Spring 5-21-2022

Music of the Parts: Exploring Clinician Reflexivity, Internal Family Systems, and Community Music Therapy: A Critical Review of the Literature

Sophia Inaba
sinaba@lesley.edu

Recommended Citation

Music of the Parts: Exploring Clinician Reflexivity, Internal Family Systems, and Community Music Therapy: A Critical Review of the Literature

Capstone Thesis

Lesley University

May 4, 2022

Sophia Inaba

Music Therapy

Dr. Rebecca Zarate

Abstract

This capstone thesis aims to explore internal family systems and music therapy as tools for enhancing clinician reflexivity in community settings. Relational awareness is identified as a key skill within the broader definition of reflexivity. Various approaches in music therapy, internal family systems and the combination of IFS and the expressive therapies are described and connected to lift out common themes that provide greater understanding of how IFS and music therapy may complement each other to enhance relational awareness. Results indicated that embodiment is a key skill that is practiced within IFS and music therapy which could help develop relational awareness. Furthermore, musicking within an IFS framework provides a mechanism of organization to better support the therapist's self-care and use of self. Lastly, the many roles played by the music therapist may indicate many parts of the music therapist, such as Musician and Wounded Healer. This way of viewing the music therapist identity provides a potential starting point for reflecting on relational experiences.

Keywords: community mental health, relational awareness, music therapy, internal family systems

Introduction

One of the challenges of therapists working in community mental health is the navigation of relationships across various populations and systems. Not only are they expected to work with the diverse experiences of clients but also those of the caregivers, teachers, school administrators, mental health workers, and other roles that make up the web of the client's community. In order to work with a client from an ecological perspective, it is necessary for therapists to develop an awareness of how they relate and position themselves in the context of the client's community. This awareness can be described as and further elaborated as relational awareness. As defined by Jordan (1995), "relational awareness involves the development of clarity about the movement of relationship; this importantly includes an awareness of our patterns and ways of connecting, disconnecting, and transforming the flow from the direction of disconnection to connection" (p. 5). Jordan (1995) further posits that relational awareness enables one to transform patterns of disconnection (p. 1). Due to the nature of institutional isolation, mental health clinicians and communities that need mental health services experience and suffer from chronic disconnection. The community mental health setting then becomes a place where relationship-building works to transform that disconnection. The relational awareness of clinicians becomes a key factor for facilitating this transformation.

Internal family systems is a relational therapy modality that has grown in popularity since its introduction in 1995 by Richard Schwartz. IFS is a non-pathologizing therapeutic approach that holds the view that "intrapsychic processes constitute a system" (Schwartz & Sweezy, 2019, p. 4). By using a systems perspective to understand internal processes, this approach aims to restore an individual's connection to their truest Self by bringing intrapersonal understanding between different parts of the self. One of the unique characteristics of this therapy modality is

that the therapist's use of self is emphasized as a parallel process to the client's transformation toward healing. While IFS is fairly new in the field, one research article supported the use of IFS for novice therapists' self-awareness (Mojta et. al., 2013). The article demonstrated that IFS "provides [therapists with] a simplified process for identifying and working with their own internal processes (e.g., thoughts, emotions, physiological responses) which may help their ability to form a therapeutic alliance" (Mojta et. al., 2014, p. 69). Given the stress placed on the "therapeutic alliance" as a foundation for healing, an approach such as IFS that helps cultivate the reflexivity to build that alliance is promising for settings that have a high need for relational skills.

Similarly, music provides an accessible way for relational interactions to take place in community-based settings. Within the community music therapy landscape, music is viewed as an agent of change in the client's ecology (Wood, 2016). This perspective decenters the client and rather focuses on the systems that work together in the client's environment. Music also serves as a tool for clinicians to develop awareness of their relationality to clients and client environment. Bruscia (2015) provides suggestions for how to use music for practicing reflexivity in music therapy. For example, there are various music therapy methods that aim to lift out insight from music-making or receptive musical reflection that is related to the clinician's internal experiences as they navigate relationships with clients. In the field of expressive therapies, the practice of using self-as-instrument is incorporated in the nature of the work which compares to the practice of IFS.

The expressive therapies hold the potential of enhancing an approach like IFS which involves experiential dialogue, differentiation, and containment of multiplicity. While there are literatures that combine IFS with expressive therapies, such as art therapy (Lavergne, 2004) and

somatic-based approaches, (Cahill, 2014; McConnell, 2013), there currently is a lack of research and methodology for combining IFS with music therapy. However, there are various music therapy theories and literature such as Monti and Austin's (2018) dialogical self in vocal psychotherapy and Nemesh's (2017) family-based music therapy that hint at the IFS model's tenets. Based on this information, my curiosity lies in how a music therapy approach using IFS principles can further enhance clinicians' quality of community participation and relational awareness – whether their presence is musical or not. Without relational awareness, clinicians can do harm unintentionally; relationality, therefore, is the key to multicultural sensitivity and informed practice.

This literature review was conducted through research using the following key terms and various combinations: "internal family systems," "reflexivity," "clinician self-awareness," "music therapy," "community music therapy," "community mental health," "relational cultural theory," and "relational awareness." I categorized the literature into the following main concepts: 1. Community mental health, 2. Reflexivity, 3. Internal Family Systems, and 4. Music Therapy. Some articles were categorized into multiple categories. I then carried out inductive analysis of the literature by lifting out common key ideas mentioned across categories with particular emphasis on theory, methods, and tools that support clinician reflexivity. I used Lesley University's library database and commonly accessible search engines, such as Google Scholar.

Literature Review

Community Mental Health

Community mental health is an all-encompassing term that describes a wide array of services that people living with mental health issues may utilize. These services include not only

mental health treatment but also housing and employment support, peer support, self-help groups, education, prevention, support for client families, and any other service that contributes to the mental health of the service consumer. Community mental health as a field emerged in response to society's attempt to reintegrate people living with mental illness after a historical period of casting them into psychiatric hospitals. This massive deinstitutionalization movement in the 1950s and 1960s led to a need for more decentralized and localized resources of mental health care which led to creating community mental health centers. Despite this attempt to better care for this population, the reform excluded any input from consumers of services. This disconnect gave rise to an inadequate and unsustainable system of mental health care with unrealistic demands placed on service providers (Nelson et. al., 2014).

