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Defining Best Practices for the Development and Implementation of Music Therapist Verbal Processing Skills in Clinical Spaces

Rachel Quirbach
quirbach@lesley.edu

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Rachel M. Quirbach

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Dr. Jacelyn Biondo

Abstract

Though verbal processing is a key component within many music therapy sessions, the current body of music therapy literature does not provide substantial guidelines outlining how music therapists are to cultivate verbal counseling skills and integrate verbal processing with their practices. This thesis critically reviews existing music therapy literature to uncover and integrate ideas from the field regarding the positioning, clinical relevance, and training of music therapist verbal processing skills in clinical practice. Information concerning the uses of verbal processing in music therapy practice, the relationship between the modalities of music therapy and verbal counseling, and the interplay of theoretical orientation with clinical action are reviewed and synthesized. Themes that emerge through this process include: (1) the power of integrating verbal and musical processing modalities to optimize clinical efficacy; (2) the impact of therapist theoretical orientation on the positioning of verbal processing; (3) the importance of remaining within ethical and educational scope of practice introducing verbal processing in music therapy spaces; (4) the need for a standard definition of verbal processing in music therapy; and (5) the need for concrete verbal skills training in music therapy education. Through this examination, twenty-two verbal processing skills are identified, defined, and presented within four developmental categories: skills prior to speaking, skills to structure the session space, skills to guide, and skills to deepen the process. Further development of training and curriculum models for teaching music therapy students and professionals verbal processing skills is recommended.

Keywords: verbal processing, verbal skills, verbal discussion, verbal dialogue, therapist verbalization, music therapy

Author Identity Statement: The author is a White, straight-passing woman with training in both music therapy and verbal counseling.

Defining Best Practices for the Development and Implementation of Music Therapist Verbal Processing Skills in Clinical Spaces

Introduction

According to the list of professional competencies outlined by the American Music Therapy Association (2013), music therapists are to "utilize therapeutic verbal skills in music therapy sessions" (Standard C.13.5). Verbal processing is a skillset within the umbrella of "verbal skills" and specifically refers to therapist verbal expressions which "[facilitate] the therapeutic process during, and in response to, music making or music listening" (Nolan, 2005, p. 18). Though verbal processing skills may not be a cornerstone of all music therapy theoretical orientations or clinically relevant across all client populations, therapist verbal expression is vital to the facilitation of many music therapy experiences, including song discussion, lyric analysis, songwriting, improvisation, and guided relaxation (Amir, 1999; Gooding, 2017). Nolan (2005) identified two key needs verbal processing fulfills within the music therapy setting: it allows clients to "integrate non-verbal with verbal realms of experience" and "re-enter into the musical experience [with] new insights [and] a more developed therapeutic alliance" (p. 18). Despite their clinical value, the development of competent verbal skills is treated as secondary to the development of competent musical skills in music therapy training programs (Schwartz, 2019). One research study of master's-level music therapists ($N = 123$) found that the desire to expand knowledge of verbal processing techniques with the primary motivator of music therapists to seek out graduate-level education (Sevcik et al., 2017). In spite of this training gap, music therapists and music therapy students alike recognize the value therapist verbal expression holds in the music therapy space, and as such they continually request opportunities to develop and grow verbal skills (Gooding, 2017; Sevcik et al., 2017). However, there is no standardized

definition of what these verbal skills are, when they are to be utilized, and how they are to be administered (Gooding, 2017; Schwartz, 2019).

Throughout the current music therapy literature base, there is an intriguing theme of verbal processing being an entity defined by its capacity to guide the client back to a music-centered experience. Amir (1999) directly named this bias within the music therapy field, describing a need for music therapists to "prove that musical interventions are more meaningful and powerful than verbal interventions" (p. 173). As the founding professionals of the music therapy field fought to establish its validity, a spirit of defensiveness emerged where the modality of music was seen as the primary therapeutic factor, inherently superior to verbal discussion (Amir, 1999). This led to the formation of specific theoretical orientations within music therapy which continue to hold substantial power today in regards to publishing music therapy literature: psychodynamic music therapy, Nordoff-Robbins music therapy, and medical music therapy (Nolan, 2005). When music itself is seen as the full and complete container for the therapeutic experience, there is little need for verbal expression. As a result, the limited time for clinical skill development available in music therapy training programs may not be prioritized on verbal skills. Furthermore, ethical caution must be exercised when introducing the concept of verbal processing into the music therapy space. As professionals who may be certified for practice at an undergraduate level with little to no training in verbal processing, music therapists need to be cognizant of when verbal processing falls outside of their scope of practice (Gardstrom, 2001; Schuldt & Silverman, 2020; Schwartz, 2019). Incompetent verbal processing skills on the part of the untrained helping professional are not only gauche, they hold the potential to cause clients harm (Curran et al., 2019).

While the use of music itself makes music therapy a distinct and beautiful helping modality, the effective integration of verbal processing may support the overall music therapy experience for many clients (Amir, 1999; Bruscia, 2014; Nelligan & McCaffrey, 2020). Though verbal processing is a key component within many music therapy sessions, the current body of music therapy literature does not provide substantial guidelines outlining how music therapists are to cultivate verbal counseling skills and integrate verbal processing with their practices. The purpose of this thesis is to identify concrete verbal processing techniques, outline how these techniques may be used in conjunction with existing music therapy approaches, and create a foundation upon which open-access resources to elevate the use of verbal processing in music therapy may be created. This critical literature review thesis will begin with an exploration of the current music therapy literature connected with the core topic of verbal processing skills, address ethical considerations for the use of verbal processing within the music therapy scope of practice, outline how verbal processing skills may be used in conjunction with existing music therapy theoretical orientations, and identify specific verbal counseling skills that may be beneficial to clinical music therapy practices. Defining specific verbal processing skills and delineating how to integrate them with music-centered techniques through this thesis project will support music therapists in resourcing non-musical entities to expand best practice. By extension, clients will benefit through their engagement in music therapy sessions where musical and verbal components are organically, intentionally, and effectively integrated.

Literature Review

Integrating Verbal Processing Within Music Therapy Practice

Though the use of music itself makes music therapy a distinct helping modality, the use of verbal processing may support the overall music therapy experience for many clients (Amir,

1999; Nelligan & McCaffrey, 2020; Pitts & Silverman, 2015). Amir (1999) described musical and verbal interventions as "two different modes of experience and communication that complete each other" (p. 169). Similarly, Nelligan and McCaffrey (2020) emphasized the capacity of verbal and musical skills to elevate one another. Rather than being treated as separate, verbal processing and music therapy techniques may be integrated with one another in order for clients to sustain meaningful change (Pitts & Silverman, 2015). However, the intentional integration of verbal processing techniques within music therapy is not a pervasive practice in the music therapy field.

One of the first qualitative research studies in the music therapy literature which examined the definition, utilization, and integration of musical and verbal interventions in music therapy practice was published by Amir (1999). Amir (1999) conducted and recorded open-ended interviews with six experienced music therapists, transcribed the interviews verbatim, and performed a nine-step protocol analysis to identify overarching themes. All themes and protocols were reviewed by another researcher and sent to participants for corrections and comments. Peer debriefing, member checks, and "intensive contact with the phenomenon under study" were utilized to support credibility of research findings (Amir, 1999, p. 151). Amir (1999) identified fifteen themes on the function of musical and verbal interventions in music therapy practice, the therapist decision-making process, and the transition procedure from one to the other. Research findings were supported by a large number of participant quotes, though quotes on the positive applications of musical interventions far outweighed those of verbal interventions. This imbalance may have been influenced by the theoretical orientations of the research participants, all of whom were from music-centered perspectives (Amir, 1999). Amir (1999) also voiced their individual bias when conducting this research study: "it was very important for me to prove that

musical interventions are more meaningful and powerful than verbal interventions" (p. 173). Though Amir (1999) discussed the value of verbal and musical elements in music therapy practice, their research study did not give equitable voice to both.

Over two decades later, Nelligan and McCaffrey's (2020) qualitative research study (N = 3) explored the clinical use of verbal dialogue through the first-hand experiences of three music therapists and reflected a similar theme of music therapist hesitation toward the use of verbal processing. The researchers utilized purposive sampling to select research participants who were master's level clinicians, fully accredited, willing to participate in the research study, and consistent in their use of verbal dialogue within sessions (Nelligan & McCaffrey, 2020). The primary researcher conducted semi-structured interviews 25-35 minutes in length with each participant centered on their experiences with integrating verbal dialogue in music therapy practice (Nelligan & McCaffrey, 2020). Each interview was recorded, transcribed, and analyzed using a six-step procedure of thematic content analysis (Nelligan & McCaffrey, 2020). The researchers' content analysis unveiled four primary themes: "the content and function of verbal dialogue, the [impact] of verbal dialogue [on] professional ambiguity, returning to the music, and the dyadic relationship between verbal and musical exchange" (Nelligan & McCaffrey, 2020, p. 10). Validation strategies of reflexivity and peer debriefing were used to support credibility of research findings (Nelligan & McCaffrey, 2020). However, since a small participant pool of professionals with over ten years of clinical experience in adult mental health settings was interviewed, the self-reported comfortability with verbal dialogue skills in this study may not be echoed by newer professionals.

