 2015). Researchers consider that when motivation is related to the fulfillment of the three basic psychological needs, well internalised and closely aligned with the self, it contributes more to personal well-being and is regarded as enjoyable.

Studies exploring self-determination and work motivation indicate that not only is intrinsic motivation necessary, but that autonomous extrinsic motivation can be helpful in the workplace (Gagne´ & Deci, 2005). Since the aim of the current study was to examine the motivations of RMTs as well as their perceived well-being benefits on themselves and their clients, the key theoretical notions of self-determination theory such as intrinsic and extrinsic motives and the three basic psychological needs provide a useful context for the current study.

Literature Review

Music therapy has been developed as a practice where therapists constantly reflect on their work in order to maximise the well-being benefits of their

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clients (Bruscia, 2014). In the first section of this literature review, previous studies that have explored music therapists' reflections of their practices in various clinical settings are reviewed. In the second section, music therapy methods and approaches for particular client groups are reviewed to illustrate some of the different music practices that can be employed. As the existing literature on music therapy methods is extensive, attention is paid to the areas of music therapy represented by the RMTs who were interviewed in the current study.

Music Therapists' Perception of their Clinical Experiences

Music therapists have been intrigued by their own clinical experiences and have investigated how other therapists perceive particular clinical experiences. For example, Lee (2014) discusses how she initially faced challenges when working with adults living with profound intellectual and multiple disabilities (PIMD) and how she was able to build meaningful interpersonal relationships with her clients. After interviewing five RMTs, she gained understanding how they had been working with clients with PIMD, and by reflecting their music therapy journeys over the several years, the RMTs in this study were able to identify some stages that had developed in the therapeutic relationships. Findings revealed that by building familiar interactions musically and interpersonally, the RMTs found joy and built bonds and attachment with their clients. Due to their communication difficulties, PIMD clients are considered at risk of social isolation, thus the RMTs believed that their therapy work played an important role in improving psychosocial well-being of their clients, supporting their social, emotional, and communication needs.

Wheeler (1999) reflected on her own practice in a special education setting with children who have severe levels of disability. By observing video clips of music therapy sessions, Wheeler identified 'exciting spots' that evoked in her own reflective

feelings of pleasure, and was able to analyse and identify the sources of her positive feelings. She concluded that the pleasure emerged from identifying signs of recognition such as smiles and vocal responses of the severely disabled children who otherwise were not easily motivated to offer responses in other situations. Furthermore, she discussed this phenomenon from an intersubjective philosophical perspective, in the sense that the clients' positive emotions were transferred to her in these clinical moments.

In stark contrast, other music therapists have explored difficult emotions when working with clients who experience challenges such as physical pain (Kwan, 2010) and emotional pain (Albornoz, 2013). In particular, Dun's (1999) study explored the lived experiences of five RMTs working with comatose children and provided insights into unique clinical vignettes. By exploring the common thoughts and feelings experienced by the RMTs, approaches that may be useful with this clinical cohort were suggested.

Although there are some studies that investigate clients' perceptions of music therapy experiences (Amir, 1992; Grocke, 1999; Trondalen, 2005), understanding music therapists' perspectives of the experiences was considered critical in these studies to gain insight into the therapeutic changes and developments of clients as well as therapeutic skills and strategies of therapists. In particular, some research studies adopted and advocated for the use of intersubjective philosophical perspectives when reflecting on therapists' personal feelings and thoughts about therapeutic phenomena (Lee, 2014; Wheeler, 1999). In this framework, therapists' subtle perceptions can be validated as a therapeutic insight and provide valuable knowledge to the profession (Lee, 2014; Wheeler, 1999).