Challenges of Community Mental Health

While there are a multitude of challenges to address in community mental health, this thesis aims to focus on challenges that concern the competencies of the mental health provider. According to a community psychologist framework, practicing in community mental health should be guided by values, incorporate social context and an ecological perspective, shift the power to the consumer, and emphasize informal and peer support (Nelson et. al., 2014). Aubrey & O'Hagan (2014) conducted a review of the literature on community mental health competencies and listed characteristics of mental health workers that would lead to transformative change in community mental health. Some of these competencies include: collaborating with consumers of community mental health, collaborating with their caregivers and support systems, having self-awareness and communication skills to work with a diverse range of people, holding and communicating belief in recovery of the consumer, showing respect to the lived experience of mental illness, understanding the consumer in the context of their

environment, understanding the variety of perspectives and experiences of mental distress, and being flexible to the consumer's diversity. Aubrey & O'Hagan (2014) further state that "[t]he inclusion of personal characteristics to competencies is particularly important in the context of adopting roles with significant interpersonal demands" (p. 153). To reframe, interpersonal demands require investment and reflection in personal characteristics. These interpersonal competencies work in conjunction with competencies set for other stakeholders in the community in order to enact a united, synergistic, and transformative justice. The awareness of the mental health provider in a community mental health setting is called to expand from self-awareness to relational awareness.

Relational Awareness

Relational awareness is defined by Jordan (1995) as one's attunement to their patterns of connecting and disconnecting with others. This awareness can be understood as a practice of staying "present with" the way one transforms disconnection to connection rather than getting overwhelmed by the experience (Jordan, 1995, p. 5). Jordan (1995) states that it involves "an attitude of openness to learning about our relational patterns" rather than analyzing relationships (p. 5). She further details that this learning takes place "most creatively in active interaction with others" (Jordan, 1995, p. 5). The importance of fostering relational awareness is asserted by a principle of relational cultural theory (RCT) that human beings are meant to grow toward connection and interdependence while isolation leads to suffering (Jordan, 2018). While the clinical setting is the obvious arena in which one must attend to relational patterns, supervision also provides an exceptional opportunity to practice relational awareness. Jordan (2018) characterizes the RCT supervisory relationship as one in which both parties are open to the impact of the other so that "real change can come about within the supervision relationship

itself" (p. 111). This openness can be fostered only through establishment of safety as well as the willingness of the supervisor to be vulnerable and model active problem-solving (p. 111). In this way, the supervisee becomes a participant and recipient of a relational-based interaction which provides them with a reference of a relational way of being. Ideally, this relational way of being translates not just to clinical work but all facets of life to reinforce embodiment of relational openness.

Relational Awareness and Community Mental Health

RCT proposes that separation and autonomy are desired conditions in Western culture in order for select individuals to maintain power in the relationship rather than share a growth-fostering relationship in mutuality (Jordan, 2018, p. 10). Relational awareness, therefore, aims to address difficulties of maintaining mutuality by confronting mixed feelings, shame, as well as a need to feel powerful. In the realm of community mental health, this idea is relevant not only on the therapist-client relationship level but the societal level. Because "[r]elationships are embedded in culture" (Jordan, 2018, p. 9), the degree of relational awareness in a collective of relationships manifests on a community-level. RCT views racism, homophobia, class prejudice, and sexism as "chronic disconnections that create pain and drain energy in individuals and societies" (Jordan, 2018, p. 9). In order to transform chronic disconnection, stakeholders in community mental health require an attitude of staying in the struggle for remaining relational and maintaining connection.

Relational Flow

Jordan's (1995) relational approach points to the awareness of shifting energy when there is a hint of disconnection. She describes that "the clue to a disconnection is the drop in energy

we feel in the moment" and that "the movement in connection either slows down or ceases" (p. 3). Furthermore, Jordan (1995) speaks of a "relational flow" (p. 3) that is generated simultaneously by the struggle for connection and the attitude of openness. This description of "energy," "movement," and "flow" refers to an implicit knowing that is vague to capture for training. While RCT presents helpful perspectives that emphasize the importance of relationship, it fails to provide a concrete structure for how to cultivate relational awareness. Internal family systems, described in the next section, may offer a potential solution to this need.

Internal Family Systems and Community

The Approach

Internal family systems (IFS) is a therapy modality based on two paradigms: multiplicity of the mind and systems-oriented thinking. IFS assumes that each person's intrapsychic world consists of various selves, or parts, that work together in a system. These parts form as a way of coping with the outside world and environmental stressors so that the inner world can maintain homeostasis. The maintenance of this homeostasis may require parts to uphold certain roles. Schwartz & Sweezy (2019) propose that there are three main categories of parts: the Exiles, the Managers, and the Firefighters. The Exiles are parts of the self that have been shamed and/or traumatized and represent the part of the self that has been outcasted in order to protect the individual from experiencing painful memories, or, burdens. The Managers are parts that aim to protect the individual through behaviors that somehow protect the Exiles or distract from their existence. These behaviors include perfectionism, hypercriticism, and controlling. Lastly, the Firefighters are parts that react in extreme ways, such as substance abuse or self-harm, to protect the Exile whenever the Managers are unable to do so. The goal of IFS therapy is to recognize these parts and unburden the protective parts by acknowledging the Exile's needs. By doing so, it

makes way for the individual's truest Self to take leadership over the parts; in other words, the individual can become Self-led. The following quote summarizes the premise of IFS therapy:

> Everyone has parts; parts live in a web of relationships, much like a family; parts can end up in constraining roles and need help; all parts are valuable; and everyone has, at their core, a Self with the ability to lead. (Schwartz & Sweezy, 2019, p. 84)

A highlight of IFS therapy is that it is a non-pathologizing approach which views the individual as having all the internal resources they need to heal. The primary role of the therapist then is to validate and explore the client's system so that the client can make way for their Self-leadership (Schwartz & Sweezy, 2019, p. 84). In order to guide someone toward becoming Self-led, an IFS therapist must be attuned to their own parts. Awareness of the parts is a crucial task for the therapist so that one of their parts is not getting in the way of the client's Self.

IFS as a Reflexivity Tool

Schwartz & Sweezy (2019) reiterate that attention to the client-therapist therapeutic relationship is not to be compromised despite the IFS approach focusing on the relationships of the inner world. They state, "[a]lthough the big conceptual shift in IFS involves our focus on the healing power of an internal relationship, the external therapeutic relationship remains crucial because protectors enter therapy on high alert regarding vulnerability, trust, and exposure" (p. 82). This "high alert," much like unconscious resistance to the intimacy of a therapy relationship, is not to be addressed lightly through an intellectual manner. Getting to know a client's system of parts reveals how the therapist's system of parts relates to the client – system-to-system. For a client's parts to be able to trust a Self-led therapist, the therapist must let themselves and their parts be seen and known by the client.