Similar music therapist hesitation and difficulty with competently integrating verbal processing skills within music therapy practice was captured in Pitts and Silverman's (2015)

quantitative research study, which examined the impact of verbal processing within recreational music therapy sessions on psychiatric clients' use of coping and leisure skills at discharge. Through the quasi-randomized controlled design, clients were assigned to a control condition where there was no verbal processing or an experimental condition where there was verbal processing (Pitts & Silverman, 2015). All clients were administered the Proactive Coping Scale during their first and last music therapy sessions, and mailed follow-up measures one month after discharge, though the researchers excluded the follow-up measures due to low completion rates (Pitts & Silverman, 2015). Mann-Whitney *U* and Pearson correlation tests were used to determine the validity and significance of research findings (Pitts & Silverman, 2015). The researchers found no statistically significant results, and concluded that the "effects of verbal processing are inconclusive and potentially negligible" (Pitts & Silverman, 2015, p. 191). However, due to the lack of consistency in music therapy session attendance, limited verbal processing experience of the primary investigator, and low sample size there was significant room for error (Pitts & Silverman, 2015). Furthermore, the verbal processing component was treated as separate from the music therapy game, rather than being integrated throughout each session (Pitts & Silverman). While the overall design of this research study was intriguing, its execution was flawed.

While the researchers discussed above emphasized the value of integrating verbal processing within the music therapy relationship, their respective studies did not capture such examples of music therapists competently doing so (Amir, 1999; Nelligan & McCaffrey, 2020; Pitts & Silverman, 2015). This does not appear to be a mere coincidence, but rather a byproduct of how the music therapy field itself was established and the resulting impact on music therapist training and continuing education initiatives.

Historical Considerations and Scope of Practice

The recognition of music therapy as a professional, valid, and evidence-based healthcare field in the United States has been and continues to be revered by many music therapists as a quasi-ephemeral state of being. As such, the positioning of verbal processing within music therapy practice runs parallel to the identity development of the music therapy field itself (Aigen & Hunter, 2018; Schwartz, 2019). Though differences in theoretical orientation breathe life into the innovation, diversity, and relevance of music therapy practice, they can also serve as chasms of clinical training (Aigen & Hunter, 2018; Matney, 2021). Prior to the reunification of the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT) into what is now known as the American Music Therapy Association (AMTA) in 1998, the "use of words and verbal skills in music therapy was one factor dividing music therapists into separate factions of practice" (Schwartz, 2019, p. 22). This ideological conflict also expands beyond the pervasive music as therapy and music in therapy debate (Gardstrom, 2001; Matney, 2021). One example of this divide under the umbrella of music-centered theoretical orientations is the difference between the Nordoff-Robbins and Analytical Music Therapy methodologies, where the former involves almost no verbalization at all in the music therapy space and the latter leans into verbal processing to crystallize music-centered experiences (Lindblad, 2016; Nolan, 2005; Schwartz, 2019). While some music therapy orientations view the use of verbal processing as a defense mechanism or treatment contraindication, others conceptualize verbal processing as an invaluable tool which empowers clients to integrate expression-based learnings into the cognitive realm of existence (Grocke & Wigram, 2007; Nolan, 2005; Short, 2013).

Though homogeneity in the use of verbalization within music therapy practice is by no means expected, competence is (AMTA, 2013). While the AMTA (2013) does not currently outline any specific professional competencies related to verbal processing itself, it does specify that music therapists must be competent in their use of verbal skills to structure, guide, and communicate in sessions. In their review of music therapy literature and the development of a microskills training model for music therapy students, Gooding (2017) emphasized that: "Communication is a fundamental component of music therapy practice, and verbal processing can be an effective tool to facilitate communication with clients, [caregivers], and colleagues" (p. 7). Verbal communication will be expected in many music therapy clinical contexts, and as such it is essential that music therapists are prepared to competently advocate for their clients, themselves, and the music therapy procession itself (Nolan, 2005; Polen et al., 2017; Schwartz, 2019).

At the same time, it is essential that all verbal processing facilitated by music therapists is done within their respective scope of practice (AMTA, 2013; Schwartz, 2019; Short, 2013). While the use of verbal processing may uplift the overall clinical experience, if done incompetently by the music therapist there is risk for harm, as there is with any psychotherapeutic allied health profession (Curran et al., 2019). In their meta-synthesis of qualitative research and therapy client testimony, Curran et al. (2019) identified many verbally expressed therapist behaviors which may lead to client harm, including blaming the client, violating professional boundaries, exerting excessive power and control, pathologizing the client, and not responding appropriately to client feedback of the therapeutic process. As a result of their research findings, Curran et al. (2019) recommended that therapists continually engage in appropriate training and supervision to support them in "ensuring the client's voice is enabled to

be heard" (p. 11). Since music therapy is presently a field which is certification-based rather than licensure-based, it is important that all verbal processing training for music therapists is within the appropriate scope of practice (Schwartz, 2019; Wheeler, 2016). With so much overlap in the type of mental health professionals resourcing verbal processing within their work – including psychotherapy, speech therapy, and social work – it is vital for music therapists to engage in verbal processing which is within their scope of practice (Grocke & Wigram, 2007; Schwartz, 2019). In addition to achieving the primary aim of upholding client safety and well-being, this mindful observation of ethical practice also supports the harmony of music therapy alongside a rich variety of other helping professions, rather than alienating it (Schwartz, 2019).

Transitioning from Music-Making to Verbalization

The primary positioning of verbal processing within the music therapy research has been the use of verbalization as a tool to go back to music-centered expression (Amir, 1999; Nolan, 2005; Schwartz, 2019). However, the literature reviewed not only unveils verbal processing as a resource to guide clients into a rich musical experience – it also emphasizes the value of music-making to elicit fruitful verbal dialogue (Chin et al., 2014; Krøier et al., 2021; Nolan, 2005).

In their research study on immigrants searching for fair employment, Chin et al. (2014) demonstrated that arts-based exploration can elicit richer language-oriented insights, especially for concepts difficult to describe with verbal language alone. Chin et al. (2014) explored the effects of language ideology on arts- and community-based research methods by articulating the nuances of the Canadian Experience (CE), a common employment barrier for skilled immigrants. The researchers created short vignettes about CE, presented them to immigrant-serving professionals in interviews and focus groups, and asked participants verbally describe the vignettes (Chin et al., 2014). This verbal process lacked the CE nuance the researchers sought,

and the research methodology was adapted to include a second arts-based research phase resourcing the tertiary researcher, an expert in democracy theater (Chin et al., 2014). Arts-based data were collected through seven theater-based focus groups with a total of 37 participants familiar with the Canadian job-seeking process (Chin et al., 2014). Many groups involved the theater technique of "creating a professional new immigrant and seasoned Canadian professional" (Chin et al., 2014, p. 264). Though Chin et al. (2014) wrote that other democracy theater techniques were used, no other techniques were described. Through dramatic dialoging, participants were able to "show" their experience at a more nuanced level compared to discussion alone, allowing for the themes of "lack of trust" and "lack of clarity" to be identified (Chin et al., 2014, p. 266). However, the extensive explanations of referential and pragmatic language ideologies in the written report eclipsed the social action accomplished.

In parallel with Chin et al.'s (2014) drama-informed approach, arts-based research on the relationship between artistic expression and verbal insight has also been reflected in the music therapy literature. Krøier et al.'s (2021) arts-based and phenomenological qualitative research study examined how "music therapists experience nonverbal interactions with persons with dementia" to cultivate verbal language to describe such experiences (p. 163). For the first phase of this study, six music therapists were placed into two focus groups and prompted to articulate their nonverbal experiences with clients through written descriptions, role play exercises, and open discussions (Krøier et al., 2021). The six total focus group sessions were recorded and analyzed using a seven-step phenomenological microanalysis to identify collective themes (Krøier et al., 2021). The member checking process with research participants then revealed that verbal language alone was insufficient to capture a nonverbal phenomenon (Krøier et al., 2021). In response, one final focus group was held, during which two participants musically improvised

on salient collective themes (Krøier et al., 2021). Findings from all seven focus group sessions were used to crystallize the final distilled essence and name five collective themes of the nonverbal session experience: "vitality, disciplined subjectivity, attunement, therapeutic presence, and validation" (Krøier et al., 2021, p.162). The six participants, though unfamiliar to one another, were not demographically diverse. All participants were White Danish women practicing from a psychodynamic perspective. In addition, the primary researcher was also a research participant, which may have biased the themes that surfaced within that focus group (Krøier et al., 2021).

While verbal processing is helpful to crystalize insight and awareness, improvisational music-making holds substantial power in bringing unconscious material to the surface (Nolan, 2005). Clients may feel safer in sessions playing with difficult thoughts, emotions, and experiences in music prior to transitioning into language-oriented exploration (Amir, 1999; Lindblad, 2016). The same concept holds weight for music therapists as well. Krøier et al. (2021) emphasized how music-making followed by verbal dialogue can empower music therapists to be more comfortable in describing their work through verbal language, an essential skill for professional collaboration and advocacy. This idea may be expanded into clinical supervision and professional development spaces, where improvisational music-making may be resourced prior to verbal exploration in order to make the verbal dialogue more thorough and comprehensive.

Situating Verbal Processing Within Music Therapy Theoretical Orientations

There is no single way in which verbal processing and musical experiencing need to be combined together to produce an effective therapeutic outcome. Bruscia (2014) outlined a triadic spectrum of these various combinations: "music can be the focus with verbal discourse as

facilitative; music and verbal discourse can be used in tandem; and verbal discourse can be the focus with music as facilitative" (p. 46). Through training in a variety of verbal processing techniques, music therapists can be empowered to integrate verbal and musical elements in a way that is reflexive and responsive to client needs in the here-and-now.

