

PEAK EXPERIENCES IN MUSIC THERAPY

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF ARTS

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF MUSIC AND DRAMA

COLLEGE OF ARTS AND SCIENCES

BY

MING YUAN LOW, B.S.

DENTON, TEXAS


AUGUST 2012

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

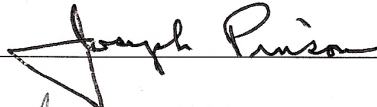
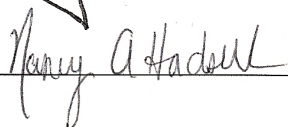
July 10, 2012

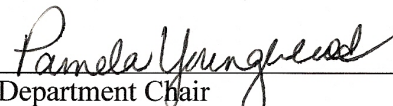
To the Dean of the Graduate School:

I am submitting herewith a thesis written by Ming Yuan Low entitled "Peak Experiences in Music Therapy." I have examined this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Masters of Arts with a major in Music.



Nicki Cohen, Ph.D., Major Professor

We have read this thesis and recommend its acceptance:


Department Chair

Accepted:


Dean of the Graduate School

ACKNOWLEDGEMENTS

I would like to gratefully acknowledge the many wonderful people who have contributed to this thesis and helping me with during the process of preparing it. I would like to thank Dr. Nicki Cohen who has tirelessly labored with me through every step of the way. My thesis would not have been completed without her patiently guiding me to understand the language of humanistic psychology, and her uncanny ability to find the researcher in me. I would like to thank all the people who are or have been in my writing group who processed and proofread my work. They went through my writings with a fine toothcomb and were unabashed to tell me if any of it is over their heads. I am grateful to Dr. Nancy Hadsell and Mr. Joseph Pinson for being vital members of my thesis committee. Their support, comments, and suggestions were essential in guiding me through this process. I would like to thank my family who supported my journey every step of the way and kept me accountable in finishing my thesis. I would like to thank the Dunton, Journey, and Gibson families. They fed me when I was too busy to cook. They have endured all my frustrations in this journey and celebrated every single baby step I took through the writing process. Lastly, I want to thank Chuck Dunton who spent countless hours helping me create the model image of peak experiences in music therapy.

ABSTRACT

MING YUAN LOW

PEAK EXPERIENCES IN MUSIC THERAPY

AUGUST 2012

Peak experiences are intense, transcending, and ecstatic human moments that have therapeutic, life changing potential. This phenomenon occurs frequently in the music therapy setting due to the creative and healing nature of this therapy. The purpose of this paper was to explore how the term peak experience was described in music therapy literature and to identify the characteristics of peak experiences in music therapy practice. This researcher found that even though a handful of music therapy articles exist that mention this phenomenon, none of them discussed the topic in depth to describe the process and effects of it. This researcher used the information gathered from journal articles and a survey to construct a theoretical model of the process of peak experiences that occurs in the music therapy setting. The four stages are labeled as: *exposition*, *accelerando*, *fuoco*, and *maestoso*. This researcher also discusses ethical considerations and professional boundary issues involved with peak experiences in the music therapy setting.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
 Chapter	
I. INTRODUCTION	1
II. RELATED LITERATURE	2
Humanistic Psychology	2
Peak Experiences	3
Working Definition	4
Research About Peak Experiences	4
Validating Maslow's Theories	4
Triggers for Peak Experiences	5
Peak Experiences and Music	6
Peak Experiences and Music Therapy	7
Nordoff-Robbins Music Therapy	8
Bonny Method of Guided Imagery and Music	9
Purpose and Research Questions	9
Content Analysis Questions	10
Survey Questions	10
III. METHOD	11
Content Analysis	11
Survey Research	11
Survey	12
Data Collection and Analysis	13

IV. CONTENT ANALYSIS RESULTS.....	14
Summary	19
V. SURVEY RESULTS	20
Comments	25
Summary	25
VI. PEAK EXPERIENCES IN MUSIC THERAPY	26
Common Language.....	27
The Music Therapy Setting.....	27
Events Prior to Peak Experiences in Music Therapy.....	29
Peak Experiences in Music Therapy.....	29
B-Values in Music Therapy	30
Ethical Issues	32
Music Therapy and Peak Experiences, a Model.....	34
Music Therapist	34
Music.....	35
Client.....	36
Model: The Four Stages of a Music Therapy Peak Experience.....	36
Andante	37
Accelerando	37
Fuoco.....	38
Maestoso	38
VII. DISCUSSION AND RECOMMENDATIONS	41
REFERENCES	44
BIBLIOGRAPHY	47
APPENDICES	
A. Recruitment Email	51
B. Survey.....	54
C. Survey Comments	68

LIST OF TABLES

Table	Page
1. Number of Researchers by Geographical Region.....	18
2. Number of Extra Professional Descriptors Listed	19
3. Agreement of Maslow's B-Cognitions During Music Therapy Related Peak Experiences	23
4. B-Values and their Co-Relating Words	31

LIST OF FIGURES

Figure	Page
1. Journals	14
2. Geographical Region	15
3. Type of Research Conducted	16
4. Focus of Research	17
5. Model	40

CHAPTER I

INTRODUCTION

When this researcher first started his journey as a music therapy student, he heard many stories of music therapy clients experiencing beautiful, transcending, empowering, and life changing moments in their sessions. He learned that these moments are called peak experiences. As a clinician, he experienced these with his clients, and felt satisfaction and excitement in the presence of something so powerful and therapeutic. These moments were what inspired this researcher to explore more about peak experiences in music therapy practice. However, he was unable to find many publications researching the phenomena in music therapy. He then broadened his search criteria and found sixteen articles from the *Music Therapy Research: Quantitative and Qualitative Foundations, Third Edition, 1964-2008* flash drive that mentioned peak experiences. It was with these findings that the researcher decided to review literature about peak experiences in music therapy and to determine the current perceptions of music therapists towards peak experiences as a therapeutic option for his master's thesis project.

CHAPTER II

RELATED LITERATURE

Humanistic Psychology

The term peak experience comes from humanistic psychology. This branch of psychology was first conceived in the U.S. in the mid 1950's as a bold movement by creative practitioners who were unhappy with the current emphasis on the measurement, prediction, and control of behavior. They felt that the zeitgeist in their field discounted what they considered to be the intrinsic nature of humanity: consciousness, creativity, freedom, willpower, love, and spirit. Humanistic psychologists were determined to find ways to address the entire scope of the human experience and not to limit themselves to observable data. To achieve their goal, they used existent philosophies, literature, and the arts to develop a greater understanding of human nature.