Inherent in this IFS process is the therapist's exploration of their parts which invites them to foster self-awareness. Mojta et al. (2014) conducted a study to investigate whether and how IFS influences a beginning therapist's self-awareness, internal processes, and clinical work. Their method consisted of having recent graduates, who have taken a course in IFS, complete an informed consent and a questionnaire on their background and training in IFS. The investigator then conducted an interview with the participants using two sets of questions; the first set inquired about how IFS helped participants become more aware of their internal processes, and the second set asked about how their awareness influenced the therapeutic process (Mojta et al, 2014, p. 71). In this phenomenological approach, data were analyzed by transcribing the interview verbatim and identifying emerging themes that were further categorized in broader themes. The main and second investigators read and re-read the interviews and identified codes for reliability and ensured that the themes were representative of the data. Findings suggested that IFS has the "ability to help beginning therapists focus, understand, and manage their own internal system with a theoretical model that can also [be used] to guide the clinical work with clients" (p. 77). One way in which IFS helped manage internal processes was through the therapist's ability to identify when one of their parts were "becoming involved" which allowed them to attend to these indicators and "be present and available for the client(s)" (Mojta et al., 2014, p. 73). In other words, IFS provided a mechanism for therapists to manage their internal processes. Furthermore, the awareness and management of these internal processes impacted the therapeutic process along the following four themes: "(1) enhancement of therapeutic relationships, (2) increased awareness of personal agendas, (3) modeling internal awareness to clients, and (4) increased awareness of clients' internal processes" (Mojta et al., 2014, p. 74). The benefits of the latter three enhance those of the first theme which appropriately supports IFS

as a relational model of therapy. One emergent piece of data suggested that "when therapist talked in session about working with their own internal process, the clients seemed to trust them more" (Mojta et al., 2014, p. 74). Being able to authentically and honestly communicate emotions using parts language and model this communication builds trust.

While authenticity and honest communication make up the IFS practice of being sensitively relational, reflexivity cannot be practiced fully without embodiment of this honesty. Schwartz & Sweezy (2019) imply that there is a component to practicing IFS therapy that requires the therapist's somatic awareness. While asserting that the therapist is responsible for "being in good communication with [their] parts outside of sessions" and "leading with the compassion and respect inherent to Self-leadership," they add that these actions are "conveyed through tone of voice as well as non-verbal behaviors" (p. 90). In other words, Self-leadership is an embodied experience. A therapist's ability to engage their parts and the client's parts experientially, therefore, is a necessity.

One of the aims of Mojta's et al.'s (2014) study in the conversation of research was to suggest IFS as a training tool for beginning therapists to develop self-awareness. They addressed how "MFT training programs do not have a clearly defined structure and methodology to help students understand and manage their own internal processes" (Mojta et al., 2014, p. 68). In other words, there is a need for a systematic way to train young clinicians on the use of self. While their study highlighted key themes on the internal processes of therapists, the study leaves a gap for how IFS fosters somatic awareness. Considering Schwartz & Sweezy's (2019) assertive implication on the importance of embodied attunement, further research can be done on enhancing clinicians' quality of attunement through developing somatic awareness. By focusing

on somatic attunement, the skill for navigating parts within the self and the client can be improved.

IFS as a Relational Tool

IFS is inherently a relational tool. The therapist works with the client to learn how the client's parts work together while the therapist checks in with their own parts' processes. Schwartz (2013) reiterates that "IFS is designed to develop the relational field within and between each participant in a parallel process" (p. 1). Inevitably, the therapeutic process involves how the therapist's and client's parts relate to each other. In this way, IFS is "relational in multiple dimensions" (Schwartz, 2013, p. 22), and healing occurs for both client and therapist when they are able to relate as Self to Self. The Self is experienced as a distinct Self-energy implied to be an embodied experience. IFS provides a clear-cut structure to access this Self-energy so that the therapeutic process moves forward. Schwartz (2013) elaborates on the power of Self-energy. They state, "[w]hen the therapist notices, listens to and speaks for [the client's] own parts from Self, the client opens to this new way of being in the inner and outer world" (p. 23). They go on to describe the translation of the therapeutic relationship into a sacred connection that becomes a life-long practice of learning (Schwartz, 2013, p. 23). While IFS holds the strength of having an outlined structure to conceptualize the psychic worlds, there is room for investigating the clarity of Self-energy that is beyond intellectual understanding. I now look to the expressive therapies for investigating ways of knowing that support the idea of Self-energy.

IFS and Expressive Therapies

The therapeutic process in IFS holds an experiential nature. When the therapist helps clients identify their parts and differentiate, or unblend, from them, it requires the use of active

imagination. By using active imagination, the therapist or client can speak directly to a part which requires a psychic and somatic attentional shift in the inner world. This imaginal process is familiar in the field of expressive therapies. This familiarity is highlighted in several articles that combine IFS with an expressive arts therapy specialization. Within the field of expressive therapies, there is a larger body of IFS knowledge in dance/movement therapy (DMT) and less in the others, such as art therapy and music therapy. This may indicate movement as an immediate resource for understanding the energy of the parts and the Self. Whether it is because movement is the most accessible or well-suited for IFS is unclear. There is a need for exploring how other art forms inform the experience of IFS as well.

IFS and Dance/Movement Therapy

Somatic-based IFS. McConnell (2013) describes how they utilize the IFS framework to inform their dance/movement therapy practice in what they call Somatic Internal Family Systems. They describe five somatic tools that "are geared to help the client heal old injuries by embodying the internal system – the parts, their burdens and the Self" (McConnell, 2013, p. 106). These somatic tools, like IFS, are not to be used only by the client. Schwartz (2019) reminds students of IFS that "…our unhealed wounds put us at risk of not doing our job well" (p. 87). This risk applies even in the practice of a dance/movement therapy approach. McConnell (2013) stresses that the integration of somatic tools with IFS relies on the therapist also being able to focus on their movement (p. 92). One reason for this reliance is that these tools facilitate both client and therapist's somatic awareness which allows the therapist to better empathize with the client and build relationship. The parallel, relationship-enhancing therapeutic process that manifests in parts work also manifests through embodiment work.