Despite the incorporation of terminology including therapist verbalization, verbal skills, verbal processing, verbal dialogue, verbal discussion, and others within this current music therapy literature base, there presently appear to be no specific guidelines on what therapist verbalizations look like in music therapy spaces (Gooding, 2017; Nolan, 2005; Schwartz, 2019). This presents a challenge for music therapy education and training on the topic of verbal processing, as there is no standardized definition of what verbal processing is or consistently named, specific verbal techniques that construct the overarching skillset of verbal processing (Gardstrom, 2001; Schwartz, 2019). Without these standardized definitions or terminology, there is no integrative model for music therapy students and professionals to learn and develop verbal processing skills. Though there is no current verbal processing training model applied across music therapy educational institutions, such a model in the future may be informed by the existing thought leadership on the positioning of verbal processing in music therapy. An examination of the music therapy literature related to theoretical orientation can in turn function as a helpful starting place to gather information on how a wide variety of music therapists frame the function of verbal processing within the music therapy relationship. This existing knowledge may then be utilized to find common ground which can be applied to education and training.

A music therapist's theoretical orientation informs the purpose of therapist verbalization in music therapy spaces, which in turn influences the level of verbal use and prevalence of discussions on therapist verbalization in the music therapy literature. Historically, the music

therapy literature on theoretical orientation was largely split, with music as therapy approaches in one camp and music in therapy approaches in another (Aigen & Hunter, 2018; Matney, 2021; Schwartz, 2019). However, as many of the prevalent music therapy models of old evolve into their more contemporary versions and adaptations, a phenomenon emerges: theories become closer to one another, blending and overlapping their ideas as they are influenced by other perspectives on clinical work (Bruscia, 2014; Matney, 2021). In the remainder of this section of the critical literature review, the perspectives pertaining to the incorporation of therapist verbalization within music therapy sessions of ten prevalent music therapy models will be explored. Note that this is not intended to be a thorough overview of the complexities of each theoretical model mentioned, as such an in-depth theoretical examination falls outside of the scope of this project. Readers are encouraged to review the writings of the respective authors cited for further information on the workings of each model discussed. Furthermore, this section is not intended to provide a comprehensive overview of every application of verbal processing within each theoretical orientation. Information was gathered from the literature available for review by this researcher and synthesized under consultation. Though the following theories selected do not cover all music therapy models, they are intended to reflect the theories which mention verbal processing within the present body of music therapy literature.

Psychodynamic Music Therapy

Verbal processing plays a key role in psychodynamic music therapy practice, with some psychodynamic music therapists valuing verbal processing as equal to or even more important than music-based expression (Kim, 2016; Letulė et al., 2018). This high level of regard for verbal processing within psychodynamic music therapy practice is supported by the advanced clinical training that is required for psychodynamic music therapists to engage clients in verbal

processing safely and comfortably (Kim, 2016; Letulė et al., 2018). Advanced training within this theoretical orientation is essential for music therapists to work with countertransference dynamics and support clients in processing unconscious material, both of which hold significant potential for harm if not competently supported (Kim, 2016).

Within psychodynamic music therapy, music therapists guide clients through the process of playing out the patterns of their relational dynamics in the music and work through any dysfunctional relational patterns both musically and verbally as clinically appropriate (Kim, 2016). Some relational patterns may originate "from early childhood where verbal communication is not relevant," in which case patterns may more readily surface in the music-making prior to verbal language, as the modality of music accesses preverbal experiences (Kim, 2016, para. 20). Other relational patterns may be more readily accessed by verbal means, and then deepened through the improvisational music-making experience (Kim, 2016). Due to the innumerable ways in which relationship dysfunction may surface throughout the lifespan, it is imperative that psychodynamic music therapists are required to have "a high degree of flexibility and willingness for spontaneous action [while balancing] between presence and restraint" (Smetana, 2017, as cited in Letulė et al., 2018, p. 461). In this light, verbal processing is another medium through which music therapists may support clients in exploring their unconscious material and resolving counterproductive ways of relating to others.

Vocal Psychotherapy

Within the literature on vocal psychotherapy, verbal processing takes two forms: a nonmusical, discussion-oriented one and a lyrical, singing-oriented one (Austin, 2001; Monti & Austin, 2018). Austin (2001) found the combination of verbal processing and improvised vocalization to be particularly effective when "working with the unresolved traumas of

childhood" (p. 23). Similar to the ideas on preverbal language discussed in the psychodynamic section of this paper, Austin (2001) theorized that childhood wounds may have occurred in the pre-verbal stages of development, making non-lyrical vocalizing a powerful tool for activating the unconscious and working toward a state of healing.

As a method which directly seeks to access a client's unconscious material, vocal psychotherapy requires extensive training and education so the music therapist may fully and safely resource their countertransference dynamics to be fully present with the client throughout their vocal exploration (Monti & Austin, 2018). Within this level of presence, it is essential that the music therapist is reflexive in meeting a client where they are at moment to moment, as the perception of one's safety when exploring unconscious material can rapidly shift (Austin, 2001). Austin (2001) captured the spectrum of how clients may access the vocal psychotherapy experience initially:

> [Some] clients will initially feel safer using words and may experience vocal sounds as more regressive and associated with loss of control. Other clients may feel less exposed in the more open realm of non-verbal singing because words are more specific and definitive. (p. 25)

Within vocal improvisation, the music therapist may contribute to the "musical stream of consciousness by making active verbal and musical interventions" through their own singing (Austin, 2001, p. 28). Following a non-lyrical free vocal improvisation, verbal processing in the form of verbal discussion can help the music therapist gather information about the client's experience during the music-making (Austin, 2001).

While the technique of vocal holding involves non-verbal vocalization, the vocal psychotherapy technique of free associative singing incorporates language within the

improvisation experience in the form of lyrical singing (Monti & Austin, 2018). Similar to the verbal techniques of repeating and reflecting from verbal counseling literature, another researched vocal psychotherapy technique is vocal dialoguing, in which the music therapist can use the pronoun "I" to echo and mindfully interpret the client's process (Monti & Austin, 2018). The incorporation of lyrics into singing experiences is in turn viewed as a type of verbal processing with a twofold benefit. First, the use of language adds specificity to the client's experience, deepening and continuing the therapy process (Monti & Austin, 2018). Second, the action of singing words, rather than speaking them in verbal discussion, helps circumvent resistance that may arise in verbal discussion (Austin, 2001; Monti & Austin, 2018). Verbal processing may also be used to guide the therapeutic process in a way that is accessible, approachable, and safe for the vocal psychotherapy client.

Analytical Music Therapy

In Analytical Music Therapy (AMT) theory, music-based expression and verbal processing are treated as equitable, valuable modalities which together support therapeutic exploration and resolution (Kim, 2021; Shelley et al., 2021). Within AMT practice, clients are guided through the process of musical improvisation to explore their inner life, and following the music-based experience are invited to share their reactions verbally (Kim, 2021). In this context, verbal processing is particularly relevant in making sense of the music-experience and catalyzing further music-based exploration (Priestley, 2012; Shelley et al., 2021). Verbal processing within AMT may take the form of a client being prompted to give their improvisation a title, verbally describe salient motifs within their improvisation, and identify potential symbolism surfaced within the musical improvisation (Shelley et al., 2021).

Within the literature reviewed on AMT, a salient theme observed was that of the method being an advanced technique which requires further training beyond that granted by the national music therapy board certification (Priestley, 2012; Shelley et al., 2021). Analytical music therapists are implored to act within their scope of practice, and only guide both verbal and musical processing to a depth within their level of training and competence. As part of this advanced training, self-experience is essential (Shelley et al., 2021). This gives the analytical music therapist a greater understanding of the model itself and thus a higher capacity to empathically guide clients through the process of interpreting symbolism discovered in the unconscious without it being tainted by countertransference dynamics (Priestley, 2012). As the person in the position of power, analytical music therapists need to identify and work through countertransference both verbally and musically in order to make clinical decisions which are in the best interest of the client (Kim, 2021). Priestley (2012) also warned analytical music therapists to be aware that music-making and verbal engagement can appear as forms of resistance to one another, both for the client and for the therapist. The analytical music therapist needs to be finely attuned to these dynamics, aware whether they or the client are "using words as a way of avoiding music, or music as a way of hiding from interpretation and discussion" (Priestley, 2012, p. 107). This attunement must then be acted upon in the form of working through and switching between musical and verbal modalities as clinically needed.

Guided Imagery and Music

A defining factor of Guided Imagery and Music (GIM) is the foundational valuing of music itself as the primary therapist and, in turn, transformative agent (Beck, 2019). In particular, the experience of guided deep music listening is "therapeutically transformative and complete in, of, and by itself, independent of any insights gained through verbal exchange"

(Bruscia, 1998, as cited in Trondalen, 2016, p. 10). Similarly, participants of GIM sessions have identified that it can be difficult to fully capture the full breadth of the insights gained through the deep music listening experience through verbal language alone (Beck, 2019).

Though clients who experience GIM will likely continue to identify music listening as the primary vehicle for healing and insight, verbal processing still holds a place within this theoretical model. Throughout the five stages of GIM, therapist verbalization is used to guide the client experience (Beck, 2019; Goldberg, 1995; Trondalen, 2016). In the first stage, termed the "prelude", the therapist uses verbal language to open the section and support the client in finding the focus for the music listening experience (Trondalen, 2016). Then, the therapist guides to client to an altered state of consciousness with relaxation or imagery, after which the main music-listening portion of the session experience begins (Beck, 2019; Trondalen, 2016). While the client is immersed in the music listening and open to spontaneous inner imagery, they also engage in an ongoing dialogue with the therapist to safely sustain their exploration (Beck, 2019; Trondalen, 2016). Throughout this stage, verbalizations often serve a supportive function and are communicated through "small sounds of affirmation," gentle check-ins on the "intensity of the experience," and gentle reflections (Beck, 2019, p. 49; Shelley et al., 2021). Note that this dialoguing between therapist and client is not included in group adaptions of this method, such as Music and Imagery (Beck, 2019; Summer, 2020). Following the deep music-listening stage, the therapist guides the client back to a normative level of consciousness through verbal guidance and the invitation to create a mandala painting (Beck, 2019; Trondalen, 2016). Then, in the final stage, termed the postlude, the client and therapist engage in verbal discussion in order to integrate the client's experience within a conscious level of awareness (Beck, 2019).