Music Therapy Approaches and Methods for Different Groups of Clients

Understanding therapists' motivation inevitably requires researchers to understand the types of practice undertaken. The three main music therapy settings

were explored in this study, relating to mental health, disability and work with infants and children. With regard to music therapy practice in mental health settings, approaches are shifting due to changes in health care systems and new treatment models (Eyre, 2015). The recovery model of care for people with mental issues in the community contrasts to the traditional medical model of care that focused on pharmaceutical treatment in medical institutions (Rolvsjord, 2010). In terms of music therapy methods, a recent survey study conducted in America revealed 133 music therapists reported integrating various methods and techniques within a single session, using songs, improvisation, percussion improvisation, composition, and receptive methods "to evoke, develop, and provide closure with an emergent therapeutic theme" (Eyre & Lee, 2015, p. 175).

Previous reviews that report music therapy work with children and adults with disabilities provide useful knowledge about the music therapy practices employed (Hooper, Wigram, Carson, & Lindsay, 2008a, 2008b; McFerran, Lee, Steele, & Bialocerkowski, 2009). For example, McFerran et al. (2009) reviewed 65 music therapy studies published between 1990 and 2006, and descriptively investigated the types of disability addressed in music therapy, also the treatment goals and music therapy methods used. They found that when clients' disabilities ranged from mild to moderate, music therapists' treatment goals were focused on behavioural, social, and learning areas such as improving prosocial behaviours. When clients' disabilities ranged from severe to profound, music therapists worked to promote communicative and physical well-being benefits. Despite the different approaches to clients with different needs, the music therapy methods used with people who have mild/moderate and severe/profound levels of disabilities were found to be similar, utilising active music therapy methods such song participation, instrument and vocal improvisation, and structured instrumental playing.

For music therapists who work with infants and children in early childhood, working with families in partnership has been considered crucial for the child and family's well-being (Abad & Edwards, 2004; Abad & Williams, 2007; Archer, 2004). As families of children who face a wide range of challenges such as physical illness and developmental delays are generally believed to experience higher emotional stresses, general music therapy goals are to support parents to have a healthy relationship with their child and promote positive social and emotional interactions. As children typically use music with creativity and imagination, providing a safe environment for them to explore their music in their own ways has been the ideal music therapy approach. Use of songs, instruments, and facilitating music-making involving creative stories and characters have been reported as the main methods of music therapy.

This brief review reveals that across the various settings, music therapy methods were characterised by the use of various songs, instruments, music-making through improvisation or composition. However, due to the different support needs across the different settings, it seems that subtle differences in general facilitation styles were apparent when working with different cohorts of clients, and, as far as we can ascertain, this has not been studied before. In addition, this literature search revealed that no study to date has explored therapists' motivations for ongoing practice. Consequently, the principal research questions shaping the current study were: (a) what motivates RMTs in their work in different clinical contexts; (b) what are in ways that RMTs facilitate their work in different contexts; and (c) what are RMTs' views about the benefits of music therapy for clients and themselves.

Method

Study Design and Method of Data Collection

As the focus of the current study was on the RMTs' lived experiences with regard to motivations

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for and perceptions of their clinical practice, a qualitative study design was deemed appropriate. Among the various methods of qualitative data collection available, a focus group interview was chosen as it offered an effective way of exploring a group's opinion (Stewart & Shamdasani, 2015). It was expected that by conducting focus group interviews with RMTs specialised in different clinical settings, various opinions relating to RMTs' motivations and perceptions across their work settings could be compared effectively. Furthermore, as supported by Edwards (2012), our epistemological stance is constructivist, believing that knowledge can be gathered and constructed by people, thus exploring the group enquiry context was useful in our research inquiry. Before recruiting participants, ethical clearance was obtained through the University of Melbourne (Ethics ID: 1442751.1).

Recruitment of the Participants

Convenience sampling and snowballing methods were used to identify RMTs who were available for a focus group interview. A convenience sampling method was used to maximise the availability of a group of RMTs working in one organisation which employs a large number of RMTs. To recruit RMTs in other settings, the membership list of the Australian Music Therapy Association (2014) was utilised to identify appropriate RMTs, who were contacted via email. In order to gather various opinions, when RMTs agreed to participate, they were asked to recommend other RMT colleagues working in their area of practice. A total of 20 RMTs were invited to participate, representing three areas of practice: children, adolescents, and adults with a range of disabilities, medical, or mental health issues. Of this cohort, five could not make to the focus group meetings and finally, 15 RMTs participated in three different focus group interviews.