One of the somatic tools that McConnell (2013) highlights is somatic resonance. Somatic resonance involves a therapist attuning to and conveying an "unspoken empathic joining" as a client uses movement, breathing, and energy to communicate a story (McConnell, 2013, p. 92). McConnell (2013) also describes this tool as an entrance to the relational realm of empathy and countertransference as the therapist's body shares and witnesses the client's historical, nonverbal narrative (p. 92). This tool, therefore, enhances the way IFS informs the therapist of the client's internal processes. A second somatic tool that deepens this mechanism is mindful movement. McConnell (2013) asserts that "[a]ttending mindfully to movements a client makes … is a way to locate both protectors and exiles and is a very useful source of information that might otherwise be lost" (p. 92). By extracting this information through embodiment, the therapist can then facilitate and help move the client toward identifying traumatized, exiled parts, externalizing and unblending them, and then witnessing and unburdening them. The result of this process is a present and stabilized "sense of Self-leadership", or in another IFS term, "Self-energy."

Schwartz & Sweezy (2019) list core qualities of the Self as: curiosity, calm, confidence, connectedness, clarity, creativity, courage, and compassion. While they do not strictly define "Self-energy," these qualities conjure up individuals' self-referential ideas of what "Self-energy" means. When leading from the Self, Schwartz & Sweezy (2019) point to a movement of "being egocentric to being socio- and species-centric, bio- and earth-centric" (p. 54). Another way to frame this movement is to name it as a surge of relational flow, expanding from "self" to "self-in-relation." McConnell (2013) describes Self-energy from the position of an embodied Self as "being calm, aligned, centered and harmonious" (p. 90) and also shares from their clients' perspectives of Self-energy as "internal spaciousness," "bright light," "ball of energy," "warmth,

tingling, or a sense of fluidity" (p. 91). These descriptors further support and allude to a

transcendental and universal understanding of Self-energy residing in everyone, according to IFS

principles. On the other hand, McConnell (2013) somatically identifies the parts as "effort,

striving, tension, and resistance" (p. 90). This description overlaps with an IFS concept of a

trailhead, which is indicated "[a]ny time we notice a feeling, thought, or physical sensation"

(Schwartz & Sweezy, 2019, p. 82). Associating physical sensations, like effort and tension, to

parts means identifying trailheads, which IFS therapists use as points to discover parts.

  Authentic Movement. Cahill (2015) provides another somatic-based IFS perspective

using a specific dance/movement therapy approach, Authentic Movement, or AM. AM involves

an individual expressing their inner world and emotions through the use of movement. As the

individual moves, the therapist as well as the individual witnesses those movements. Cahill

(2015) points out that both IFS and AM "cultivate a strengthening of the inner witness or Self of

the client by attending to parts that share thoughts, feelings, movement, sensations and memories

in the presence of the Self or witness" (p. 254). In this way, AM enhances IFS by strengthening

the relationships between the parts and Self within the client, within the therapist, as well as

between client and therapist systems. Furthermore, Cahill (2015) notes a parallel between AM

and IFS practice in that "the client has an experience with parts of his or her Self through paying

attention to thoughts, feelings, memories, sensations and images while the therapist guides the

client towards interacting and tracking these parts from the Self" (p. 254). The main difference is

that AM's process emphasizes the nonverbal expression of the parts. This nonverbal expression

contributes to the strengthening of the relationship between parts and the Self, allowing a new

layer of trust to form. Cahill (2015) supports that "[w]hen a non-verbal relationship can be

developed between the Self and parts, the parts are more likely to trust and accept the presence,

power, and leadership of the Self" (p. 254). This AM process further highlights the compassion that characterizes the inner witness which aligns with the character of Self-energy.

Further speaking on the parallel therapeutic process between client and therapist, Cahill (2015) also suggests how the therapist's ability to embody Self-energy is important to the therapeutic alliance. They state: "When I, the therapist, am embodied, calm and openhearted towards my client's parts I foster a relational state, which I believe, makes it easier for my clients to shift into an openhearted relationship with their parts as well" (Cahill, 2015, p. 252). Movement, therefore, is not just a tool used technically to foster therapeutic alliance. It is a deep mode of expression for both clients' and therapists' parts that allow a different form of trust, especially when the parts prefer movement as a way to be seen and accessed. Movement then also acts as a possible language for Self-leadership.

IFS and Art Therapy

In their work with adjudicated female youth, Lavergne (2004) found IFS and art therapy to be effective for this population's needs. They found two notable ways in which these approaches complemented one another. First, they found that artistic expression facilitated giving voice to the parts, which helped them externalize, differentiate, and un-blend the traumatized part from the Self (Lavergne, 2004, p. 21). Secondly, because art making engages both hemispheres of the brain and enhances accessibility to traumatic events, it further enhanced the unburdening of the exiles (Lavergne, 2004, p. 21). Based on these findings, art is a catalyst for the process of fostering Self energy. While there were limitations in the research due to small sample size and scheduling consistency, it indicates potential for further research on integrating the expressive therapies continuum with IFS-based art therapy in order to explore how various materials impact conceptualization of parts and the Self.

IFS and Music Therapy

While there has not been research dedicated specifically to IFS in combination with music therapy, there are several music therapy approaches that align with IFS-based principles.

Vocal Psychotherapy and Dialogical Self. Monti & Austin (2018) examined the similarities between dialogical self theory (DST) in psychotherapy and vocal psychotherapy. In the examinations of these similarities, one can make strong connections with IFS as well. One of the core ideas in DST and psychotherapy is "[t]he idea of self as multiplicity of parts" (Monti & Austin, 2018, p. 160). Both approaches acknowledge that the fragmentation of the self into such parts is a result of trauma and painful experiences. The voices of these parts hold different qualities and positions. These positions and dynamics are illuminated by the way each part communicates, similarly to how social relationships in society follow unspoken rules of communication (Monti & Austin, 2018, p. 161). For example, depending on the position of the voice, they may speak louder and in greater quantity or oppositely in a quiet manner with little interjection. The role of the therapist in each approach, similarly to the IFS process, is to witness the various parts reveal themselves and engage in dialogue with each part to better understand the role they play in the client's "dialogical world" (Monti & Austin, 2018, p. 164). From a vocal psychotherapy perspective, the voice can hold qualities that represent the impact of trauma. Monti & Austin (2018) state that when certain needs and feelings are unmet, "the voice can become inaudible, tight and tense, breathy and undefined, or simply untrue" (p. 167). Furthermore, a client can "musically and vocally … repeat certain vocal compulsive patterns" that indicate a type of trauma (Monti & Austin, 2018, p. 167). Using vocal psychotherapy techniques, a client's parts are given the opportunity to voice their fears, anger, and grief in a safe container cultivated by the music and relationship with the therapist. This safety further

supports the client's process of becoming fully embodied through vocalization. Monti & Austin (2018) note how "[s]inging and vocalizing can be a powerful way to keep the client connected to the body and … their true voice" (p. 167). Vocalization in this musical context reconnects the body in a way that illuminates aspects of the psyche that may otherwise go unrevealed.