Within the postlude stage, verbal processing helps clients connect their inner music-based experiences with their external lives moving forward from the session experience. For example, in response to a client reporting on their music listening experience, a GIM therapist may invite the client to share further about how they were feeling going down a particular path and what particular symbols evoked in the imagery could mean or symbolize (Shelley et al., 2021). Though many GIM participants have commented on the value of music itself as the primary change agent, there are also documented comments from participants regarding the positive benefits of the verbal exchanges between client and therapist at the end of the session (Trondalen, 2016).

Similar to AMT, the GIM method is one that requires a high level of advanced training and self-experience to conduct competently and ethically (Beck, 2019; Goldberg, 1995; Trondalen, 2016). Though such advanced verbal and musical processing of unconscious material may not be appropriate for a new music therapy professional or music therapy trainee, the GIM theoretical orientation uncovers the value of affirmation and clear guidance as key verbal processing skills for music therapists at all levels of practice.

Resource-Oriented Music Therapy

Verbal processing is named as an essential component of Resource-Oriented Music Therapy (R-oMT) practice (Rolvsjord, 2010). Rolvsjord (2010) specified "talking about the music and about the musical interplay" as a key therapeutic principle of R-oMT, and highlighted the technique of verbal reflection (p. 209). Within this theoretical orientation, verbal reflections and explorations by the music therapist may precede, follow, or interweave with music-based experiences such as song discussion, group lyric analysis, and improvisation (Rolvsjord, 2010; Trondalen, 2016). Verbal processing within the R-oMT model empowers clients to

"contextualize, develop and interpret [their] musical journey" (Trondalen, 2016, p. 8). Music therapists may guide clients toward this level of integration by inviting clients to explore the musical elements, the emotions evoked by the music, the content of lyrics, and the client's present resourcing of music in their day-to-day life experience (Rolvsjord, 2010). By incorporating verbal techniques of silence, encouraging clients to sustain the music-based process, and reflecting, resource-oriented music therapists guide clients toward more clearly identifying their resources, strengths, and hopes (Trondalen, 2016). However, resource-oriented music therapists are not to dwell in exploration of client's problems or conflicts, as over-emphasizing a client's struggles may detract from the client's self-perceived ability to access their resources (Trondalen, 2016). Furthermore, verbalization is strictly viewed as equal to, not more important than, music-based experience and interaction (Rolvsjord, 2010). This is a key concept where Rolvsjord (2010) differentiated the use of verbal interaction in music therapy from the practice of verbal therapy, indicating the importance of music therapists being cognizant of their scope of practice and training.

Nordoff-Robbins Music Therapy/Creative Music Therapy

In Nordoff-Robbins Music Therapy (NRMT), also known as Creative Music Therapy (CMT), music-based experiencing is placed in a superior position to verbal processing. Aigen (2014) captured this idea, writing: "musicing is a unique way of knowing, based on its own epistemology, not reducible to verbal formalizations" (p. 21). Music therapists practicing from the purest form of this theoretical orientation would incorporate little to no spoken language in their sessions at all, as music-based guidance by the therapist is conceived as a means of empowering the client to have agency (Aigen, 2014). For example, the music therapist may sing their directives to clients or use music-based cues to guide the client toward engaging in a

specific musical behavior (Aigen, 2014). Whereas verbal interventions might instantly raise client resistance, music itself is intrinsically motivating (Aigen, 2014; Nolan, 2005). By replacing verbal cues with musical ones, such as rhythmic patterns, clients are encouraged to sustain active engagement in the session space (Aigen, 2014). Though verbal interaction is viewed as an essential experience connected with being human, verbalization within the music therapy space is positioned as detracting from the active music-making experience (Aigen, 2014; Nolan, 2005). When evaluating the framing of verbal processing within this theoretical orientation, it is important to remember that NRMT/CMT was born from clinical work with clients who by and large did not have access to verbal language. As such, it is understandable and clinically viable that verbal processing would be positioned as a suboptimal method for client engagement.

Neurologic Music Therapy

Within the Neurologic Music Therapy (NMT) approach, music itself is seen as the primary change agent due to its functioning as a "biological language whose structural elements, sensory attributes, and expressive qualities engage the human comprehensively and in a complex manner" (Thaut et al., 2014, p. 6). The twenty standardized techniques which presently comprise the NMT method have been validated through rigorous scientific research, which has indicated their specific impacts on the injured human brain (Thaut et al., 2014). Since musical elements themselves activate brain activity and achieve neurorehabilitation, neurologic music therapists look to the neurobiological impacts of music perception itself prior to considering other therapeutic concepts, like social identity or symbolic meaning (Thaut et al., 2014). In turn, verbal processing is only incorporated into practice as is clinically relevant and appropriate to help clients recover executive functions and relate their musical experience to their immediate

clinical goals and objectives (Pfeiffer & Sabe, 2015; Roth, 2014). For example, verbal discussion may be incorporated following interpersonal musical improvisation, composition, or songwriting to help clients move toward normative social functioning (Pfeiffer & Sabe, 2015). In addition, the neurologic music therapist may incorporate verbal guidance and direction to support clients' full participation in a guided music listening, composition, performance, or improvisation experience (Wheeler, 2014). The technique titled "music in psychosocial training and counseling" is the only identified practice in NMT which focuses specifically on verbal processing, and is strictly not to be used to explore material beyond the therapist's training or the client's cognitive functioning (Thaut, 2014, p. 6; Wheeler, 2014). Though verbal discussion can function as a source of repetition and behavior practice in addition to the music-based experience, it is not a primary technique discussed within the NMT literature (Wheeler, 2014).

Cognitive Behavioral Music Therapy

From a Cognitive Behavioral Music Therapy (CBMT) theoretical perspective, music-making does not inherently transfer into meaning-making (Hakvoort & Bogaerts, 2013; Keith Botello & Krout, 2008). In turn, verbal processing is positioned as the bridge between music-inspired learnings and clear, actionable behavior change (Hakvoort & Bogaerts, 2013; Keith Botello & Krout, 2008). During CBMT sessions, clients may engage in a variety of music-based activities including active music-making, improvisation, song discussion, and songwriting in order to access thoughts and feelings which may not be readily accessible or expressible by verbal language (Keith Botello & Krout, 2008). Music therapy experiences focus on engaging clients in the here-and-now, and as such the music therapist may use verbal techniques to guide the client through the session experience, support the client's emotional regulation during music-making, and positively reinforce desired behavior (Hakvoort & Bogaerts, 2013).

Following a music-based experience, the music therapist may engage the client in verbal discussion to allow for an intentional transfer of music-based insights into cognitive awareness (Hakvoort & Bogaerts, 2013; Keith Botello & Krout, 2008). With this cognitive awareness, clients are able to better remember their insights from music therapy sessions and make meaningful, observable change in their lives (Keith Botello & Krout, 2008). Cognitive behavioral music therapists may also assign clients homework to encourage further repetition of skill practice outside of the session experience (Hakvoort & Bogaerts, 2013).

Community Music Therapy

In Community Music Therapy (CoMT), the individual client is perceived from a holistic lens and framed within the context of their community system and environment (Ansdell, 2005; Thomas, 2020). Verbal communication and processing is prevalent in the CoMT literature, as verbal expression is often required to engage community members, coordinate community-centered initiatives, and meet community needs (Ansdell, 2005; Thomas, 2020). For example, verbal discussion may be required to identify musical preferences, administer surveys, finalize community performance logistics, create a recorded musical product, and write songs (Thomas, 2020). Within the session space, clients utilize verbal discussion to give one another feedback and engage in interpersonal learning (Ansdell, 2005). For example, clients may engage in a group songwriting activity in which each member contributes a verse based on their own experience. When hearing the final composition, and the act of witnessing other clients' life narratives provides validation and normalization of individual experiences (Thomas, 2020). In addition, verbal engagement may be an indicator of group cohesion, with increased spontaneous and vulnerable client verbal expression indicating increased group cohesion, community identity, and individual empowerment (Ansdell, 2005; Thomas, 2020). By verbalizing their ideas and

experiences, clients are able to share with one another who they are and in turn strengthen their self-concept, pride, and identity (Thomas, 2020).

From a CoMT lens, it is essential to note that the value ascribed to verbally expressed contributions is impacted by cultural norms (Kimura & Nishimoto, 2017). As such, clients from different cultural backgrounds may feel varying levels of need to verbally express themselves in session with varying degrees of therapist prompting. Kimura and Nishimoto (2017) captured this concept in their comparison of high-context and low-context cultures, where in the former "meanings often do not have to be stated verbally" and in the latter "the verbal message contains most of the information" (p. 13). In order to centralize the voices of clients within CoMT work, it is essential that the music therapist notice how clients respond to invitations for verbal processing and adjust their approach reflexively (Kimura & Nishimoto, 2017; Thomas, 2020).