In terms of optimum number of participants in a focus group interview, researchers vary in their opinions about what constitutes an optimally sized focus group: some say eight to twelve people (Stewart & Shamdasani, 2015) and others suggest five to ten participants (Krueger & Casey, 2015). Yet as this study was naturalistic in nature and the participation was voluntary, so controlling the number of participants was challenging. Finally, group one included four RMTs working with infants and children who need various support needs in special schools, hospitals, and community-based settings such as hospices and clients' homes. Group two included six RMTs working with adults with a wide range of disabilities in community based settings. The third group involved five RMTs who work with adolescents and adults with mental health issues in hospitals and community-based settings. As the RMTs in the last group participated from various locations across Australia, a SKYPE interview was conducted, led by the first author. The two other interviews took place in face-to-face contexts with the first author. Of the fifteen participants, there were two male and 13 female RMTs with a mean age of 38 years and an averaged experience of 10 years of clinical practice.

Data Collection and Analysis

The focus groups were designed as one-hour long semi-structured group interviews exploring the following areas of enquiry:

- Motivations to persist in work with specific client groups;
- Music therapy skills draw upon/developed with these groups to promote their well-being;
- Well-being benefits observed from the clients;
- Extent to which well-being was experienced by the therapist themselves when undertaking this work.

Each group interview was audio-recorded and transcribed, and a pseudonym was given to each respondent to protect their identity. Before starting the analysis, transcriptions were sent to the participants for review, correction, and validation. A thematic analysis was then conducted for each transcription. To ensure transparency and trustworthiness of the

findings, each transcription was analysed according to three steps based Braun and Clarke's thematic analysis process:

Step 1: Transcribing word for word and identifying key statements;

Step 2: Grouping the key statements into different research areas and discovering emergent themes;

Step 3: Finding similarities and differences between groups.

In step 1, the three areas of research inquiry were considered when identifying key statements. In step 2, various opinions of RMTs were grouped into themes, and these were compared between different focus groups in step 3. Documented analysis processes and the final findings were verified by an external reviewer who was experienced in the area of music therapy and music psychology. The following section reports the findings, and the relevance with previous studies is discussed.

Findings and Discussion

In the current study, three research areas explored were: participant's work motivations, perception of music therapy, and music therapy facilitation style, and impact on both clients and the therapists themselves. In general, participants shared common perspectives on the motivations and well-being benefits of their work on the clients and themselves. Differences lay in music therapy facilitation styles in relation to different clientele and work settings. In order to generate an unfurling commentary on the context for the findings, thethey are discussed in relation to previous studies. Table 1 presents the research areas and emergent themes that were identified from the analysis of the interviews. Each research area is examined in turn.

Table 1.

Summary of the Findings: Research Areas and Emergent Themes

Across group	Research area	Emergent theme
Similarities	Motivation	Preference for work with particular clientele due to specific support needs
		Personal belief about the therapeutic power of music for the particular group
	Perceived well-being benefits for clients	Psychosocial benefits including communicative, emotional, and social well-being
	Benefits for therapists	Positive emotions such as joy/pleasure and improved mood pre-post session
Differences	Music therapy facilitation styles	Planning of the sessions differed according to client group
		Focus of the sessions is different according to group.
		The way they utilise song repertoire differed according to group.