The most significant concept originating from humanistic psychology was Abraham Maslow's hierarchy of needs. According to Maslow, a person's needs are represented in the model of a pyramid. The needs are (in this order from the base): physiological, safety and security, love and belongingness, self-esteem, and self-actualization, which is the peak of the pyramid. Self-actualized people are rare, but Maslow found that humans are able to experience short glimpses of this state. These glimpses are called peak experiences (Hardeman, 1979; Harvey, 1974; Maslow, 1968).

Peak Experiences

Peak experiences are strong emotional moments experienced by humans. They are transcendent in nature, and much akin to mystic experiences. During them, people feel like they have seen the ultimate truth or an epiphany of sorts. However, Maslow found that those who experience peak experiences are not just religious people who have spiritual revelations; they can happen to anyone. Maslow further states that peak experiences arise from “moments of love and sex, from the great esthetic moments (particularly of music), from the bursts of creativeness and the creative furore [sic] (the great inspiration), from great moments of insight and discovery, from women giving natural birth to babies – or just from loving them, from moments of fusion with nature, from certain athletic experiences, etc.” (Maslow, 1961, p. 10).

Despite the subjective nature of peak experiences, they are naturally occurring and can be analyzed objectively. They stem from many sources, and these sources can be different for every person. For example, Maslow was intrigued by his discovery that a mother’s oral description of her ecstatic feelings during the birth of her child had many similarities to the experiences described in the writings of St. Theresa of Avila, Meister Eckhardt, or the Japanese or Hindu descriptions of Satori or Samadhi experiences (1962). Even though the causes of peak experiences are different, the resultant cognitions seem similar. According to Maslow, these are called *Being-Cognitions*, or characteristic cognitions that occur during peak experiences (e.g., wholeness, uniqueness, completeness, playfulness, timelessness) (Maslow, 1968).

Many circumstances can lead up to a peak experience. According to Maslow,

peak experiences have multiple triggers. The most important way for peak experiences to occur is for people to let them happen. For this to transpire, people must embrace passivity and learn to trust the experiences that will happen to them (1961).

Working Definition

As explained above, it is extremely difficult to define peak experiences. Maslow proposed that despite their ineffable nature, people are more adept at describing peak experiences if all parties (the experiencer and the audience): (a) have had experienced peak experiences; (b) are aware that they have had peak experiences; and (c) if poetic and creative language are accessible to all parties. For the purposes of this research, the researcher will define peak experiences as *intense, transcending, and ecstatic human moments that have therapeutic, life changing potentials*.

Research About Peak Experiences

Validating Maslow's Theories

Researchers usually study peak experiences by testing the validity of Maslow's theories. For example, Wuthnow (1978) examined the difference between people who claim to have intense peak experiences and those who don't. Using a random sampling of participants from the San Francisco Bay area, Wuthnow discovered that peakers (people who are prone to have peak experiences) are more apt to lead meaningful lives than non-peakers, and peakers are less likely to value material possessions, fame, fortune and popularity. Peakers are also more likely to report valuing social advancement and generosity of spirit. These findings reinforced Maslow's theories of peak experiences, especially his *Being-values* (Maslow, 1999).

Mathes, Zevon, Roter and Joerger (1982) found that people who report having peak experiences also tend to have feelings of bliss, transcendence, and mysticism, which are also akin to the B-values (Values perceived while in a state of selflessness). The researchers also discovered that people who are self-actualizing are more prone to have peak experiences than non self-actualizing people. All these findings are consistent with Maslow's theories (1982).

Privette (1983) discovered that peak experiences involve joy and encourage self-identity, responsibility, spontaneity, freedom, awareness of power, absorption, and lost sense of time and space. These findings relate to Maslow's *Being-Cognitions*. Hoffman (1998) supported Maslow's hypothesis that young children are capable of peak experiences, and that these permanently impact their life development. Liang (2006) found that the occurrences of peak experiences were not related to psychological wellbeing, which validated Maslow's theory that anyone, including the mentally ill, can have peak experiences.

Triggers for Peak Experiences

Some researchers focused their studies on the possible triggers for peak experiences. Maslow found that classical music and sex were the most common triggers of peak experiences (1971). Whittaker reported nine categories of triggers: "academic, social, artistic, athletic, nature, altruistic, sexual, drug, and political" (Liang, 2006, p. 11). Hoffman's study (1998) on childhood peak experiences identified nature, near-death or crisis episodes, moments of extreme happiness, and significant dreams as triggers of peak experiences. Hummel (2007) concentrated on the predictors of peak experiences for

elementary school teachers while teaching. These findings suggest that peak experiences can be triggered by any stimulus, thus affirming Maslow's theory (1971) that anything can lead to a peak experience.

Peak Experiences and Music

Maslow was immersed in the arts, especially music, all of his life (Hoffman, 1988). He claimed that classical music was one of the main triggers for peak experiences (1971). In a related study, Lewis (1998) discovered that music frequently stimulated peak experiences among university staff. Lewis then performed a follow-up study in 2002 to examine subjects' reactions to and level of participation in music during peak experiences. The new data showed that 10.8% of the participants were performing live music (active condition) before their peak experiences, whereas 52.0% of the participants were listening to music (passive condition). Those participants listening to music had strong musical backgrounds. In the related literature, Lewis stated it is possible that listening to music can also be an active event, especially for those with strong musical backgrounds. Lewis developed the *Musical Involvement and Reactions Questionnaire* (MIRQ) to gather data about peak experiences and music from subjects. The MIRQ was designed to determine the subjects' musical background and their reactions while being involved in musical experiences. The following are some of the responses that occurred with the highest frequency: "I can feel it in my stomach; It is like I am addicted; It is like a film being shown; I sometimes get gooseflesh; I experience something beautiful; I get cheerful; I would like to cry; I get to know myself better and I experience tension and relaxation" (Lewis, 2002, p. 356).

Seven years later, Babini studied the corresponding responses of individuals during peak experiences triggered by music (2009). The researcher worked with 21 participants between the ages of 21 and 65 from a variety of cultural backgrounds. He then interviewed the subjects and thematically analyzed the transcripts generated from the interviews. The researcher identified those themes that surfaced frequently as: “facilitating access to feelings, physiological responses, emotional responses, yearning for resolution, anticipation of expected responses, facilitating a union of opposite emotions, enhanced memory recall, music experienced as purposeful, and observation alters experience” (pp. 81-96). Babini also noted that some subjects felt that having a person observe the peak experience felt like an invasion of something very intimate.

Most of Babini’s results can be applied to music therapy. Music can trigger peak experiences and serves as a conduit to healthier feelings. Music triggers significant physiological responses. It leads a person in potentially better therapeutic directions. Lastly, music enhances people’s memory skills and engages them in purposeful and creative experiences.

Peak Experiences and Music Therapy

Peak experiences can occur in music therapy sessions. Robbins (2009) claims that music therapists, perhaps more than any other therapists, have a direct access to helping their clients achieve spontaneity, courage, humor, sensory awareness and growth towards self-actualization. The present researcher found two approaches in the reviewed music therapy literature, Nordoff-Robbins Music Therapy and The Bonny Method of Guided Imagery and Music, that mention the occurrence of peak experiences the most.