Music Therapy as Multiplicity

Music therapy is a continually evolving field. As music therapists continue to work with a greater spectrum of clients in an ever-growing variety of clinical settings, the theoretical lenses through which we frame our work need to evolve. Matney (2021) introduced the idea of "music therapy as multiplicity" as a theoretical concept to frame the ongoing development of contemporary music therapy practice, as the current body of music therapy theoretical orientations and models "have been valuable, but do not encompass the entirety of current and future practices/practitioners" (p. 3). As the field of music therapy continues to gain experience and hold space for a multitude of voices within the field, theoretical orientations will in turn change (Matney, 2021). Music therapy theories are informed by clinical context, consisting of three parts: the context of client(s), the context of therapist(s), and the context of the clinical environment (Matney, 2021). For example, client-specific considerations may include client

needs and preferences, therapist-specific considerations may include past clinical experiences and level of experience, and environmental considerations may include familial expectations and resources available (Matney, 2021). The ongoing intersection of these three contexts organically results in adaptation, evolution, and transformation of music therapy theoretical techniques – true to the foundational iso principle in music therapy of meeting clients where they are.

Furthermore, the continuing development of music therapy theoretical orientations is a sign of their health and vital to their longevity. Aigen (2020, as cited in Kim, 2021) captured this thought in writing:

> The only way you keep a model alive is letting it transform; otherwise, it becomes a museum piece and dies. The only way a model survives is by allowing it to change. So, the secret is learning how to guide the evolution of a model in a way that is continuous with what came in the model before. (p. 229)

One example of such transformation includes Summer's (2012) creation of the Music and Imagery Continuum Model, which combines Wheeler's (1983) Levels of Practice and Bonny's (2002) Guided Music and Imagery models. When music therapy is viewed as multiplicity, each theoretical orientation "has the capacity to affect and be affected by the others", launching innovation of the field to meet the ever-changing needs of music therapy clients (Matney, 2021, p. 11). Allowing for this evolution requires an active practice of decentering throughout the field, where practitioners and theorists alike let go of the traditional focal point from their theoretical orientation in order to allow for nonlinear thinking, new types of inclusivity, and a curious "what if" approach (Matney, 2021, p. 21). As the music therapy field moves further into contemporary practices and integrations of the above-reviewed music therapy theoretical orientations, multiplicity will present itself in the form of blended theoretical practices within music therapy

clinical practice. In turn, this will likely impact the framing and practice of verbal processing skills within contemporary music therapy practice.

Summary

From Psychodynamic Music Therapy to CBMT, verbal processing is mentioned throughout the existing music therapy theoretical literature. In light of the theoretical literature reviewed, verbal processing has found its way into a variety of music therapy clinical contexts: session introductions, agenda-setting, the discovery of client demographic information and preferred music, prior to music-making, during music-making, after music-making, verbal discussion of music-based insights, and session closings. Table 1 outlines a summation of core ideas on the integration of verbal processing in music therapy conveyed in the literature reviewed for each music therapy theoretical orientation.

As a clinical technique, verbal processing is both context- and competence-dependent. The more access clients have to verbalization and abstract reasoning, the more clinically relevant verbal processing becomes. In turn, the deeper verbal processing goes, the more advanced training is required by the music therapist. Though not all uses of verbal processing mentioned in the above-reviewed theoretical orientations will be appropriate for new music therapy processionals to practice, the literature has made clear that verbal processing has a valuable position across music therapy practice. As such, the need to train music therapists on base-level verbal processing skills which can be applied and integrated within a multitude of music therapy theoretical orientations is vital.

Identifying Core Verbal Processing Skills

In order to continue to further music therapy education and training, specific verbal processing skills must be identified, defined, exemplified, and incorporated into music therapy

Table 1

Music Therapy Theoretical Positioning of Verbal Processing

Theoretical Orientation	Core Ideas on the Integration of Verbal Processing
Analytical Music Therapy (AMT)	Musical and verbal processing are equally important for a client's emotional investigation and growth process (Kim, 2021; Priestley, 2012). Verbal processing and music-making can function as forms of resistance to one another (Priestley, 2012).
Cognitive Behavioral Music Therapy (CBMT)	Verbal discussion allows for the transfer of music experience-based learnings into cognitive awareness and, in turn, meaningful behavioral change (Hakvoort & Bogaerts, 2013; Keith Botello & Krout, 2008). Verbal discussion may be used within session to support positive behavior reinforcement and emotional regulation in the here-and-now (Hakvoort & Bogaerts, 2013).
Community Music Therapy (CoMT)	Client verbal expressions function as a barometer of group cohesion and individual empowerment (Ansdell, 2005; Thomas, 2020). The relevance, purpose, and function of verbal processing is culture- and context-dependent (Ansdell, 2005; Kimura & Nishimoto, 2017).
Guided Imagery and Music (GIM)	Music listening itself is the transformative agent of the therapeutic process. Verbal guiding by the music therapist supports the client's continued, safe engagement in this process (Beck, 2019). Verbal processing after the guided imagery experience helps client make connections between their inner music-based experience and their outer, everyday lives (Trondalen, 2016).
Neurologic Music Therapy (NMT)	Verbal processing of a music-based experience is not essential, though it may help clients more readily connect their music-based experience to non-musical applications of learned behavior (Pfeiffer & Sabe, 2016; Roth, 2016).

Theoretical Orientation	Core Ideas on the Integration of Verbal Processing
Neurologic Music Therapy (NMT) cont.	The combination of music-making and verbal discussion can support learning and practice of desired rehabilitative behaviors (Thaut et al., 2016; Wheeler, 2016).
Nordoff-Robbins Music Therapy/ Creative Music Therapy (NRMT/CMT)	The nuanced level of knowing that is attained in music-making is not fully captured by verbalization alone (Aigen, 2014; Nolan, 2005). Verbal directives by the music therapist may elicit unnecessary resistance from the client, lowering engagement in the session experience (Aigen, 2014).
Psychodynamic Music Therapy	In order to help clients process and work through unconscious material, music therapists must be able to respond musically and verbally where clinically appropriate (Kim, 2016). Verbal and musical reflexivity and spontaneity are essential in order to support client needs in the moment (Letulė et al., 2018).
Resource-Oriented Music Therapy (R-oMT)	Verbal processing is an essential component of the music therapy experience (Rolvsjord, 2010). Verbal processing preceding, during, and following a music-therapy experience is to highlight clients' strengths, resources, and potentials rather than their problems and conflicts (Trondalen, 2016).
Vocal Psychotherapy	The combination of singing and verbal processing can be an effective medium for healing, especially when working with clients who have experienced trauma (Austin, 2001). The use of lyrics in free associative singing may be framed as a concurrent musical and verbal processing experience (Monti & Austin, 2018).

practice. Though there is no standardized set of verbal processing skills for music therapists, two research studies have examined the prevalence of various music therapist verbalizations in clinical practice (Lindblad, 2016; Wolfe et al., 1998).

In their qualitative naturalistic study ($N = 1$) of the verbalizations expressed by an experienced music therapist over the course of twelve group music therapy sessions, Wolfe et al. (1998) sought to uncover the frequency of specific music therapist verbalizations in clinical practice. The researchers delineated music therapist verbalizations into three categories to frame their content analysis: (1) continuing responses, which included supportive vocal sounds, reflection of content, and reflection of meaning; (2) leading responses, which included influencing and reinforcing responses, advice giving, and asking questions; and (3) other, which included instruction, explanation, self-disclosure, opening, and closure (Wolfe et al., 1998). Through their content analysis, Wolfe et al. (1998) determined that the most prevalent therapist verbalizations were questions (28%), influencing and reinforcing responses (15%), and supportive vocal sounds (11%). In the second part of their study, Wolfe et al. (1998) reexamined the data from the first part of the summary, focusing on therapist verbalizations specifically related to the music experience. This secondary content analysis revealed questions and directives as the most frequent (41%), followed by paraphrasing and clarifying (22%), personal reactions and observations (16%), and reinforcement (12%). In light of their data, Wolfe et al. (1998) suggested that music therapists receive training on verbalizations which focus on the music experience itself, while keeping in mind the importance of reflexivity, as it is impossible to anticipate "every response to verbalizations that may occur" (p. 19).

Another study which examined the use and purpose of music therapist verbal dialogue in clinical practice was conducted by Lindblad (2016). This qualitative exploratory study ($N = 3$) rooted in hermeneutics examined three psychodynamic music therapists with over 15 years of clinical experience as they conducted a single individual music therapy session (Lindblad, 2016). Through data analysis of the session recordings and interview scripts using the hermeneutic

circle, Lindblad (2016) identified three functions of verbal techniques: to establish therapeutic trust, to deepen the here-and-now experience, and to clarify the client's experience. Specific verbal techniques used which carried out these purposes included questions, commenting phrases, educational comments, silence, rephrasing, symbolic language, interpretations, and dialogue about musical content (Lindblad, 2016). In addition to highlighting how these verbal techniques helped music therapists guide the session process, Lindblad (2016) noted that clients too benefited from verbal dialogue, as it helped them "process their musical experience, to understand it better, and give it meaning" (Paulander, 2011, as cited in Lindblad, 2016, p. 2). Though the sample size was relatively small, this research study voiced the clinical purpose of music therapist verbalization and named specific verbal techniques used by the research participants.

Naming and defining specific verbal processing techniques relevant for music therapy practice is helpful, but it is not a panacea. All verbal processing techniques must be practiced at a competent level within the context of an attuned therapeutic alliance in order to be significant in clinical context (Gaume et al., 2021; Masías et al., 2015). In their quantitative research study on the impact of technical and relational Motivational Interviewing (MI) skills on behavior change, Gaume et al. (2021) discovered that the combination of low relational scores and high use of basic MI techniques increased participant sustain talk and drinking behaviors (Gaume et al., 2021). Research results also indicated that the combination of high relational scores and high use of advanced MI techniques reduced participant sustain talk and drinking behaviors (Gaume et al., 2021). Though the research participants were highly ambivalent and only engaged in a single brief MI session, these findings reveal the need for high-level training in the nuances of verbal processing skills to encourage favorable treatment outcomes. Impactful, ethical verbal processing

is more than human nature – it is the result of intentional clinical decision-making, informed by extensive training, supervision, and clinical work (Masías et al., 2015).