Sung Imaginal Dialogue and Empty Chair Songwriting. Sung imaginal dialogue is an intervention that is closely aligned with the Gestalt approach of the empty chair technique combined with vocal psychotherapy. In this intervention, "the songwriter creates a dialogue by singing, which directly addresses a part of himself or a person who is physically not present" (Baker, 2015, p. 215). The empty chair that sits in front of the songwriter serves as an externalization and differentiation tool for the songwriter to sing *to* the part as well as sing *as* their part. The empty chair songwriting intervention is a structured form of the improvisatory sung imaginal dialogue by transforming the dialogue into a song form that speaks directly to the part (Baker, 2015, p. 216). Baker (2015) states that "these therapeutic transformations are driven by the therapist-person relationship that is built *in* and *through* the music (p. 208). This statement highlights creative music therapy (CMT) influences which hold a strength of relying less on verbal processing. This shift away from verbal processing is parallel to IFS in that silence is embraced to be a form of entrusting the client with their ability to internally process on their own. Schwartz (2013) describes how they "remain a quiet witness, extending loving energy silently" (p. 9) and clients can feel their presence despite the silence. In a CMT context, a client's willingness to take musical risks with disclosure and uncensored material is contingent upon the music therapist's ability to create a safe space and validate the client. The music therapist also holds the role of technical facilitator of the songwriting process. Baker (2015) posits this process as a therapeutic interaction that "offers an opportunity for that person to explore the self" (p.

221). Exploring the self includes feelings, thoughts, actions, reactions, and relationships. While it is challenging to process these experiences into song form, the challenge offers a creative flow and musicking experience for the client (Baker, 2015). Clients are provided an opportunity to enjoy their creativity and authenticity through this art form which then allows them to create an artifact. According to Baker (2015), "[t]he song product may play a pivotal role in the therapeutic process, either at the relational level (between therapist and songwriter) or at the internal level of the songwriter" (p. 226). This artifact can symbolize the ultimate validation and support from the therapist as well as the client's inner resources of strength, insight, and growth.

Family Music Therapy. Nemesh (2017) describes family-based music therapy as an approach that utilizes music therapy interventions that emphasizes "the entire family as a unit" (p. 168). In their study, Nemesh (2017) focused on the clinical application and therapeutic value of short-term family-based music therapy for three families in a community setting (p. 167). This setting is unique in that the treatment is not based on family dynamics revolving around a single family member with a clinical diagnosis, which makes up most of the literature for music therapy with families. Nemesh's (2017) theoretical foundation was based on Satir's experiential family therapy model and Alvin's free improvisational model. The experiential family therapy model provided a basis for focusing on the congruence between intrapsychic experiences with interpersonal interaction through an experiential process. The free improvisational model offered the tenet that musical instruments are intermediary objects for the inner and subjective worlds and that music is a basis for free expression no matter the amount of musical training or skill (Nemesh, 2017, p. 170). The result of combining these theories is the process of family musicking coupled with verbal processing.

Nemesh (2017) conducted six family music therapy sessions for each family with pre-structured interventions that were also arranged or repeated depending on the family's need. Data were collected using audio recordings of the sessions, transcripts, and the researcher's reflexive notes. To ensure accuracy and reliability, the researcher allowed study participants to see the results and comment and also consulted with a professional supervisor on interpreting the reflexive notes for personal biases. Results revealed that musicking magnified family dynamics and expedited the changemaking process by bringing it to the family members' awareness. The family's musical improvisations accomplished such a process through "a straightforward, rapid, precise, and enhanced performance, bypassing habitual coping stances and verbal censorship" (Nemesh, 2017, p. 179). Family-based music therapy harnesses the strengths of music which includes catharsis and communication. Musical interaction allowed for participants to be individuals while being in relation with others in the group in a purely sonic, nonverbal way. However, to fully harness these strengths, it would be imperative for the clinician to be dually trained in both the use of music in therapy and understanding family systems. I interpret this imperative as there being a general need for training in the use of self in an experiential, systems-based approach in the mental health field.

Use of Self. Both Satir's experiential family therapy model and Alvin's free improvisation model emphasize how the therapist's use of self is crucial to the therapeutic process. Consequently, Nemesh's (2017) family music therapy model also called for the therapist to be in congruence with the self, to be present, whole, centered, and in harmony (p. 172). Overall, these approaches elucidate the importance of the therapist's self-as-instrument. The self-as-instrument concept alludes to the IFS principle of fostering Self-energy.

Music Therapy in the Community Setting

In this section, I outline the uses music therapy interventions within the community setting. Music is an accessible art form that facilitates relational experiences. Within the music therapy literature, the branches of community music therapy and relational music therapy have outstanding frameworks of understanding music within a community-oriented therapeutic context. Music holds potential for various mechanisms that help organize relationships in the community as well as facilitate self-awareness for the music therapist.

Community Music Therapy

Definition. Community music therapy (CoMT) is a music therapy approach that decentralizes the client and focuses on the ecology of the client's environment. This ecological perspective considers the client, their need, their environment, and what role the music can play in the context of their need. In this way, "music is understood to be created in context, in action, and in interaction, rather than being a 'thing in itself'" (Wood, 2016, p. 44). Wood (2016) proposes using a matrix to conceptualize CoMT. They state that "in musical experience the connections we make are somehow the same 'material' as what flows through them" (p. 84). To reframe, music is both a product and process that is relationally born between musical participants. While CoMT does not hold a strict definition that consists of specific techniques, systems-thinking and multiplicity are inherent within its practice. Firstly, music as an art form can have various types of impact. Furthermore, Wood (2016) asserts that the multiplicity in CoMT shows up through "the emergent properties of the system as a whole" which "involves practice, theory, time, and organization forces" (p. 80). In other words, more opportunities for musical impact emerge through practice and multiple levels of organization. CoMT may prove to be a useful approach for centering relationships, and, hence, relational awareness, so that the

intersection between client, therapist, their respective worlds, and the client's need may give rise to a musicking practice that informs music therapy interventions. Wood (2016) offers that "[t]here is a belief in CoMT that the person may indeed be understood and thus 'performed' differently by varying audiences, according to the types of information or knowledge generated by and about them" (p. 68). The music, therefore, serves to offer clients situations in which they can perform aspects of themselves that either magnify who they are or lift out parts that they may not experience otherwise.