Nordoff-Robbins Music Therapy

Paul Nordoff, an American composer-pianist, and Clive Robbins, a British-trained special educator, worked closely together from 1959 to 1976. Their work focused on children with special needs. Together, they developed the Nordoff-Robbins Music Therapy approach, which is an improvisational model based on the belief that everyone has a fundamental connection to music and that the core musical being in every person is called the “music child” (Nordoff and Robbins, 2004 p. 7)

In his talk at the Mid-Atlantic regional conference in 2009, Robbins stated that when he and Nordoff were conceptualizing this approach, they were pleasantly surprised how closely their therapeutic goals related to the humanistic concepts of Abraham Maslow. These similarities between the Nordoff-Robbins model and Humanism were reinforced by Bruscia (1987) as follows: (a) natural impulses should be encouraged and used as dynamic forces in therapy; (b) goals in therapy should be *growth* motivated; (c) therapy guides a client towards self-actualization; (d) learning should have intrinsic goals; (e) self-actualizing creativity is about self-expression and relates to B-value characteristics; and (f) therapy triggers peak experiences. Currently hundreds of music therapists around the world are trained in Nordoff-Robbins Music Therapy. These music therapists are designated as Nordoff-Robbins Music Therapists (NRMT) (*Nordoff-Robbins Music Therapy*, 2010).

Bonny Method of Guided Imagery and Music

Helen Bonny developed the Bonny Method of Guided Imagery and Music (The Bonny Method) during the early 1970's through her work in a psychiatric research center. This method started when Bonny used sequenced western classical music to contain psychedelic psychotherapy. In 1972 the use of psychedelic drugs in a therapeutic setting was banned due to America's anti-drug movement. Bonny found that people were able to reach altered states using only music experiences, without the hallucinogens.

Now, the Bonny Method is described as "the conscious use of imagery which has been evoked by relaxation and music to effect self-understanding and personal growth processes in the individual" (Bonny, 2002 p. 95). This music and person centered therapy allows a person to "integrate mental, emotional, physical and spiritual aspects of themselves" (Mardis and Clark, 2008, The Bonny Method). The aforementioned goals are similar to Maslow's concept of humanistic therapy. Bonny herself stated that the method is based heavily on humanistic and transpersonal psychology (2002, p. 12). Currently hundreds of music therapists around the world have received the designation to practice the Bonny Method. These music therapists are Fellows of the Association for Music and Imagery (FAMI) (Association for Music & Imagery, 2010).

Purpose and Research Questions

Maslow found peak experiences to be highly valuable and therapeutic in nature. Since peak experiences can result from music, it is highly possible that they may also occur in music therapy sessions. Peak experiences in music therapy sessions may lead to spontaneity, courage, humor, sensory awareness and *growth* towards self-actualization

(Robbins, 2009). Little research has been found about peak experiences in music therapy literature. The purpose of this study was to explore how the term *peak experience* was described in music therapy literature and to identify the characteristics of peak experiences in music therapy practice. The following research questions guided this study:

Content Analysis Questions

1. How often is the term “peak experience” mentioned in each English language music therapy journal?
2. Which countries/geographical regions publish the most literature that mentions the term “peak experience”?
3. Under which topics are articles found that most frequently mention the term “peak experience”?
4. What are the professional credentials of the authors that mention the term “peak experience” in their articles?

Survey Questions

1. How frequently do music therapy related peak experiences occur?
2. How important are peak experiences to music therapists?
3. Under which theoretical orientations do the respondents self-identify?
4. In what settings do peak experiences occur (clinical, teaching, research)?
5. What are the qualities of music therapy related peak experience?

CHAPTER III

METHOD

Content Analysis

The first part of the study was a content analysis of all music therapy journals that were published in the English language and available through Texas Woman's University's Blagg Huey Library. These included the *Journal of Music Therapy*, *Music Therapy Perspectives*, *Music Therapy*, *Nordic Journal of Music Therapy*, *British Journal of Music Therapy*, *Canadian Journal of Music Therapy* and *Australian Journal of Music Therapy*. This researcher performed a word search in the above journals using the keyword "peak experiences." All the journal articles that contained the term "peak experience" within the body of the article were used as data. The researcher calculated the number of journal articles that contained the term "peak experience." He then tabulated the data according to the following criteria: (a) countries/geographical regions from which the articles were published; (b) topic areas based on the content of the articles; and (c) professional credentials of the authors as listed in their articles. Data were presented in tabular, graphic, and narrative form.

Survey Research

In the second part of this study, the researcher selected participants from the American Music Therapy Association (AMTA) *Sourcebook* (2011). The participants were board-certified music therapists and professional members of AMTA. A systematic sampling

procedure (n+5) was used to select 450 participants. The proposal and cover letter were submitted and approved through the Texas Woman's University's Institutional Review Board (IRB) to ensure that the participants' rights and privacy were protected. After approval from the IRB, the researcher sent emails to each potential participant using the email addresses provided in the American Music Therapy Association (AMTA) *Sourcebook* (2011). The email further explained the research procedure and the estimated time needed to complete the study. It informed the participants that they could withdraw from the study at any point and that the completion of the survey constitutes the participants' informed consent to act as participants. The email contained a link to the SurveyMonkey™ site provided at the bottom.

The first section of the SurveyMonkey™ site introduced the study, provided a definition of peak experiences, and explained the research procedure. The participants were invited to think of one memorable peak experience related to music therapy and to answer the questionnaire based on that memory. Subjects were asked to indicate that they: (a) have had a peak experience related to music therapy, and (b) understand what they are being asked to do by checking a box on the bottom of the introductory page. Those respondents who had not had a peak experience were thanked for their participation. Those who had had a peak experience related to music therapy were asked to continue on to the survey.

Survey

The electronic link connected the participants to a survey that was used to answer the aforementioned research questions. The beginning four items were in multiple-choice

format, and were designed to correspond specifically to the first four research questions. The remainder of the survey addressed the fifth research question, and consisted of 20 items with level of agreement based on a Likert scale. The researcher loosely based the survey on Maslow's *B-Cognitions* that occur during peak experiences. The researcher changed Maslow's language to reflect the perspectives of a music therapist, but kept the essence true to Maslow's *B-Cognitions*. The items remained in the same order as Maslow's *B-Cognitions*.

Data Collection and Analysis

Data received were anonymous. At the end of the survey period, SurveyMonkey[™] sent the data in percentages to the researcher. Results were presented in tabular, pie chart, and narrative form.