In addition to the music therapy researchers who have examined the usage of specific verbal processing skills used in clinical practice, there are other music therapy professionals who have specified verbal processing skills relevant to their clinical work, often within a developmental framework (Borczon, 2017; Grocke & Wigram, 2007; Lindblad, 2016; Nolan, 2005; Polen et al., 2017; Wolfe et al., 1998). This developmental integration of verbal processing techniques in the music therapy literature appears to take two conceptual shapes: one centered on client functioning and another centered on music therapist training.

In their models of music therapy levels of practice, Wheeler (1983, 1987), Summer (2012), and Bruscia (2014) frame verbal processing skills in accordance with levels of client functioning. In one of the first classifications of music therapy practice levels, Wheeler (1983, 1987) ascribed three levels to support music therapists in selecting activities that are appropriate for clients' goals, diagnoses, and level of functioning. At the activity level, verbalization is used to support the immediate music therapy experience, not to discuss the emotional content evoked (Wheeler, 1983). At the re-educative level, music-based experiencing is viewed as a catalyst for verbal processing, which in turn facilitates client insight and behavioral change (Wheeler, 1983). Finally, at the reconstructive level, verbalization is used to support the client in achieving insight into largely unconscious material (Wheeler, 1983, 1987). At this advanced level of practice, the music therapist may use verbal processing to bring music-oriented insights into conscious awareness (Wheeler, 1983).

Summer (2012, 2020) adapted the Wheeler (1983, 1987) levels of practice to receptive music therapy in her Music and Imagery Continuum, a developmental approach comprising of

three levels. At the supportive level, the music therapist may use verbalizations to support the client through their music listening experience and help the client gain emotional resilience by becoming more aware of their inner resources (Summer, 2016, 2020). At the re-educative level, the music therapist may use verbalizations to guide clients through the process of more clearly understanding their lived experiences and patterns of behavior in order to make targeted behavioral change (Summer, 2016, 2020). At the final reconstructive level, the music therapist may use verbal processing to help the client achieve transformational change (Summer, 2016).

In his conceptualization of the music therapy levels of practice, Bruscia (2014) added an additional level and provided alternate language to describe each tier of music therapy practice, resulting in the following four levels of practice. At the auxiliary level, the music therapist is technically not providing therapy, but rather using music in a helpful way to support well-being (Bruscia, 2014). At this level, the music therapist may use verbalizations to direct and inform the client (Bruscia, 2014; Schwartz, 2019). For example, the music therapist may give instructions during music lessons, provide information on how to use music as a coping tool to support relaxation, or to coordinate a community performance (Bruscia, 2014). At the augmentative level, the music therapist may use verbalizations to guide the music experience, note responses to music-making, focus attention toward the music, and provide psychoeducation in order to promote the client's use of music to support health in the here-and-now (Bruscia, 2014). Within the intensive level, the music therapist with advanced training may use verbal processing with music-making to help support a client's health needs directly (Bruscia, 2014). Finally, at the primary level, the master's-level music therapist may use their advanced training to help a client explore unconscious material evoked in the music experience (Bruscia, 2014).

Rather than frame verbalization in conjunction with a level of music therapy practice, Gooding (2017) and Schwartz (2019) created models to help music therapists conceptualize verbal skills themselves developmentally. Gooding (2017) adapted the counseling microskills model for music therapy practice in order to provide an economical, clear, and hierarchical model for verbal skills training. Built upon a foundation of multicultural competence and ethical practice, Gooding (2017) outlined a four-phase model. In the first phase, the music therapist begins the process of learning how to speak by learning how to listen and convey attentive therapeutic presence (Gooding, 2017). From there, the music therapist learns verbal skills to guide structured music therapy experiences such as lyric analysis and song discussion (Gooding, 2017). After the basic listening skills have been learned and practiced, Gooding (2017) then recommended music therapists learn verbal influencing skills in conjunction with music therapy experience facilitation to achieve more in-depth processing. In the final phase of training, music therapists are to practice integrating the full set of verbal techniques learned into their own theoretical orientation, methodological approach, and personal style (Gooding, 2017).

Schwartz (2019) also developed a four-phase model of music therapist verbal skill development in which each skillset phase may be used across client demographic and diagnosis. Within this Verbal Skills Basics for Music Therapists model, Schwartz (2019) highlighted the importance of the music therapist being mindful of the client's ability to "understand and use spoken language" first, and determining communicative intent prior to speaking (p. 53). Schwartz (2019) outlined four developmental categories of music therapist verbalizations. In verbal framing, nonreciprocal therapist verbalizations are used to structure the therapeutic space (Schwartz, 2019). Verbal exchanges signal the start of reciprocal communication between therapist and client, and include information exchange, role-setting, and coordinating the session

space (Schwartz, 2019). Therapist and client verbalizations take on increased clinical significance at the verbal interactions level, where discussion in conjunction with the music experience is used to achieve insight and learning (Schwartz, 2019). At this level, the music therapist may use verbal skills to connect client responses with meaning (Schwartz, 2019). Verbal processing is most prevalent at the final verbal interventions level, where "words and spoken language are used as the primary agent of change by both the therapist and client" (Schwartz, 2019, p. 94). At this level, the music therapist with advanced training may use verbal techniques to support the client in processing conscious and unconscious material and discovering insight (Schwartz, 2019).

These theoretical and educational models indicate the value of categorization in positioning verbal processing skills within music therapy practice. Table 2 provides a summary of the verbal processing skills aligned with each level of the above models reviewed. In the next section, verbal processing skills identified within the literature reviewed will be presented in developmental order. Throughout the remainder of this paper, language for each verbal processing skill identified has been standardized via author discretion under consultation due to the current unavailability of standardized language to refer to the verbal processing skills within the literature reviewed. Readers are referred to Schwartz (2019) for a thorough, specific outline of foundational verbal skills; including verbal framing, verbal exchanges, and verbal interactions; as they fall outside of the scope of this research paper.

Verbal Processing Skills to Set the Foundation for Speaking

In order for verbal communication to be effective in any context, it must be built upon a foundation of supportive nonverbal communication and attentiveness (Borczon, 2017; Grocke & Wigram, 2007; Lindblad, 2017). Just as a music-based interaction involves positioning, eye

Table 2

Comparison of Verbal Skills Education and Training Models

Training Model	Levels of Verbal Skills Development			
	1	2	3	4
Three Levels of Music Therapy Practice (Wheeler, 1983)	Music Therapy as an Activity Therapy (i.e. giving information, giving advice, supporting, encouraging)	Insight Music Therapy with Re-educative Goals (i.e. challenging, exploring here-and-now behavior, discussing musically evoked emotions)	Insight Music Therapy with Reconstructive Goals (i.e. discussing previously unconscious material, exploring projections)	
Music and Imagery Continuum (Summer, 2012)	Supportive (i.e. supporting, guiding, encouraging, focusing)	Re-Educative (i.e. guiding, questioning, connecting, planning, reflecting)	Reconstructive (i.e. uncovering unconscious emotional limitations, affirming, reflecting, discovering meaning)	
Four Levels of Music Therapy Practice (Bruscia, 2014)	Auxiliary (i.e. directing, giving information, discussing music as a coping tool)	Augmentative (i.e. guiding the music experience, noting responses to the music, focusing, informing)	Intensive (i.e. reflecting, questioning, connecting music-making with feelings, exploring here-and-now behavior)	Primary (i.e. using verbal dialogue to uncover and explore unconscious material, probing, confronting, interpreting)

Training Model	Levels of Verbal Skills Development			
	1	2	3	4
Microskills Training (Gooding, 2017)	Attending, Empathy, and Observation Skills (i.e. active listening, vocal quality, body language)	Higher Level Basic Listening Skills (i.e. questioning, paraphrasing, encouraging, reflecting, summarizing)	Influencing Skills (i.e. focusing, confronting, reframing, giving feedback, self-disclosing)	Skill Integration (i.e. verbal language is consistent with therapist theoretical orientation, method, and personal style)
Verbal Skills Basics for Music Therapists (Schwartz, 2019)	Verbal Framing (i.e. greeting, giving directions, establishing boundaries)	Verbal Exchanges (i.e. gathering information, defining roles, entering the clinical space)	Verbal Interactions (i.e. exploring the music experience, providing feedback, reflecting, rephrasing, validating)	Verbal Interventions (i.e. connecting, probing, clarifying, interpreting, disclosing, confronting, summarizing)

Note. The numbers correlating with the levels of verbal skills development signify an increase in difficulty and complexity, with "1" indicating each author's simplest level and "4" indicating each author's most advanced level.

contact, posturing, and silence, the aesthetic experience of verbal processing requires attentiveness to the context of the environment prior to verbalization itself.

Silence. Though identifying silence as a verbal processing skill may seem counterintuitive, it is a vital skill identified throughout the music therapy literature (Borczon, 2017; Grocke & Wigram, 2007; Lindblad, 2016; Trondalen, 2016). Particularly after a music experience has ended, silence in and of itself can be a powerful facilitator of processing and

insight (Lindblad, 2016; Nolan, 2005; Schwartz, 2019). While sitting in silence may feel agonizing for beginning music therapists, silence is "essential to the development of a strong therapeutic relationship" (Gardstrom, 2001; Grocke & Wigram, 2007, p. 34).

Active Listening. As the client is expressing themselves, active listening on the part of the music therapist is invaluable to communicate empathy and respect (Gooding, 2017; Grocke & Wigram, 2007; Lindblad, 2016). Rather than thinking through the perfect response to what a client has shared, therapists must remain attentive in the present moment in order to hold the therapeutic environment (Grocke & Wigram, 2007; Lindblad, 2016; Polen et al., 2017).