Musicking. Small (1999) defines musicking as "tak[ing] part in any capacity in a musical performance, and the meaning of musicking lies in the relationships that are established between the participants by the performance" (p. 9). In other words, musicking is the physical and dynamic representation of a relationship created in the context of music. In the context of music therapy, musicking is the representation of a therapeutic alliance. Wood (2016) proposes music as an organizing principle of life. He states:

> Music, as a mode of organization, is a matrix for how we make sense of the world; it is also how the world hangs together independently of us, our ears, or indeed our piano hands. The way we meet the world is musical; the way the world offers itself up to be met is musical, too." (Wood, 2016, p. 26)

Based on this understanding, CoMT offers the perspective that music offers an opportunity to not just relate in the moment but seek what is made possible because of the music. In music therapy, the outcome of musicking is not just a musical product but the creation of rituals and processes that reiterate musicking structures. These musicking structures may be in support of the client, their environment, and/or the clinician's reflexivity. Stige (2002) conceptualizes music therapy practice as "a situated health musicking in a planned process of

collaboration between client and music therapist" (p. 228). They further elaborate that "[t]his collaboration is embodied in the shape of … roles, relationships, rituals, and rationales" which "link to multiple contexts, such as institutional contexts, community contexts, aesthetic contexts, and political contexts" (p. 228). This statement reiterates that music is not just an abstract art form but a seen, tangible thing in the form of musicking.

Musicking and Performance. One of the most obvious forms of musicking is performance. Vandreuil et al.'s (2019) article highlights the performance aspect of CoMT by bridging the inner worlds of military service members and their outer world – their community. The authors explore two case reports of veteran clients that participated in music therapy sessions which involved writing, practicing, and performing their own songs related to their healing journey. Vandreuil et al (2019) highlighted performance as a clinically conducive and impactful tool for helping individuals "creatively connect with audiences" (p. 2) while "processing [their] military service and positively reframing self-perception and identity" (p. 5). Notably, the process of writing to performing became a process of "structured risk-taking" which allowed the clients to step out of their comfort zone (Vandreuil et al., 2019, p. 2). Despite the potential benefits of performance-oriented CoMT, the authors also mention the importance of the music therapist to pay careful attention to the therapeutic relationship in light of risks involved in performance and practicing transparency with clients (Vandreuil et al., 2019, p. 3). This detail invites curiosity and calls for further research on what exactly is required of the music therapist to simultaneously remain attuned to the client and aware of therapeutic risk in the community setting.

Musicking in Community Mental Health. Intentional musicking in the context of the client and their ecology requires the music therapist to improvise with whatever rituals, roles,

and relationships exist within the environment. Naess & Ruud (2007) explored in their article how a creative and improvisatory music therapy approach promoted meaningful activity and social connection for patients in rehabilitation from mental illness. They used a case study of a woman in psychiatric rehabilitation who started off with a lack of communication skills, concentration, and motivation but later developed focus, engagement, social connection, and independence. The music therapist held sessions with the woman across three years and took notes as a participant observer; the extensive notes were reviewed in addition to transcriptions of sessions and DVD recordings. They then used an edited DVD recording for narration and interpretation of various theoretical approaches to explain the client's changes in behavior and wellness. These approaches included: relational music therapy, resource-oriented music therapy, performance-oriented music therapy, and community music therapy (Naess & Ruud, 2007, p. 160). They particularly focused on the relational aspects of the music therapy sessions which were identified as "a) recognition and attunement by the therapist, b) nurturing through singing and playing, c) musical flow created through improvisation and groove-based play, and especially the sharing of time through gestural attunement and identification" (Naess & Ruud, 2007, p. 160). Their findings reiterated the community music therapy process of establishing musical contact in the therapeutic relationship to promoting involvement outside the institutional context (Naess & Ruud, 2007, p. 162). In asking how music therapy was able to accomplish this facilitation, Naess & Ruud (2007) posited and supported that music activated biological and embodied responses in the form of nonverbal communication and gestures; they stated that the patient's gradual involvement "may have had its roots in the immediacy of *gestural identification, attunement, and interaction*" (Naess & Ruud, 2007, p. 168). This "immediacy" describes a rhythm of being relational. This rhythm can be said to support the establishment of

ritual from individual interaction to social participation. Furthermore, they elaborated that the embodied responses during musical communication interweaves with "cultural situatedness" (Naess & Ruud, 2007, p. 166) which calls for careful attention by the music therapist.

The Community Music Therapist. Music therapy practice in the community setting is greatly impacted by the workplace setting. The community music therapist is challenged with stepping into new roles and maintaining default roles. These roles may include: clinician, teacher, mentor, musician, music director, program developer, researcher, supervisor, family, and community member. The music therapist's professional identity is impacted by this intersectionality as well as by how much their approach is formalized and/or effectively communicated across disciplines. Wood (2016) suggests that there may be a need for "theoretical approaches that provide tools for understanding how music can be used widely in professional music therapy practice without being fully defined or understood" (p. 43). This need is significant as it can impact the professional confidence of the music therapist, advocacy of their own role, and, in turn, their clinical impact.

While CoMT cannot be strictly defined into a concrete set of tools for professional development, Kwoun's (2019) study demonstrates the benefits of using CoMT for music therapy students' learning and the well-being of the participating communities. The study aimed to examine CoMT as a potential theoretical foundation for music therapy service projects due to the lack of research for the impact of service learning in music therapy higher education (Kwoun, 2019, p. 3). Kwoun (2019) examined Creative Music Making, which is a project that involved a partnership between a local symphony, a university music therapy program, and a local non-profit that that serves people with intellectual and developmental disabilities. The project was an annual 3-day event in which professional musicians, students, and participants from the non-

profit collaborated, rehearsed, and performed. The researcher used responses from all parties involved for data collection, but for the purpose of this thesis, I will mention only the portion of the study that involved student learning. The researcher used student journals for data collection and organized them into common key concepts of service learning, community benefits, and student learning (Kwoun, 2019, p. 5). The data highlighted various benefits for all parties involved; for the students, the data showed that the CoMT approach enhanced clinical skills, provided pre-practicum experience, and developed leadership. The study supported CoMT as an effective service learning approach that promoted active reflection and civic engagement by students. However, these results call into question the specifics of the clinical skills developed as well as how the various roles played by the students contributed to their overall professional self-concept.