Motivations

Two motivations were shared by participants working in all three settings. The first motivation identified was the love of working with particular clientele and their ways of responding and interacting through music. For example, many participants who worked with non-verbal adults who have severe/profound levels of disabilities highlighted the joy they felt when working with them such as:

> Those responses such as seeing the smiles are purely what motivates me. Supporting people with severe to profound multiple disabilities, you don't get that guaranteed. It gives me a feeling of pure joy, and I can't help but get excited when we have a significant response and share that with staff or parents. I'm just like saying, 'oh my god!' It is just such a feeling of ecstatic joy. (Betty)

Other participants working in this clinical area agreed with this statement, and a more experienced participant who had worked for over 21 years explained it further:

> We are in a very privileged position to work with people who don't have psychic issues. We get so much purer experience and it's fairly egoless. So you are really looking at behaviours, in a Buddhist sense, looking at things arising in a very non-contrived sense. (Diane)

This finding is consistent with studies by Wheeler (1999) and Lee (2014), revealing the 'pleasure' gained by the therapists when reading the non-verbal and affective responses such as vocalisations and smiles as signs of recognition made by clients. Due to the severity of the clients' disabilities, these responses marked the achievement of important psychosocial well-being outcomes and therefore the therapists' positive emotions when this occurred. Accordingly, the characteristics associated with clients who had specific challenges created a particular working condition, and the participants in this study described being motivated by the nature of those intersubjective interactions.

The participants' love of working with particular client groups were identified in other settings as well. A participant working with children in a hospital stated:

> I've always been somebody that personally loved being very engaged in working with children. As a music therapist, I think it has a very satisfying role to play to implement and use music with this particular population. (Violet)

Similarly, a participant working with adolescents living with mental health issues explained:

> Truly, the reason why I stay in mental health settings is because I love, I really, really, really [sic.] love working with adolescents. I like their energy, I like their youth, I like that there is an opportunity for improving well-being and getting well. […] In adolescents and child mental health, there is an opportunity actually to change their paths than working with adults. That's really what keeps me going. (Jessica)

Another participant working with adults who have mental health issues reported:

> I like working with verbal clients. The place I find myself working has often got a fairly humanistic orientation that suits the way I like to work with people also. I'm not really that interested in doing structured and repetitive sessions. I find it boring. So I prefer working in mental health because you just don't really know what's coming. And it's about collaborating; I mean that's not always working that way, but in the sort of settings that I've been working, that style of working with people suits me in terms of the way I like to work. (Dennis)

Again, individual participants seem to have preferences for particular client groups where certain work conditions are more common, such as the degree of structure used by professionals in that setting, the amount of interaction with families that is possible, or

even the kinds of expectations professionals have about how much change is likely to be achieved through therapeutic interventions.

The second motivation was some participants' beliefs in the therapeutic power of music for the particular age group. A participant working with infants and children in a hospital stated:

> I personally think a big part of the reason that I work in this model and setting is because of the benefit that I believe the music offers to children and families. So I suppose this has fully motivated me to work within this area with children because I really believe in the strength and power of music for children and family. (Violet)

Another participant who had been working with children in various settings such as hospitals and special schools stated:

> Being able to help families to keep that (child and family relationship) going; develop that a bit stronger when they're faced with great difficulty and some uncertainty; to be able to support that relationship, it's quite special. I think that's the most motivating factor when working with children – the family component. (Frances)

As such, many of the participants working with children expressed strong beliefs in the therapeutic power of music on the children and its impact on their families, reflecting the family-centred approach that is currently advocated in the Australian context (Abad & Edwards, 2004; Abad & Williams, 2007).

A participant working with adolescents who have mental health issues reported a similar perspective:

> There's a lot of information and articles on how adolescents are centred around music, their whole life! You can drive past any bus stop and see kids with iPods, headphones in, sharing headphones, and all sorts of things. It's such a major part of their life, so music therapy is working in adolescent mental health. I think it is probably the

intervention that has an amazing way of interconnection and unravels some of the mental health issues. Music is just an integral part of their teenage culture, so it makes sense to me - music is the harbour of the treatment in adolescent mental health. It sounds like really music therapy is the only way, but it is. (Jessica)

This participant reported that her clients had often tried many psychological and verbal therapies before coming to music therapy. In the adolescent psychiatric in-patient hospital where she worked, expressive therapies such as art and music therapy had been observed to be useful for the initial and acute treatment. She was adamant in her claim that her clients reported music therapy as having the most powerful therapeutic impact on them. Clearly her belief had a potent impact on her self-determination for on-going practice and from her perspective, and seemingly on her clients too.