Therapeutic Presence. Nonverbal communication in the form of body language, psychokinetic tension or relaxation, eye contact, and facial expressions is essential to showing a client attention, genuine interest, and regard (Borczon, 2017; Grocke & Wigram, 2007; Lindblad, 2016). Therapists need to be mindful of how their nonverbal communication aligns with or contradicts their verbal language in order to build therapeutic trust and sustain the therapeutic relationship (Borczon, 2017; Grocke & Wigram, 2007; Lindblad, 2016).

Vocal Quality. In addition to nonverbal communication and verbal language, music therapists need to be attentive to their vocal tone, timbre, quality, and inflection (Del Giacco et al., 2020; Grocke & Wigram, 2007; Lindblad, 2016). Therapist vocal quality affirms the client's experience, facilitates therapeutic trust, and invites deeper exploration (Del Giacco et al., 2020; Grocke & Wigram, 2007).

Verbal Processing Skills to Structure the Session Space

Vulnerable therapeutic exploration is only possible when the session space is perceived as safe by the client. The following set of verbal processing skills, summarized in Table 3, are those which facilitate the safe containment of the therapeutic space and provide the guidelines

Table 3

Verbal Processing Skills to Structure the Session Space

Verbal Skill	Definition	Example(s)
Opening Statements	Culturally appropriate greetings to support the client in transitioning into the therapy space at the beginning of a session.	Good afternoon! How've things been going since we last saw each other?
Closing Statements	Verbalizations by the therapist to support the client in transitioning from the therapy space at the end of a session.	What're your plans for the rest of the day today? Are we good to meet at the same time, same place next week?
Giving Instructions	Information given by the therapist to support client engagement in a specific music therapy experience.	As we listen to this song, highlight two or more lyrics/lines that you connect with. This time, play only using the black keys.
Offering Choice	Giving the client an opportunity to make a decision and/or express a preference which will impact their immediate session experience.	Would you like to play the cabasa or the maraca? What song should we start with today?
Giving Information	Conveying factual knowledge to a client which supports their session experience, often regarding the biopsychosocial impacts of music on well-being and the sociopolitical context of a musical composition.	In a recent interview, the songwriter shared they wrote this piece to capture the emotions they were experiencing as they were going through withdrawal.

for clients to reap the most from their session experience (Schwartz, 2019; Wolfe et al., 1998).

Opening Statements. The music therapist sets the tone for the session from their very first verbal greeting to the client, and often uses the opening statement as a direct transition into

the initial session check-in (Schwartz, 2019; Wolfe et al., 1998). Greetings from the music therapist must be respectful of the client's identity intersectionality and are most effective when kept brief (Schwartz, 2019).

Closing Statements. The converse of opening statements, closing statements help the client transition from the session space and into a state of consciousness which aligns with "ordinary, everyday linear thinking" (Nolan, 2005, p. 23). This brief check-out process provides any last celebration of progress achieved in-session and identifies any therapeutic needs to be attended to between sessions (Borczon, 2017; Lindblad, 2016; Wolfe et al., 1998).

Giving Instructions. The use of clear, concise, understandable, age-appropriate directives helps the client fully engage in a music therapy session experience in an organic, intentional, and safe manner (Borczon, 2017; Gardstrom & Hiller, 2010; Wolfe et al., 1998). When giving instructions, therapists are advised to say away from "I want" language in order to reduce the power differential inherent in the therapeutic relationship (Borczon, 2017, p. 82). In addition, Schwartz (2019) advised therapists to limit verbal instructions and instead replace them with gestural, musical, and visual cues to promote accessibility and clarity.

Offering Choice. Presenting clients with clear opportunities to make a decision and take appropriate ownership of the session process infuses the therapy space with client empowerment (Gardstrom & Hiller, 2010; Grocke & Wigram, 2007; Lindblad, 2016). Clients may be prompted to make choices such as which instrument to play, which improvisation rules to follow, and which preferred song to listen to (Grocke & Wigram, 2007).

Giving Information. In music therapy practice, giving information can take a multitude of forms, including technicalities pertaining to session logistics, psychoeducation tidbits about music and well-being, and facts about the music presented (Polen et al., 2017; Wolfe et al.,

1998). When presenting a precomposed musical object in sessions, the music therapist must be prepared with information regarding the piece itself, its culture, the composer, the sociopolitical context of its creation, any assigned meaning given to it by its creator and/or community, and social narratives associated with the piece in order to ethically and respectfully present the song and facilitate therapeutic discussion on it (Wolfe et al., 1998).

Verbal Processing Skills to Guide the Session Direction

While the previous category of verbal processing skills involved the containment of the music therapy session, this grouping of verbal processing skills involves those which intentionally influence the path of the session in the moment. When using these skills, it is important for the therapist to balance client autonomy with client goals and be mindful of countertransference elements which may impact clinical decision-making (Grocke & Wigram, 2007; Masías et al., 2015; Schwartz, 2019). Table 4 summarizes the following skill group, which as a whole is intended to drive the therapeutic process in the here-and-now.

Encouraging. Vocal and verbal sounds which encourage the client to stay with their therapeutic process hold a high level of prevalence in music therapy practice (Beck, 2019; Monti & Austin, 2018; Trondalen, 2016; Wolfe et al., 1998). Due to the simplistic and automatic nature of this technique, music therapists must be cautious to resource this technique with intention so clients perceive sustained therapeutic presence throughout their session experience.

Questioning. Often referred to in the music therapy literature as "probing," this technique encourages clients to share some element of their experience in order to further therapeutic progress (Schwartz, 2019, p. 97). Open-ended questions in particular are well-suited for guiding structured music therapy experiences and forming the therapeutic alliance in the early stages of the therapy process (Borczon, 2017; Del Giacco et al., 2020; Grocke & Wigram,

Table 4

Verbal Processing Skills to Guide the Session Direction

Verbal Skill	Definition	Example(s)
Encouraging	Vocal sounds and brief verbal phrases which encourage the client to continue engaging in the session experience.	Mmhmm… Yes, keep going!
Questioning	Asking the client for information regarding their historical and here-and-now experiences to build therapeutic rapport, uplift client autonomy, and drive the therapy process.	What's going through your mind in this moment? Tell me more about that.
Focusing	Inviting a client to share information on a specific aspect of their session experience in order to enhance insight and awareness.	"What part of the music you heard/played/sang had a specific meaning for you?" (Grocke & Wigram, 2007, p. 33). "You seem more relaxed now than before" (Grocke & Wigram, 2007, p. 32).
Inquiring About Musical Elements	Prompting a client to discuss the aesthetic elements of the music itself in order to clarify their experience and enhance awareness.	Which instrument(s) in the piece did you find yourself noticing the most? As you listened to the piece, what about the music itself stood out to you the most?
Noting Musical Behavior	Commenting on how the client's musical expressions interacted within an interpersonal music-making process to highlight relational behavior patterns.	"The tempo you chose was really fast" (Schwartz, 2019, p. 84). I notice that you held down a steady beat through the whole piece, which the rest of the group built upon.

2007; Schuldt & Silverman, 2020).

Focusing. This technique involves the music therapist guiding the client to hone-in on a specific element of their here-and-now experience to help frame their awareness in a particular

light (Gooding, 2017; Grocke & Wigram, 2007). For example, the music therapist might guide the client toward focusing on the rhythmic aspect of their musical improvisation on a subsequent repetition to examine the meaning of that pattern further.

Inquiring About Musical Elements. In this verbal processing technique, the music therapist calls the client's attention toward the non-lyrical elements of the music, including dynamic contrast, timbre, rhythm, and texture (Gardstrom & Hiller, 2010; Nolan, 2005; Schuldt & Silverman, 2020). In order to effectively resource this technique, Gardstrom (2010) advised music therapists to develop their musical vocabulary in order to describe music in specific terms, beyond simple descriptions like "pretty" (p. 84). This technique may help the client accept their emotional experience and enhance awareness (Nolan, 2005).

Noting Musical Behavior. This technique involves the music therapist commenting on how the client's musical expressions interact with the other musical textures at play, such as those of the music therapist, other group members, or a pre-recorded track (Nolan, 2005). While this technique can function as a confrontation of client incongruence, its primary function is to deepen the client's here-and-now experience and self-awareness (Nolan, 2005; Schwartz, 2019).

Verbal Processing Skills to Deepen the Session Process

This final grouping of verbal processing skills is intended to capture those which are used to deepen the client's understanding beyond the here-and-now moment, such as by beginning to make overt connections with behavior outside the session space or historical experiences. These skills are to be developed and practiced under supervision in order to preserve ethical, in-scope music therapy practice. In using the skills, it is important that the music therapist is aware of what the potential client responses may be in order to stay within their scope of training

(Borczon, 2017; Schwartz, 2019). Table 5 summarizes this final level of verbal processing skills and provides specific examples for reference.

Affirming. When the music therapist voices specific language which recognizes a client's efforts, strengths, and behaviors, the client may more readily make positive changes in their day-to-day life, as they are aware of their resources which will promote their continued progress (Hakvoort & Bogaerts, 2013; Miller & Rollnick, 2013). This verbal skill moves beyond a simple 'good job,' in order to reduce the frequency of seemingly superficial praise, in turn positioning the client to be more accepting of their strengths (Miller & Rollnick, 2013; Wolfe et al., 1998).

Self-Disclosing. To be used sparingly and with caution, this verbal processing technique involves the music therapist expressing information about their own lived experience in order to benefit the client and "move the therapeutic process forward" (Schwartz, 2019, p. 100). When done competently, this technique helps provide the client with a model for vulnerable, safe, and appropriate self-expression (Gardstrom & Hiller, 2010; Polen et al., 2017; Wolfe et al., 1998).