CHAPTER IV

CONTENT ANALYSIS RESULTS

Research Question One: *How often is the term “peak experience” mentioned in each English language music therapy journal?*

This researcher found a total of 36 articles that mentioned the term “peak experience”: 16 *Nordic Journal of Music Therapy* articles, seven *Journal of Music Therapy* articles, four *Music Therapy Perspectives* articles, seven *Music Therapy* articles, and two *Canadian Journal of Music Therapy* articles. No *Australian Journal of Music Therapy* articles were found that mentioned the term “peak experience” within the text of the articles (see Figure 1).

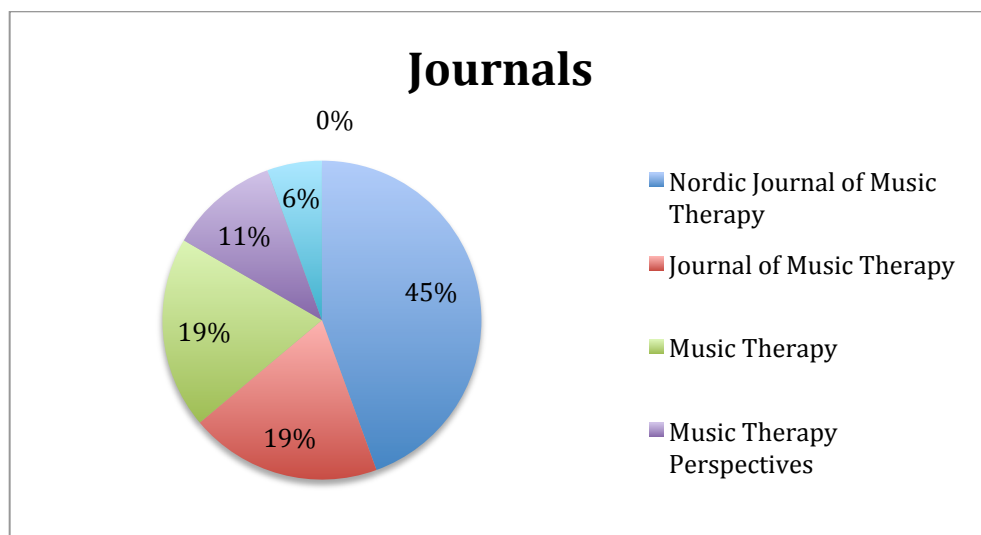


Figure 1. Journals. Graph represents the percentage of articles that mention the term “peak experiences” by publication.

Research Question Two: *Which countries/geographical regions publish the most literature that mentions the term "peak experience"?*

From the databases available to the researcher through Texas Woman's University's Blagg Huey Library resources, the journals published in the United States (*Journal of Music Therapy*, *Music Therapy*, and *Music Therapy Perspectives*) contained the most articles that mentioned the term "peak experience" (n =18), followed by the Nordic countries (n =16), and Canada (n=2) (See Figure 2).

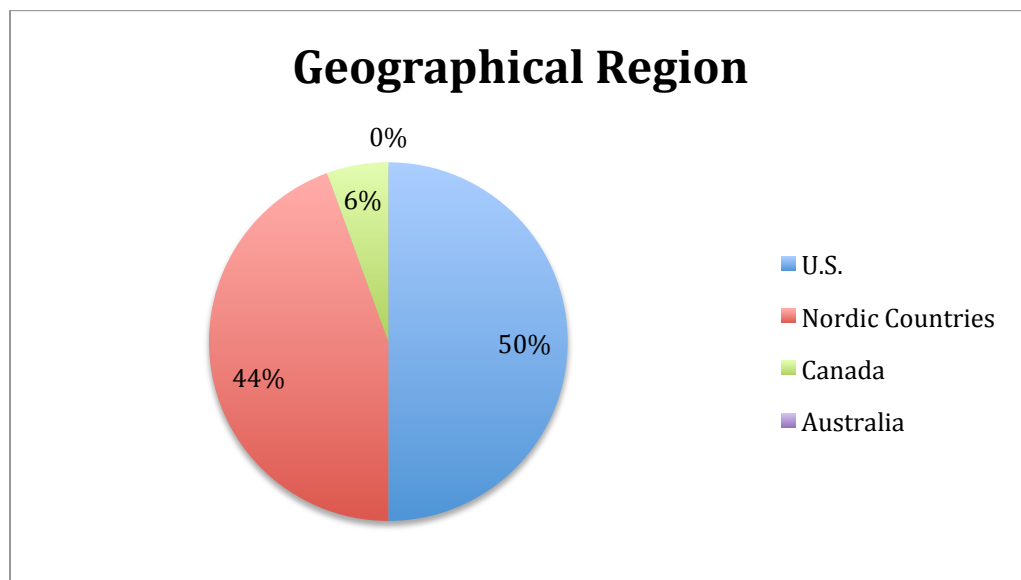


Figure 2. Geographical region. Graph represents the percentage of articles that mention the term "peak experiences" by geographical region.

Research Question Three: *Under which topics are articles found that most frequently mention the term "peak experiences"?*

After reviewing all the articles, this researcher categorized the 36 articles by: (a) Type of Research Conducted, and (b) Focus of Research. The type of research conducted

included: 17 descriptive studies, ten case studies, five qualitative researches, four quantitative studies, two interviews, two book reviews, and three content analyses (See Figure 3).