While most participants who worked with children and adolescents reported their strong belief in the therapeutic power of music on the particular age group, the participants working with adult clients, including older adults in community-based settings seemed to believe in the power of therapeutic relationship and companionship with their clients, especially as this relationship developed over time. For instance, a participant stated:

> I work mostly with the elderly: specifically I worked in a psycho-geriatric hospital for a very long time. It's about making small changes and appreciating those. I worked in a residential psycho-geriatric nursing home setting as well, and it's about getting to know the individuals and being with them through all of the swings and roundabouts of their own particular disease and following their trajectories. So I tended to have very long relationships with my clients, and I did see them go from community to very acute in-patient setting, and often back to residential places as well. (Meredith)

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As illustrated in the quotation, this participant enjoyed the way she worked and built relationships with her older adult clients through all of their hardships. This perspective was similar to the perceptions of one participant working with children who experience family violence and homelessness, and a participant who worked with adults with disabilities in community-based settings. The view was also described by some participants working with adults who have mental health issues. These perceptions and views seem to reflect the recent movement in the field of music therapy towards the practices of community music therapy (Stige & Aarø, 2011) and resource-oriented music therapy (Rolvsjord, 2010). The ways the participants establish partnerships with their adult clients by identifying their professional role as being more of a companion than an expert are the fundamental principles in these approaches, and the participants in the current study demonstrated how they embrace these theoretical notions of community into their clinical practice in the Australian context.

Furthermore, the variation of music therapy facilitation approaches and techniques found with different cohorts of clients reveals that children and adolescents perceive or use music in music therapy in different ways to adults and older adults. Since children and adolescents are influenced by music itself in developing functions and forming their identities, it seems that the music therapists' role in this context is to follow what these clients are doing. From the discussion, it seems that adults and older adults perhaps need more companionship-focused therapeutic approaches, with the therapist's role being more like a trusted partner. In short, depending on the client's existing relationship with music, the therapist seems able to identify an appropriate role in the music therapy session.

Perceived Well-Being Benefits on Clients and Themselves

A participant working with children who experienced family violence and homelessness reported observed well-being benefits for the children and their families as follows:

> Music therapy is often the most exciting thing they are doing in their week. They don't have the money to access other programs as well as capacity and energy to go to connect with other playgroups. It's something that they look forward to, they take home and start to do together (as a family). (Jasmin)

Given the difficult situations these children have encountered, receiving practical and positive support seems to be a very helpful psychosocial well-being benefit of music therapy on them. This also has been demonstrated in a research study that has investigated the benefits of performance on children who are experiencing homelessness and family violence (Fairchild, Thompson, & McFerran, 2016). Similarly, in our study, a RMT working with adults who have mental issues explained how music therapy supports this client group to reconnect with their musical and personal resources:

> Music can bring out unrecognised strengths and resources, and shed light on personal history, values, interests, hopes, and dreams. It has a part to play in recovery, because it can bring out the whole person instead of focusing on illness. It also has a focus on building an engaging relationship through music; as music therapists, we can take time to sit down and listen and validate them. (Fiona)

Therefore, for clients who were experiencing challenging life situations including violence and trauma, accessing music with a therapist seemed to help them reconnect to social opportunities and affective experiences; in short, the music as well as the social context of the therapy session became resources for recovery as argued in resource-oriented music therapy (Rolvsjord, 2010).