CoMT emphasizes relational and cultural awareness because building reflexivity is inherent in its practice. The community music therapist must place oneself socioculturally in a community setting. CoMT facilitates this reflexive practice by calling attention to how one might construct music in a particular context with a particular group of people (Wood, 2016, p. 31). In this way, a community music therapist is made aware of their intersectionality of identities and aspects of self that make up their palette of musicking. Stige (2002) suggests that "reflexivity then, in music therapy, may be considered to be *reflections in and through actions*" (p. 248). In other words, reflexivity for the music therapist includes reflections in and through *musicking*.

Relational Music Therapy

Definition. Relational music therapy is a recently named approach and perspective within the music therapy field. Perspectives in relational music therapy help name the dynamics at play

in CoMT as it highlights the relational aspect of musicking. Trondalen (2016) summarizes

relational music therapy in the following way:

> A relational perspective on music therapy supports development of change by a
>
> deepening and exploration of creative meaning-making within a relational matrix.
>
> Dialogue is at the very core, and it comes through a musical relating experience. (p. 95)

This approach leverages music's ability to facilitate relating between therapist and client.

Relating shows up in the form of attunement and musical communication (or language) which

are facilitated by implicit knowing and intuition. Trondalen (2016) describes this relationship as

a "musical moving-along process involving the regulation of emotion and affects, … one in

which microprocesses play a crucial role" (p. 15). These "microprocesses" refer to embodied and

musical expressions, such as facial expressions, movement, gestures, timing, rhythm, and

intensity (Trondalen, 2016, p. 16). In summary, the relationship is felt in the form of musical and

affective movement.

Two principles make up the relational music therapy practice: recognition and

intersubjectivity. Recognition occurs through the music therapist's attunement to the client; the

therapist and client are "separated, yet bonded at the same time through music" (Trondalen,

2016, p. 93). In being in the music together, both parties can genuinely recognize each other and

begin to develop the relationship.

Intersubjectivity in music therapy can be described as the meeting and exchange of two

inner worlds using music to mutually regulate and interact. Trondalen (2016) defines

intersubjectivity in music therapy as "ackowledg[ing] the therapeutic relationship as a frame and

a relational possibility in and of itself for development and change" (p. 15). This definition aligns

with the matrix viewpoint presented in Wood's (2016) conceptualization of CoMT. A goal in CoMT involves the client's new ways of being in music while relational music therapy reframes this same goal as: expanding the client's "intersubjective awareness through new ways of relating through music" (Trondalen, 2016, p. 14). In other words, the possibilities that emerge in music in both CoMT and relational music therapy are new patterns of performing and new patterns of relating, respectively. Within relational music therapy, there also is an awareness of how the therapeutic relationship moves from musicking for *the sake of it* to musicking for *meaning co-creation.*

Trondalen (2016) further speaks on the experience of "a kind of mental flow" (p. 15) that occurs in the here-and-now in relational music therapy; this flow is a point of curiosity as it resembles the relational flow mentioned by Jordan (1995). Perhaps the relational flow may be made less vague and concretely expressed or felt through the use of music.

The Relational Music Therapist. According to Trondalen (2016), the relational music therapist has a "sensitive presence, awareness of oneself and the other, movement, and vitality within the relationship …" (p. 99). Furthermore, the relational music therapist utilizes "timing," "intuition," and "emotional togetherness" within "communicative musicality" (Trondalen, 2016, p. 99). These processes may reflect the inner mechanisms that support open attitude and sensitivity required in relational awareness defined by Jordan (1995). In practicing reflexivity, Trondalen (2016) highlights intuition as a guiding force. They propose: "In clinical practice, the music therapist's choices of methodology and procedures in the session are informed by her immediate, affectively attuned awareness, with its inherent tacit knowledge … which is perceived and performed in the here-and-now" (Trondalen, 2016, p. 99). This proposition can potentially be in conversation with Wood's (2016) suggestion mentioned earlier regarding a need

for tools to understand the use of music in music therapy without being fully defined (p. 43).

Perhaps there cannot be any intellectualized tools – only experiential tools – because the strength

of the music therapist is their ability to be intuitive.

Trondalen (2016) emphasizes that self-experience, self-care and supervision are crucial

components to being a relational music therapist. Self-experience serves to link "personal

competence, musicality, personality, and theoretical and existential orientation" (Trondalen,

2016, p. 102-103). In other words, the more experience that a music therapist has with using

music for growth and healing, the more they can pull from their personal narrative to empathize,

attune, and guide a musical-therapeutic relationship toward mutual, authentic healing. The music

therapist's exploration of their personal wounds empowers their vulnerability and expands the

intersubjectivity with the client (Trondalen, 2016, p. 103). This exploration can be further

enhanced by self-care and supervision. Self-care should serve to enable the music therapist to

genuinely enjoy and involve oneself in the musical relationship with a client. In order to

musically be present for others, the music therapist must tend to their musician-self outside of the

therapy space. This musical self-care is vital in addition to other aspects of self-care involving

other life dimensions (physical, emotional, financial etc.) and roles (partner, friend, parent etc.).

Supervision is a part of this self-care process (Trondalen, 2016, p. 103). It provides greater

opportunities to investigate personal narrative, strengths, weaknesses, and practice sensitivity

and awareness (Trondalen, 2016, p. 104).

The Current Literature. Despite the relational nature of music and the natural tendency

to view music therapy relationally, the current literature on relational music therapy is limited.

This scarcity reflects the recency of its development; however, it also hints at the field's history

of using music in structured settings. The emergence of relational music therapy as well as

CoMT may point to a shift in clinical focus from population-based, planned music therapy intervention to the use of self-as-instrument within a myriad of clinical contexts. Music therapy in the mental health field, especially, requires more research on the relationship between quality of the therapeutic relationship and the music(king).

<div align="center">**Discussion**</div>

Through inductive analysis of the literature, the following themes emerged as common among relationality, internal family systems, and music therapy. These themes may be potential topics for further research in order to develop in-depth theory as well as method of practice.