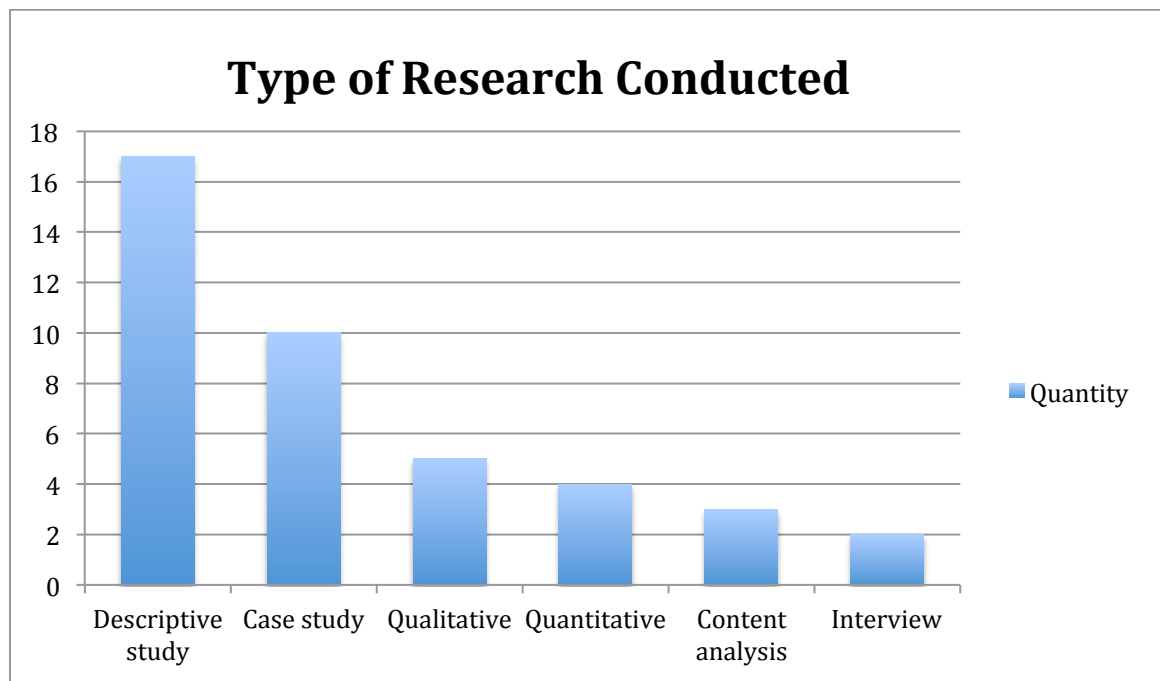


Figure 3. Type of research conducted. Graph represents the type of research conducted in articles that mentioned the term “peak experiences”.

This researcher also examined the articles for their research focus. He found that 22 of the articles focused on clinical applications, 13 on theoretical applications, and two reported on experimental research.

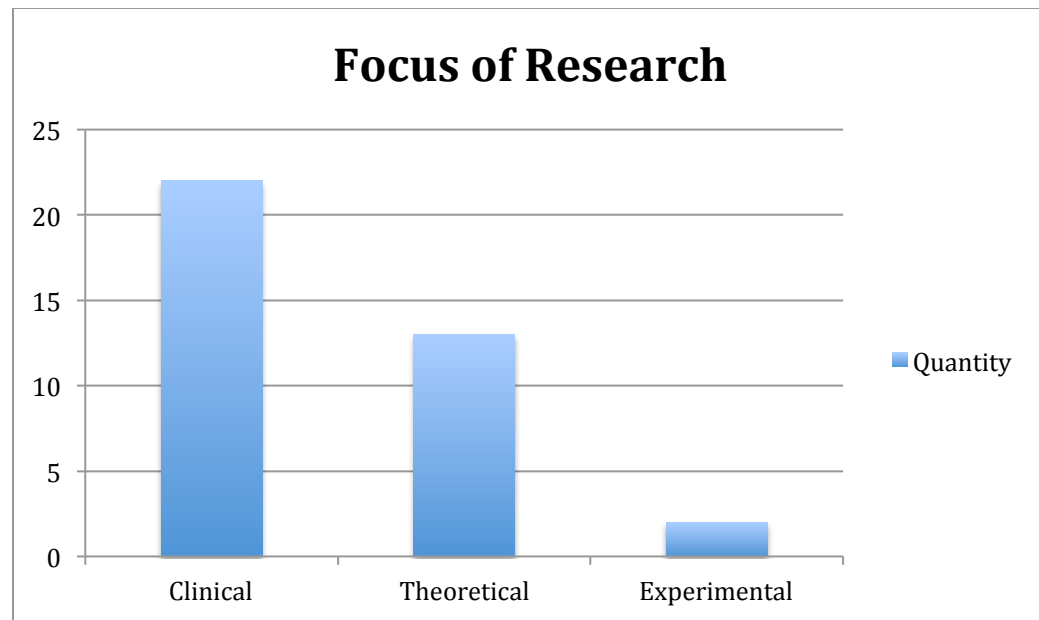


Figure 4. Focus of research. Graph represents the focus of research in articles that mentioned the term “peak experiences”.

It should be noted that two articles were related to the work of Nordoff Robbins Music Therapy, and ten articles were related to the work of the Bonny Method.

Research Question Four: *What are the qualifications of the authors that mentioned the term "peak experiences" in their articles?*

The articles in this content analysis were written by authors who had published in journals from the following countries: 22 in US journals, 15 in Nordic journals, and three in Canadian journals. This researcher found the qualifications of the authors by examining the biographical data provided in their respective articles. If this information was not listed, the author performed a simple Google search, using the authors’ names and the term ‘music therapy’ as keywords. The researcher also examined data from the

authors' official websites, such as the biographical page on their school websites, if they were professors.

Table 1

Number of Researchers by Geographical Region

Geographical Region	Number of Researchers
America	22
Nordic	15
Canada	3

The total number of authors of the articles was 40. Slightly more than half (57.5%) listed PhD as their highest degree. Ten percent listed MA as their highest degree (n = 4), and 10% listed MM as their highest degree (n = 4). The rest of the degrees listed were: PsyD, EdD, MS, and E MS (n = 1 respectively).

This researcher found that the authors of the articles identified themselves not only as music therapists, but used other professional descriptors, such as their specific discipline or advanced training (see Table 2). There were also a few authors of the articles who were not music therapists. It should also be noted that ten (25%) of the 40 authors listed their designations as Bonny Method practitioners.

Table 2

Number of Extra Professional Descriptors Listed

Professional Descriptors	Quantity
Nursing (RN or MRCNA)	3
Speech Therapist (CCC)	2
Psychotherapist	2
Special Education	1
Teaching (T Cert)	1
Occupational Therapy (OTR/L)	1
Medical Doctor (MD)	1
Creative Arts Therapist (LCAT)	1

Summary

This researcher could not find any music therapy research article that focused specifically on peak experiences. However, 36 articles mentioned the phenomenon, most of them originating from journals from the US and the Nordic region. The data also showed that slightly more than half of the researchers had doctorates, and the rest of the researchers self-identified with numerous other professional descriptors

CHAPTER V

SURVEY RESULTS

This researcher identified 300 board certified music therapists who were also professional members of AMTA in the 2011 *AMTA Sourcebook* using a systematic sampling procedure (n+5). Out of the 235 useable emails received by potential participants, 71 participants completed and returned the survey, resulting in a response rate of 30%.

Research Question One: *How frequently do music therapy related peak experiences occur?*

Out of 71 respondents, 60.6% reported having had a music therapy related peak experience (n = 43); 12.7% thought they had a music therapy related peak experience (n = 9); and 12.7% reported they never had a music therapy related peak experience (n = 9). The highest percentage of respondents (45.8%) reported having music therapy related peak experiences “some of the time”(n = 43). One quarter of the respondents (25.4%) reported having these experiences “rarely” (n = 15); one quarter (25.4%) reported having these experiences “a little of the time” (n = 15); 1.7% reported having these experiences “most of the time” (n = 1); and 1.7% reported having these experiences “all of the time” (n = 1).