On the other hand, the participants working with adults who have disabilities stressed the psychosocial well-being benefits on the clients as follow:

> We become a meaningful person to the client who is often isolated in a residential facility. Although staff provide care for basic needs, their needs are beyond the basic food and shelter, and making social contacts and building meaningful relationships are important for them. (Linda)

Considering the conditions that challenge many adults with disabilities, such as a lack of opportunities for quality interactions and socialisation with peers, the participants seemed to perceive their roles as being to fulfil this social deficiency and observe the impact of their work on these domains. This result is congruent with the findings of Lee's (2014) study where the clients were adults who had profound intellectual and multiple disabilities, the five participants also reported their role was fulfilling the psychosocial needs of the clients. Moreover, the positive emotions shared between the participants and their adult clients with disabilities seem related to the well-being benefits the participants experienced for themselves. For instance, the participant who claimed that her motivation was a feeling of pure joy stated:

> When you have a bad day, a good session is fantastic, and that's a privilege... You get those because you are doing something unique. It is quite humbling to know that you've got that power as well. (Betty)

Therefore, the well-being benefits experienced through music therapy were dual – the sharing of meaningful and positive experiences through music was beneficial for both clients and the RMTs, which is what motivated the therapists to continue working in this area.

In terms of well-being benefits on themselves, three participants who worked in psychiatric hospitals for adolescents and adults discussed the power of the music therapy sessions in improving their mood. One interviewee stated:

> Today, I had an experience of dragging myself to a session, asking myself, "Do I really have to do this?" Then somebody played rhythm and blues, we all danced and I also felt much more relaxed and energised. Working as a music therapist forces you to role model social and emotional well-being! (Fiona)

The kinds of positive emotions described by the participants in clinical practice included improved mood after conducting sessions, which again seems highly relevant to the well-being impact the therapists sometimes experience from their work. Given that most participants described their role as 'rewarding and satisfying,' this experience of shared positive emotions seemed to contribute to motivating ongoing professional practice. Indeed, it could be that expressed preferences for client cohorts were built over time while experiencing emotional bonds with the clientele. Consequently, the 'joy' and/or 'pleasure' as well as improved mood achieved when working with the clients accompanied by the psychosocial well-being benefits the therapists received from their clinical work seem to be the most motivating factors for many of the participants in this study.

In contrast to the positive emotions evoked by the music therapy sessions in relation to the well-being benefits, some participants discussed experiencing negative emotions that emerged from unique clinical situations. For example, some participants working with critically ill children in palliative care reported experiencing emotionally difficult feelings (e.g. described as 'bittersweet'), which is similar to the findings of Dun's (1999) study that investigated the experiences of working with children experiencing coma state. Likewise, the participants working with adults in mental health settings mentioned experiencing a lack of motivation before conducting the sessions, perhaps anticipating the unpredictable and possibly stressful moments required in this setting. One example of the challenging or stressful

moments explained by a participant was listening to clients' difficult stories involving sadness, trauma, and abuse. When clients shared difficult issues, therapists seemed to feel the negative emotions evoked by the story. However, the participants who experienced these negative emotions also discussed how they perceived and managed these feelings in a professional manner such as:

> It is sometimes very hard to talk about a client's difficult issues. But there is positivity in that, benefitting me. What I take from the sessions is the depth and richness of people's experiences. These can be very difficult experiences, sadness, trauma, and abuse, but also there is much joy during the sessions – happiness, fun, people's surprise at thinking that they could never join in musically but doing so and having a great musical experience (perhaps for the first time). I am often being exposed to new and interesting song choices, which is also a good thing for me. (Andrew)

Music Therapy Facilitation Styles

While many participants shared similar perspectives about motivations for their music therapy work and well-being benefits for themselves and their clients, the ways they facilitated music therapy activities for various groups of clients were different between therapeutic settings. First, the participants who work with children in hospitals, special schools, and/or community organisations reported that spontaneity and flexibility in creative expression as being vital to work with children:

> Spontaneity and musical creativity to be flexible in the moment are important with any children, whether disability focused session or infant directed session or a five-year child in the group that's chopping and changing between activities. (Violet)

> The interaction happens through music, improvising and creating; being able to meet them, match them and have that interaction through that music, through the familiar song and then making it personal with their names, following them where they are is important. (Frances)

The participants working with adults with disabilities draw upon a different set of facilitation styles. Since adults with severe and profound disabilities are often non-verbal and have limited communication abilities, the participants used music to evoke responses and to nurture any small response, channeling and enlarging it, and making it personally meaningful for the clients:

> Getting and grasping the energy to take the client from the evoked response into more continuous one. That's about the whole range of things, intuition and timing, and just being able to be a midwife to the energy. You don't want to kill it. Sometimes it's only a small thing but for you to nurture it, I suppose to channel it and enlarge it - that's what it's about! (Diane)

> We also make things individual for each client. After observing my music therapy work, a staff member commented, 'Yeah, you really personalise the song for the client.' (Gloria)

Transforming the clients' preferred songs to more personally meaningful songs by adding their names to the lyrics and building the familiar musical interactions while singing the same songs over time are the key aspects of the music therapy practice in this clinical area, which was also described and demonstrated by the RMTs in Lee's (2014) study.

In contrast, the participants working with adolescents and adults who have mental health issues in hospitals described how they tended to use a variety of song and music repertoire. They reported that sessions were relatively unstructured and

unpredictable, and they focused on working in the moment with their clients:

> I love the breadth of repertoire. Sometimes you find yourself smashing out tunes one after another. It appeals to the musician in me as well. (Dennis)

> I also like to be relatively unstructured and just be in the moment, authentic in the moment and that's what is needed in mental health. I have to explain to any student that I can't predict a single thing about the session. I can't plan or structure a session. This is quite stressful, but it does suit my personality, as I like to engage with people meaningfully in the moment, rather than follow rules and predictable structures. This means I can follow individual cues and allow music to lift that spark when people have not much spark. (Fiona)

These examples suggest the facilitation of music therapy sessions was different in terms of the focus of the session as well as the use of music repertoire. Table 2 summaries the differences between the participant groups.

The themes in Table 2 confirm earlier reflections about the perception and use of music in different life stages, since young people are described as very active, and the therapists offer space and support for creative activity. In terms of choosing song repertoire, children and adolescents enjoy in a broad range of song repertoire and explore different genres of music. This seems to reflect their personal stage of development where they explore the world more generally, trying to understand their environment and social context as a base from which to develop their identities. Thus the role of the therapist seems to be focused on following the active lead of the young person's engagement with music and guiding them to use it positively. In particular, in early childhood settings, the music therapist's role was described as modelling how to interact and build positive relationships between parents and children. The negative use of music by adolescents has been highlighted by (McFerran, 2016), and indicates that music therapists can involve monitoring and guiding them to use music for positive emotional well-being.

By contrast, most adults and older adults already display specific musical preferences and benefit from

Table 2.

Music Therapy Facilitation Styles with Different Groups of Clients

	Infants and children with various needs	**Adults with severe/profound disabilities**	**Adolescents and adults with mental health issues**
Planning of the sessions	Following the child's lead	Structured sessions but allowing flexibility within music-making processes	Unstructured and unpredictable sessions
Focus of the sessions	Family-centred around child	Interpersonal interactions	Being in the moment
Use of music repertoire	Use spontaneity and creativity in choosing repertoire	Use of clients' favourite songs repeatedly but personalise it	Use a variety of songs and music repertoire

the therapist validating and supporting their music choice. For example, the RMTs working with clients in mental health settings highlighted how acknowledging clients' preferred music is effective in establishing quick rapport and connections, as well as fostering meaningful relationships with clients who often have difficulties in social situations. By being in the moment with the clients, the participants observed the clients opening up their private world and discussing their "personal history, values, interests, hopes, and dreams", realising "unrecognised strengths and resources" for themselves, as reported by a participant in this study. The music therapists working with adults who have severe/profound disabilities explained their role as identifying clients' song preferences by offering choices and personalising the songs for their clients, while also building familiar musical interactions within the songs. The participants observed that opportunities to make choices and meaningful music was empowering for their clients.

These findings, taken together, resonated with elements of self-determination theory, revealing its usefulness as a framework to consider the RMTs' motivations and perceptions of the impact of their clinical practices on the well-being of clients and themselves.