Reflecting. This verbal processing technique is referred to by many other labels in music therapy literature, including paraphrasing, clarifying, rephrasing, interpreting, and restating (Borczon, 2017; Polen et al., 2017; Schwartz, 2019). A common theme amidst this multitude of definitions and labels is the value in the music therapist closely listening to the client's expression and potential underlying meaning, then mirroring that back to the client using new language in order to crystallize the client's self-awareness and deepen the process (Borczon, 2017; Gooding, 2017; Grocke & Wigram, 2007; Lindblad, 2016; Polen et al., 2017; Schwartz, 2019).

Table 5

Verbal Processing Skills to Deepen the Session Process

Verbal Skill	Definition	Example(s)
Affirming	Intentionally and specifically highlighting a client's strengths, efforts, and behaviors in order to encourage continued clinical growth and development.	Your performance at our community concert last week was excellent! You showed so much courage and strength up there on stage, and that audience loved the song you wrote!
Self-Disclosing	Voicing information about the therapist's lived experience in order to model appropriate vulnerability and provide validation for the client's present experience.	"Listening to that music makes me depressed too" (Wolfe et al., 1998, p. 15). "When I was in your situation a while back, I had the same response as you" (Schwartz, 2019, p. 100).
Reflecting	Echoing the core content of a client's verbal expression to clarify, specify, and deepen its meaning and significance.	And that leaves you feeling absolutely enraged! Part of what evoked such an intense response from you in the music just now was how it reminded you of a song from your childhood, and the painful memories connected with it.
Using Metaphor	Using symbolic, abstract language to provide a visual analogy for the client's experience.	It's like you're shedding this chrysalis of self-doubt, and letting your wings stretch out for the first time. I wonder, how might we convey this metamorphosis through music?
Confronting	Directly naming an incongruence, discrepancy, or contradiction in a client's presentation in order to support a client's therapeutic growth.	"I'd like to present a different perspective" (Schwartz, 2019, p. 101). "How would the other person feel about this? It seems as if there is a big difference between your feelings and theirs" (Schwartz, 2019, p. 101).

Verbal Skill	Definition	Example(s)
Exploring Musical Meaning	Encouraging a client to deepen their perceived meaning of a music-based experience through specific probes.	What name or title might you give the improvisation we created together just now? "Which of your (needs) (desires) (goals) were realized through this musical improvisation?" (Gardstrom, 2001, p. 86).
Giving Advice and Feedback	Integrating clinical expertise with understanding of the client's unique lived experience to provide suggestions for actionable change.	I notice in our sessions that when you listen to music, your physical tension releases. What do you think of listening to this playlist between now and our next session on your own time when you start to feel anxious?
Summarizing	Articulating key themes explored in the session experience to celebrate progress and encourage continued growth.	A lot came up as we created that song together. There's a theme of tension and release, which you identified as a pattern that's surfacing in your relationship – this alternating between the fights and the blissful moments. You also noted the wide space between the upper notes and lower notes on the piano as significant, and different from how you've improvised in past sessions. This gap feels like it's something for us to explore further. After we finished playing, you mentioned that there was a weight lifted off your shoulders. So, even though there was a lot of tension in the song, playing things out brought some sense of relief. You really opened up to this process.

Using Metaphor. In parallel with the technique of reflecting, using metaphor can help deepen a client's understanding of themselves and the world around them through symbolic

language (Ahonen-Eerikanen, 2007; Borczon, 2017; Lindblad, 2016). Metaphors are positioned at the intersection of emotions, thoughts, and images, allowing clients and therapists alike to "express imaginal and enactive experiences in words" (Bonde, 2006, as cited in Ahonen-Eerikanen, 2007, p. 30).

Confronting. This technique, rooted in directness and compassion, involves the music therapist challenging the client either by pointing out a contradiction in their thoughts and behaviors or a potential distortion of their thought process (Borczon, 2017; Gardstrom & Hiller, 2010; Gooding, 2017; Nolan, 2005; Schwartz, 2019). Given the potential for this technique to disrupt the therapeutic relationship, it is to be used sparingly and only after strong therapeutic rapport has been established (Borczon, 2017; Polen et al., 2017).

Exploring Musical Meaning. This verbal processing technique involves the music therapist using questions, reflections, and other relevant verbal techniques to guide the client through the process of discovering the deeper meaning conveyed in music-based exploration (Borczon, 2017; Gardstrom, 2001; Gardstrom & Hiller, 2010). Depending on the music therapist's level of training and supervision, this is the first technique listed in this paper which may begin to intentionally uncover unconscious material.

Giving Advice and Feedback. It is not uncommon for a client to ask their therapist for expert advice, or for a therapist to feel an urge to tell a client what to do in order to alleviate their suffering (Miller & Rollnick, 2013; Schwartz, 2019; Wolfe et al., 1998). When providing personal thoughts on what a client should do or how they are perceived, it is best practice to do so "based on solid expertise [and deliver] in the form of tentative suggestions" in order to circumvent countertransference and elevate client autonomy (Polen et al., 2017, p. 140; Schwartz, 2019).

Summarizing. This verbal technique may be conceptualized as a string of reflections presented together in order to recapitulate key events of the therapy experience in a way that supports client insight, resourcing, and growth (Grocke & Wigram, 2007; Miller & Rollnick, 2013; Schwartz, 2019). Summaries tend to have a directional, dynamic force to them and as such they may serve the function of leading the client in a specific direction or encouraging them to make a difficult decision (Miller & Rollnick, 2013). This verbal technique may be particularly useful to end a session or bridge major transitions within a session (Grocke & Wigram, 2007; Miller & Rollnick, 2013; Schwartz, 2019).

Discussion

The purpose of this critical literature review thesis was to define best practices for the integration of music therapist verbal processing skills in clinical spaces. To capture a holistic and relevant picture of verbal processing in music therapy practice, information concerning the presence of music therapist verbal processing in sessions spaces, the functions and intentions of verbal processing in music therapy practice, the sociopolitical and theoretical framings of verbal processing in music therapy, and specific verbal processing techniques used by music therapy practitioners was reviewed and synthesized.

Through this critical review process, a variety of themes were uncovered. One prevalent theme throughout sources which directly addressed music therapist verbalization was the desire of music therapists to seek out continued education, training, and development opportunities to refine verbal processing skills (Gooding, 2017; Lindblad, 2016; Schwartz, 2019; Sevcik et al., 2017). Another finding in the literature was the prevalence of music therapist verbal processing skills across all ten music therapy theoretical orientations explored (Aigen, 2014; Austin, 2001; Hakvoort & Bogaerts, 2013; Kim, 2019; Priestley, 2012; Rolvsjord, 2010; Thaut et al., 2016).

Though the function, frequency, and framing of music therapist verbalization shifts depending on theoretical approach, the presence of therapist verbalization itself is pervasive – even in approaches in which music is positioned as the primary helping factor (Aigen, 2014; Beck, 2019; Keith & Krout, 2008; Pfeiffer & Sabe, 2016). Music-based exploration and verbal processing function in harmony with one another, with music primarily evoking an emotional response and verbalization transferring insight into cognitive awareness (Amir, 1999; Nelligan & McCaffrey, 2020; Pitts & Silverman, 2015).

In the literature reviewed, music therapist verbalization was often positioned within developmental context (Bruscia, 2014; Gooding, 2017; Schwartz, 2019; Summer, 2012; Wheeler, 1983). The twenty-two verbal processing skills specified in this paper were sorted into four developmental categories in light of this finding in the hopes that they will potentially serve as a foundation for future method development of verbal processing skill training models in music therapy practice. In addition, future training initiatives aiming to address music therapist verbal skill acquisition may incorporate a developmental approach in order to maximize learning efficacy and clinical utility.

Limitations of this research process included the publishing time gap between many of the sources cited and the present day, and the small sample size of music therapists researched throughout the available studies (Krøier et al., 2021; Nelligan & McCaffrey, 2020; Lindblad, 2016; Nolan, 2005; Wheeler, 1983; Wolfe et al., 1998). Though any retrospective literature review will reflect some level of time delay between published material and current therapeutic practice, the dearth of music therapy literature specifically focused on verbal processing required the reference of some materials which were published decades ago. Future researchers may bridge this information gap by conducting experimental or exploratory studies with active music

therapists of diverse theoretical orientations and cultural contexts to discover contemporary practices of verbal processing in music therapy. Specifically, future research may be conducted which involves interviewing music therapists practicing from a variety of theoretical orientations, field tenures, and clinical contexts in order to crystallize further the areas of overlap and divergence in the use of verbal processing skills amongst contemporary music therapists.

Another limitation of this study was the theoretical nature of the structuring and grouping of the verbal processing skills identified. Future researchers may resource and adapt this working model to build out a more in-depth methodology for positioning and strengthening verbal skills development in music therapy practice. Additional integration of ideas from other expressive therapy modalities and verbal counseling modalities may also be beneficial to gauge the alignment of the identified verbal processing skills with closely related fields of practice. Alternatively, observational research may be conducted in clinical practice to gain a contemporary understanding of the types of verbal expressions used by music therapists in session spaces.

The call by many of the researchers cited in this paper to continue the work of examining the positioning and integration of music therapist verbal processing in clinical spaces is not going ignored. With continued attention, thought leadership, and experimental research, the field of music therapy will continue to move toward a clearer conceptualization of what competent, ethical, in-scope verbal processing looks like in contemporary clinical practice. In turn, the creation of a standardized education and training model for verbal processing skill development will catalyze the evolution of music therapy practices into a new era.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Jacelyn Biondo, Ph.D., BC-DMT, LPC