Research Question Two: *How important are peak experiences to music therapists?*

More than half (59.3%) of the respondents considered peak experiences to be “very important” (n = 35); 25.5% selected “somewhat important” (n = 17); 8.5% selected “neutral” (n = 5); 1.7% selected “not important” (n=1); and 1.7% selected “least importance” (n=1).

Research Question Three: *Under which theoretical orientations do the respondents self-identify?*

The respondents were asked to indicate with which theoretical orientation(s) they self-identified. They were instructed to choose as many orientations as applied. More than half of the respondents (62.7 %) selected “humanistic” (n=37). Out of the rest of the orientations, 44.1 % of the respondents selected “cognitive-behavioral”(n = 26); 39% selected “eclectic” (n =23); 33.9% selected “behavioral” (n=20); 25.4% selected “psychodynamic” (n=15); 1.7% selected “not sure” (n=1), and 30.3% of the respondents selected “other” (n=12). Among the respondents who selected “other,” 27.2% chose neurological music therapy (n=3), and 27.2% chose music-centered (n=3).

Research Question Four: *In what settings do peak experiences occur (clinical, teaching, research)?*

The majority of respondents (82%) reported their most memorable music therapy related peak experience occurred in a clinical setting (n = 55). Nine percent had a teaching related peak experience (n = 6), and 1.5% had a research related peak experience (n = 1). Out of all the respondents that selected “other,” 80% reported having their most memorable music therapy related peak experience in a training setting (n=4).

Research Question Five: *What are the qualities of music therapy related peak experiences?*

Most of the participants generally agreed with the statements provided in the survey, with the exception of the statements “The event was playful” and “The event was passive.” The distribution of responses to the first statement, “The event was playful,” was equal across the board, while more than half of the participants (67%) disagreed with the statement “The event was passive.” Table 3 details the distribution of the participants’ responses to the Maslow B-Cognition statements and the mean rating for each statement.

Table 3
Agreement of Maslow's B-Cognitions During Music Therapy Related Peak Experiences

Statement	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A	Mean
Everything was at it should be.	1	5	6	14	26	1	4.13
I was absorbed in the experience.	0	1	2	14	36	0	4.60
I could separate myself from my surroundings and my surroundings from myself.	1	5	10	26	8	3	3.70
The event was more vivid than usual.	0	0	4	22	26	1	4.42
The experience stretched beyond myself.	0	1	7	14	30	1	4.40
The experience was its own reward.	0	1	1	9	42	0	4.74
I sensed a loss of time and space.	2	12	10	14	15	0	3.53
The experience was good and desirable.	0	0	4	17	32	0	4.53
The event was playful.	6	14	11	11	10	0	3.10
The experience was complete unto itself.	0	4	6	16	25	1	4.22

Statement	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A	Mean
I was receptive.	0	1	3	22	24	2	4.38
I was passive.	11	24	10	4	1	2	2.20
I felt wonder and awe.	0	3	5	16	27	0	4.31
The world seemed unified to me.	0	4	16	17	13	1	3.78
The event represented the entire world.	4	17	18	7	5	0	2.84
I could perceive the world concretely and abstractly at the same time.	2	7	18	15	8	1	3.40
My inner conflicts were resolved.	4	10	17	16	2	2	3.04
I felt full acceptance of the world.	2	10	15	18	5	1	3.28
The experience was unique.	0	2	3	20	26	0	4.37
I felt free from fear and anxiety.	0	2	8	19	20	2	4.16

Comments

Out of the 71 participants, 14 (19.7%) left comments at the end of the survey. Eight of the comments were narratives of the participants' most memorable music therapy related peak experiences. Two of the comments discussed ethical considerations about these experiences.

Summary

More than half of the survey respondents reported having had a music therapy related peak experience. Almost all of the respondents reported having these experiences some of the time. These data are congruent with the frequency of the occurrences of peak experiences as described in humanistic psychology. Most of the respondents self-identified as humanistic in their practice as music therapists. However, a large amount of respondents self identified with other orientations as well. Most of the peak experiences seemed to have occurred in a clinical setting. The participants agreed with most of Maslow's *B-Cognitions*.

CHAPTER VI

PEAK EXPERIENCES IN MUSIC THERAPY

The current study's survey results and content analysis findings both supported Maslow's premise that music leads to peak experiences. To go a step further, even though all experiences, and specifically music, can potentially lead to peak experiences, the music therapy setting may be particularly conducive to them. This can be attributed to the nature of what happens during a music therapy session. To fully explain this phenomenon, this researcher will be using the following terms and definitions that stem from humanistic psychology:

- *Being* – “Temporary, metamotivated [sic], non-striving, non-self-centered, purposeless, self-validating, end-experiences and state of perfection and of goal attainment” (Maslow, 1999, p. 84)
- *B-Values* – The values used when perceiving the world in the state of *Being* (Maslow, 1999, p. 85)
- *Growth* – “*Growth* takes place when the next step forward is subjectively more intrinsically satisfying than the previous (externally motivated) gratification with which we have become familiar and even bored” (Maslow, 1999, p. 53)

- *Growth choice* – The decision a person makes when “the delights of growth and anxieties of safety are greater than the anxieties of growth and the delights of safety” (Maslow, 1999, p. 56)

Common Language

Maslow proposed that the idea of peak experiences can be shared if all parties have had peak experiences, are aware that they have had peak experiences, and if poetic and creative language are accessible to all parties. This researcher found this hypothesis to be true, based on the survey results. All the participants of the research survey seemed to understand this researcher’s definition of peak experiences, to recognize their most memorable music related peak experience, and to answer the questions about peak experiences on the survey. This could be attributed to the fact that the nature of the music therapy profession in the US requires an understanding of music, both clinically and artistically, and requires a background in clinical psychology. Also, the people who chose to complete the survey might be especially aligned with humanistic psychology.

When this researcher presented on this topic at the Southwestern Region Music Therapy Association conferences at 2011 and 2012, he observed that music therapy professionals and students alike shared their music therapy related peak experiences with one another. As soon as the researcher defined peak experiences, some of them openly shared them among the attendees.

The Music Therapy Setting

People who attend music therapy sessions typically want to improve the quality of their lives. Music therapy experiences are therefore designed to be *growth* motivated and

to occur in a setting that encourages clients to reach their goals. Maslow's hierarchy of needs is a good model to reference when determining what music therapy clients need to move towards self-actualization.

For peak experiences to happen in music therapy, the client needs to feel safe both physically and emotionally. Written comments from the survey respondents supported Maslow's belief that the client needs to be in a safe environment in which there are possibilities to make the *growth choice*. One respondent said specifically "*safety and trust were crucial to my having a peak experience.*" Music therapists are trained in ways to provide a safe physical environment, and the *Code of Ethics* set by the American Music Therapy Association reinforces the value of a safe setting for clients (*AMTA Code of Ethics*, 3.7). When clients feel safe physically, they are more likely to feel safe emotionally.