Relevance to Self-Determination Theory

Many of the motivational elements described by participants in this study can be considered as intrinsically experienced motivation such as their personal belief in the power of music and preference for certain client groups. In line with the data presented, it seems that during clinical practice with various clients, participants assess clients' existing relationships with music and identify their required role in the therapeutic relationship. In order to maximise the therapeutic benefits for their clients, the therapists bring what they regard to be the most useful music therapy approaches and techniques, which may not align with their own musical preferences and beliefs.

For example, assisting therapeutic process seems to be a powerful extrinsic motivator for most participants, so when they work to be empathetic with their clients, an internalisation of autonomous extrinsic motivations occurs (Ryan & Deci, 2000). Indeed, some music therapists working with adults in the field of disability discussed their internalisation process by reflecting on their journey from being a music therapy student to qualifying as a therapist. In terms of personality, the participants' personalities were characterised as introverted when they started their clinical training, however they reported having learnt that to improve clients' well-being they needed to be an active music facilitator in a group situation. Consequently, it could be that over time, autonomous extrinsic motivation becomes internalised and the therapists start to believe that they love working with particular group of clients and this continues to motivate their ongoing practices. Self-determination becomes closely aligned with the self, as Gagné and Deci's (2005) argue.

Through their therapeutic practice, it could be suggested that the participants satisfy the three basic psychological needs outlined as being crucial to self-determination (Elliot, McGregor, & Thrash, 2002; Evans, 2015). When they achieve appropriate musical and therapeutic skills to work with their clients and observe the successful impact of their work, they feel competent, and endorsed in their actions. As identified in this study, the participants' positive emotions about their music therapy practice might be related to self-efficacy as well. In a similar way, investing in therapeutic relationships with their clients seems to fulfill their needs for relatedness, as the social and therapeutic environment provides the positive emotions and bonds with the clients to the therapists. Given that participants were motivated by their personal interests and values ascribed to music and therapy in general, their motivation for self-development and well-being seems to relate to autonomy. Accordingly, the social environment

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created in music therapy seems like an ideal motivator that stimulates their intrinsic motivations and internalisation of extrinsic motivations.

Conclusion

In the current study, 15 Australian RMTs working with different groups of clients in various settings discussed their motivations for ongoing clinical practice and the perceived well-being benefits of their work for both clients and themselves. Similarities were identified across the three different groups, however the music therapy approaches and techniques employed seemed to vary depending on the needs of each client group and their existing relationships with music. The findings related to participants' motivations reveal that the general approach to their work is intrinsically motivated and that each therapeutic relationship becomes a process of internalization, where they "identify" an appropriate role for themselves for the particular client and "integrate" themselves into the role. When the therapists observed positive impacts of their practices on clients, they also experienced well-being benefits and became further motivated to continue working as a therapist, specialising in particular clinical areas.

Although the one-hour group discussion was somewhat time-limited to answer the research questions, the group interviews yielded useful discussions among the RMTs who shared common clinical interests and expertise in particular clinical areas and who were keen to mention that they never find appropriate opportunity to share their experiences, thoughts, and feelings. Validation of their work and intellectual stimulation offered by other participants proved insightful for the RMT participants who became more aware of their motivations and practice in relation to their own personal well-being. Participants were intrigued by the research questions and many wished to find out more about the study.

Based on our experience with this study, we offer several recommendations for future study. First, in-depth case studies that describe good practices of RMTs across various settings provide useful knowledge to those interested in music therapy for particular clients as we found the subtle differences in general music therapy approaches and use of song repertoire across the different settings. Second, to understand more about RMTs' motivation across many client groups, conducting a survey study with many RMTs would be useful. Based on self-determination theory, investigating the issue of job satisfaction might be useful for on-going professional development of RMTs. Third, as RMTs' facilitation styles were different across the settings, an exploration of the facilitation styles of other music practitioners such as music teachers and community choir conductors who work with various groups of people would also be enlightening for those who plan to participate in different music groups.

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