Embodiment as the Language of Intuition

One emerging theme across IFS and music therapy is embodiment as a key skill in practice. Both IFS and music therapy implicitly incorporate embodiment as an implicit knowing and confirmation of therapeutic movement. For both approaches, embodiment is a structure that makes possible the development and maintenance of relational awareness. This structure, or, language, of embodiment is a *felt* language. This language understands Self-energy, relational flow, and music – as they are all *felt*. While IFS refers to this *felt* language as self-somatic-awareness, nonverbal signals, and silent trust, music therapy assists in concretizing this *felt*-ness through the physical output of musicking: movement, gesture, timing, soundscape, and rhythm. In summary, embodiment is the raw data of intuition. Through the conceptual structure provided by IFS and the physical musicking aspect of music therapy, the skill of embodiment in relational awareness may be developed. From a clinical training perspective, it is helpful to think of relational music therapy's basis that "the body is our primary source of knowledge" (Trondalen, 2016, p. 5). Developing an embodiment practice – both personally and within clinical training –

allows the clinician to know one's somatic patterns in response to the relational dynamics. As a result, it can shape their use of self.

Remusicking

IFS and music therapy both incorporate multiplicity and systems-thinking. In addition, they both work to connect the inner and outer worlds. If the IFS process is understood to be a restructuring of dynamics between parts, the application of a music therapy lens would render it as remusicking the parts. IFS provides a simple way to conceptualize the individual psyche while music provides organizational possibility. In similar ways that dance movement therapy and art therapy techniques supported IFS, the mechanisms of IFS may be adapted to mechanisms of musicking. Outside of community context, the form of musicking would depend on the characteristics of the parts addressed. One part may prefer active music making; another part may prefer receptive music therapy. Just as a music therapist would assess what music intervention would best fit a client need, they can apply that parallel process to each part. Supervision and personal self-care are potential areas in which remusicking the self effectively can be explored. *Remusicking as self-care* may provide the music therapist with relational tools as they collect musical *felt* experiences of parts-interaction.

The Music Therapist Self

Across IFS and music therapy literature, the Self was highly emphasized as an important vehicle for therapeutic impact. Due to theories based on mutuality and parallel processes, the therapist's Self and well-being are highly prioritized. How a music therapist understands their "Self" is a question of consideration for responsible, ethical practice. In applying IFS principles to the music therapist, the parts of *Musician* and *Wounded Healer* most obviously came to light.

However, because a music therapist has many roles, and especially in a community setting, one can suggest that they have many parts. Because each clinician is unique with their own wounds and history, it may be too generalizing to assume that everyone has a *Musician* and *Wounded Healer* part with the same characteristics; it may even be more appropriate to understand that the *Musician* and *Wounded Healer* each have parts of their own. However, exploring the music therapist Self using this framework may shed light to a more complex understanding of their parts in a personal and professional way.

References

Aubrey, T. & O'Hagan, M. (2014). Defining the competencies of different stakeholders in a
transformed mental health system. In G. Nelson, B. Kloos, & J. Ornelas, (Eds.),
Community psychology and community mental health: Towards transformative change
(pp. 152-176). Oxford University Press.

Baker, F. (2015). *Therapeutic songwriting: Developments in theory, methods, and practice.*
Palgrave Macmillan.

Bruscia, K. (2015). *Forms of Reflexivity in Music Therapy: An Anthology*, Barcelona Publishers.

Cahill, S. (2015). Tapestry of a clinician: Blending authentic movement and the internal family
systems model. *Journal of Dance & Somatic Practices, 7*(2), 247-256. DOI:
10.1386/jdsp.7.2.247_1

Jordan, J. (1995). Relational awareness: Transforming disconnection. *Work in Progress, 76.*
Wellesley Centers for Women.

Jordan, J. (2018). *Relational-cultural therapy: Second edition.* American Psychological
Association.

Kwoun, S. (2019). Service learning within the community music therapy approach (CoMT).
Voices: A World Forum for Music Therapy, 19*19*(1), 1-13.
https://doi.org/10.15845/voices.v19i1.2704

Lavergne, M. (2004). Art therapy and internal family systems therapy. *Canadian Art Therapy
Association Journal 17*(1), 17-36. DOI:10.1080/08322473.2004.11432257

McConnell, S. (2013). Embodying the internal family. In M. Sweezy & E. L. Ziskind, (Eds.), *Internal family systems therapy: New dimensions* (pp. 90-106). Taylor & Francis Group.

Mojta, C., Falconier, M. K., & Huebner, A. J. (2013). Fostering self-awareness in novice therapists using internal family systems therapy. *The American Journal of Family Therapy, 42*(1), 67-78. https://doi.org/10.1080/01926187.2013.772870

Monti, E. & Austin, D. (2018). The dialogical self in vocal psychotherapy. *Nordic Journal of Music Therapy, 27*(2), 158-169. DOI: 10.1080/08098131.2017.1329227

Naess, T. & Ruud, E. (2007). Audible gestures: From clinical improvisation to community music therapy. *Nordic Journal of Music Therapy, 16*(2), 160-171. DOI: 10.1080/08098130709478186

Nelson, F., Kloos, B., & Ornelas, J. (2014). Transformative change in community mental health: A community psychology framework. In G. Nelson, B. Kloos, & J. Ornelas, (Eds.), *Community psychology and community mental health: Towards transformative change* (pp. 3-19). Oxford University Press.

Nemesh, B. (2017). Family-based music therapy: From dissonance to harmony. *Nordic Journal of Music Therapy, 26*(2), 167-184.

Schwartz, R. (2013). The therapist-client relationship and the transformative power of self. In M. Sweezy & E. L. Ziskind, (Eds.), *Internal family systems therapy: New Dimensions.* Taylor & Francis Group.

Schwartz, R. C., & Sweezy, M. (2019). *Internal family systems therapy, second edition*. Guilford Publications.

Small, C. (1999). Musicking – the meanings of performing and listening. A lecture. *Music*

    Education Research, 1(1), 9-22. doi:10.1080/1461380990010102

Stige, B. (2002). *Culture-centered music therapy.* Barcelona Publishers.

Trondalen, Gro. (2016). *Relational music therapy: An intersubjective perspective.* Barcelona

    Publishers.

Vandreuil, R., Bronson, H., & Bradt, J. (2019). Bridging the clinic to community: Music

    performance as social transformation for military service members. *Frontiers in*

    Psychology, 10, 1-6.

Wood, S. (2016). *A matrix for community music therapy practice*. Barcelona Publishers.

THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences

Expressive Therapies Division

Master of Arts in Clinical Mental Health Counseling: Music Therapy

Student's Name: Sophia Inaba

Type of Project: Thesis

Title: Music of the Parts: Exploring Clinician Reflexivity, Internal Family Systems, and Community Music Therapy: A Critical Review of the Literature

Date of Graduation*: May 21st 2022*

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

Thesis Advisor*: Dr. Rebecca Zarate*