A *growth* motivated music therapy environment puts clients in the state of mind where they feel safe, supported, affirmed, and thus can be more independent and creative. The balance between the support provided by the therapist and the autonomy allowed by the therapist is very tenuous. Too much support provided by the therapist might impede clients' potential for *growth*. Too much freedom allowed by the therapist might overwhelm clients. The music therapist is responsible for understanding this delicate balance and guiding the clients towards making the *growth choice*.

As an example of a safe emotional environment, one participant stated that "safety and trust" were crucial to having her own peak experience. This most memorable peak experience she recalled took place in a session facilitated by two therapists with

whom she has worked with for a few years. She also had an extensive history in receiving therapy, and the format of the session required her to be “*immersed in the experience*”. In this case, because the participant had known her therapists for a while and had received personal therapy, there was a sense of trust in the therapeutic relationship. The format of the experience allowed the participant to feel safe yet empowered to just *be*.

Events Prior to Peak Experiences in Music Therapy

Researchers agree that during moments prior to peak experiences in music therapy, there seems to be intensity building, leading up to the pinnacle of all experiences, the peak experience. DiGiacomo (2007) states there seems to be a “narrowing of consciousness” prior to the peak experience. Madsen stated, “to have peak experience one must spend several minutes in highly concentrated focus of attention, especially the 30-45 seconds immediately preceding the peak experience” (1997, p. 197). These statements suggest that people who are about to have peak experiences are actively involved in whatever experience they are partaking. Their involvement, focus and awareness of self and others are also increased. It also seems that the people are so intensely involved in the music therapy experience that they do not notice that they are about to reach a peak experience. Despite their unawareness of what is to happen, they recalled that the peak experience was unique and special.

Peak Experiences in Music Therapy

Peak experiences, despite their ineffability, seem to be very memorable. All the descriptions of music therapy related peak experiences gathered by this researcher were

vivid and inspiring, saturated with language of beauty, aliveness, and goodness. It was as if the peak experience was happening right there and then as they were describing them. In other words, the experiencers were reporting their perceptions as they were *Being* in the peak experience.

Despite how individually directed peak experiences are, and taking into account each experiencer's idiomatic perceptions and viewpoints, similarities still seemed to exist. First, these experiences involve the unification of the experiencers with the music on a higher plane than it is usually experienced. The following are some examples:

- *“There’s a thickness in the air and the live music spreads through it and turns it into something else, something undefinable [sic] but so very real.”*
- *“The music was authentic, no words needed to be spoken, clients were calm and regulated, the music was incredible and nothing else seemed to matter. [...] There was a unique connection that we all had with each other where we were all in sync and communicating with the music.”*
- *“It involved a musical flow and exchange of energy between therapist and client. It transcended the clinical situation to enter a realm of pure music making. In it, the client transcended disability. It involved a perpetual circle of energy exchange.”*

B-Values in Music Therapy

One of the requirements for peak experiences is for the experiencer to Be. B-Values emerge while a person is in a Being state. Maslow provided a comprehensive list of terms that related to each of the B-Values. In the respondents' comments, the

descriptions of peak experiences in music therapy were naturally filled with B-Value terms. However, they were also filled with additional language specific to music therapy. This researcher has modified Maslow's B-Values list; therefore, to reflect the perceptions of the music therapy respondents (see Table 4). The added words appear in red ink.

Table 4

B-Values and Co-relating Words

B-Value	Co-relating Words
Wholeness	unity, sync, as one, harmony, connection with therapist/music organization; structure; dichotomy-transcendence; order
Perfection	as it should be; necessity; just-right-ness; just-so-ness; inevitability; suitability; justice; completeness; "oughtness"
Completion	full cadence, ending; finality; justice; "it's finished"; fulfillment; finis and telos; destiny; fate
Justice	structured, sense of direction, fairness; orderliness; lawfulness; "oughtness"
Aliveness	music making, music took on a life itself, playfulness; process; non-deadness; spontaneity; self-regulation; full-functioning
Richness	multiple timbres, differentiation, complexity; musical complexity, intricacy
Simplicity	silence, unplugged, bare, minimal, sparse harmonies, open fifths, honesty; nakedness; essentiality; abstract, essential, skeletal structure
Beauty	music, rightness; form; aliveness; simplicity; richness; wholeness; perfection; completion; uniqueness; honesty
Goodness	rightness; desireability; oughtness; justice; benevolence; honesty

Cont'd

Uniqueness	special, the client's own music, idiosyncrasy; individuality; non-comparability; novelty
Effortlessness	flow, natural, ease; lack of strain, striving or difficulty; grace; perfect, beautiful functioning
Playfulness	vivace; fun; joy; amusement; gaiety; humor; exuberance; effortlessness
Truth	honesty; reality; nakedness; simplicity; richness; oughtness; beauty; pure, clean and unadulterated; completeness; essentiality
Self-sufficiency	autonomy; independence; not-needing-other-than-itself-in-order-to-be-itself; self-determining; environment-transcendence; separateness; living by its own laws

Ethical Issues

While peak experiences are regarded as moments in music therapy that have boundless therapeutic potential, this researcher found certain ethical issues that related to this phenomenon. When peak experiences happen the client is in a deeper state of consciousness. Being in this altered state of consciousness means the natural mental boundaries and defenses of the client are compromised. As Taylor describes it, "Clients are more sensitive and more deeply vulnerable in these states than in ordinary states of consciousness" (1995, p. 53). This creates many concerns in the music therapy setting because the clients typically have limited ways to self-regulate or to protect themselves in altered states of consciousness.

The role of the music therapist is to facilitate music therapy experiences to help the client reach the client's goals. This means the music therapist is responsible for

maintaining therapeutic boundaries. When boundaries are altered, the therapist-client relationship becomes ambiguous. Peterson describes this phenomenon as, “Such ambiguity is often experienced as an intrusion into the sphere of safety. The pain from a violation is frequently delayed and the violation itself may not be recognized or felt until harmful consequences emerge” (1992, pp. 74-75).

One survey participant commented how the music therapist might be drawn to go through the peak experience with the client. The music therapist might put his/her own personal need for peak experiences ahead of the client’s needs. That could potentially lead to counter-transference and role-reversal issues. Just as the music therapist is responsible for creating a safe environment conducive for peak experiences to happen, the music therapist must ensure the client’s peak experience continues in a safe, healthy environment. This involves both the music used in the experiences and the relationships that develop through them. The music therapist has to be ever aware of his or her state of mind to remain present. The role of the music therapist must remain as facilitator and guide as opposed to intruder or pilferer. A respondent reported that as the therapist, “I have to stay fully present, and supervise forensic adult psych clients, so I cannot become too immersed in the experience.”

Peak experiences are filled with opportunities for the client to make *growth choices*. This means that clients have more potential to progress or make breakthroughs in therapy. The music therapist has to be aware of these moments so that the music therapist can not only Be with the client, but also provide opportunities for the client to make the *growth choices*. The therapist must also be ready to guide the client when the

peak experience starts to end. This involves affirmation and closure. The client needs to be affirmed, whether with loud and hearty congratulations or with silent and meaningful silences so that the client is assured that the therapist was aware of the client's wonderful experience. The music therapist must then document these experiences so that the trend of client's peak experiences can be tracked and may be reintroduced in future sessions.

Music Therapy and Peak Experiences: A Model

This researcher noticed trends regarding the music therapy related peak experience process. All these similarities have guided this researcher to develop a model of the process of peak experiences that happen within a music therapy session. This model is idiomatic and reflects the participants' comments, the survey results, the content analysis results, and this researcher's personal experiences. It is by no means a manual to follow to facilitate music therapy related peak experience responses.

The three main entities involved in a music therapy experience are the therapist, client, and music (Michel & Pinson, 2005, p. 4). All three components have a specific role to play so that peak experiences are poised to happen in the music therapy experience.

Music Therapist

A therapist is the person who helps the client to reach desired goals. Music therapists, more specifically, are responsible for providing music therapy experiences to help the clients reach their goals. Music therapists have to be prepared for peak experiences to happen in a session. To do so, they need to remain engaged in ongoing personal growth work (e.g., counseling, supervision). This will help them be aware of

their own abilities and limitations, which are not defined solely by the therapists' clinical or musical skills, but also by the therapists' personal limitations. Music therapists have to be mindful of possible triggers to avoid problems such as counter-transference and role-reversal. Music therapists have to be conscious that personal boundaries are less defined during peak experiences.

During the session, music therapists must give the client just enough assistance and challenge so that the client has opportunities to progress therapeutically. The researcher found this quote of Maslow's to be compelling:

“We can't force him to grow, we can only coax him (client) to, make it more possible for him, in the trust that simply experiencing the new experience will make him prefer it. Only he can prefer it; no one can prefer it for him. If it is to become part of him, he must like it. If he doesn't, we must gracefully concede that it is not for him at the moment” (1999, p. 62)

Music

The inherent nature of music making (musicking) (Aigen, 2005, p. 65) is essential to the occurrence of peak experiences in music therapy. The music that is involved in music therapy sessions has a clinical purpose to it. Robbins explains, “The right artistic material will help bring out the child (client)” (lecture, 2011). This means the music therapist has to use elements of music (melody, harmony, tempo, rhythm, dynamics) judiciously to encourage the client to make *growth choices*. The music therapist is responsible for musically matching the client's current state of mind and for manipulating the elements of music. The music therapist uses techniques such as reflecting the client's

musical themes, making space for the client's music, or structuring the music by simplifying and controlling the elements of music so that the client can grow through the act of musicking.

When the client fully immerses in the act of musicking, the client is essentially *Being* in music. In other words, “music gives *Being* presence” (Robbins, lecture, 2011). The music used in the music therapy setting should be filled with elements of creativity and life. Music is a way for clients to experience all the goodness in the world with reckless abandonment. A respondent commented that the person's peak experience was “*tied intimately to the aesthetics of the music in a particularly profound way.*”

Client

Due to the current healthcare culture, most of the responsibilities in a therapy setting lie with the therapist. This does not mean the client is free of responsibilities. The therapist can offer a variety of music therapy experiences, each designed to meet the client's goals, but ultimately it is the client who makes the *growth choice*. The client has to want to progress in therapy. To do this, the client has to trust the therapist and the music. Peak experiences will happen when the client trusts the therapist and fully immerses in the music therapy experiences.

Model: The Four Stages of a Music Therapy Peak Experience

A music therapy experience occurs when the music therapist uses music clinically to help clients meet their goals. The dynamics between therapist, music, and client might fluctuate from case to case and moment to moment, but all three are essential components of the music therapy process. This researcher found that the therapist, music, and client

have specific roles to play if peak experiences are to occur. The unfolding process of a peak experience in the music therapy setting can be divided into four stages: *andante*, *accelerando*, *fuoco*, and *maestoso*. Below are the descriptions of each stage and corresponding quotes from related literature and respondents.

Andante. Neither the music therapist nor the client should force the peak experience to happen. All reported accounts of peak experiences in the music therapy setting happened when the therapist, music, and client were synchronized. The therapist uses the music to provide a safe environment for the client to engage in the musical journey, essentially by containing the experience while also giving the client sufficient room for creativity and freedom. The therapist is now creating structure around the musicking experience: establishing the meter, key and musical themes for the musicking experience to engage the client musically.

- *A group of adolescent clients with intellectual disabilities and autism were improvising with drums, xylophones and piano [...]*
- *I was in a very safe container. [...] Safety and trust were crucial to my having a peak experience.*

Accelerando. As the music therapy experience continues, the client becomes immersed in the music therapy experience, allowing the client to “Be”. The creative and beautiful nature of music making allows the client to fully be present in the here and now. During this process, the client becomes engaged in the music and transcends disabilities. The therapist continues as the facilitator and container of the experience by encouraging the client to continue musicking in a safe and therapeutic environment.

- *Client, [...] support staff and I were all very engaged in the experience*
- *It involved a musical flow and exchange of energy between therapist and client*

Fuoco. This is the 30 – 40 second period prior to the peak experience (Madsen, 1997, p. 197). During this stage the client is immersed in musicking more rapidly than ever. While this is a very exciting time for the therapist and client, the therapist must vigilantly remain self-aware to continue providing a safe therapeutic environment while this process intensifies.

- *It transcended the clinical situation to enter a realm of pure music-making*

Maestoso. This is the stage where the client reaches peak experience. The client is now in an altered state and is completely one with the self, music, and the world. During this stage, the client experiences more courage to explore the unknown and to strive for goodness. The sense of linear time fades away. The musicking that happens will seem the most effortless, natural, and creative to the client. This is when the deepest therapeutic work can occur.

- *It involved a sense of emotional sadness, pain and loss, that transitioned, via relational experience, into something ecstatic.*
- *There's a thickness in the air and the live music spreads through it and turns into something else, something undefinable [sic] but so very real.*
- *The client transcended disability. It involved a perpetual circle of energy exchange (between therapist and client.)*

- *Client felt as if the world was pure and unified, there was an experience, knowing, expansion, understanding, and encorporation [sic] of the person into thw [sic] whole.*
- *The music was authentic, no words needed to be spoken, clients were calm and regulated, the music was incredible and nothing else seemed to matter. We all got lost in the time. [...] There was a unique connection that we all had with each other where we were all in sync and communicating with the music.*

Figure 5 contains a visual representation of the entire music therapy peak experience model.

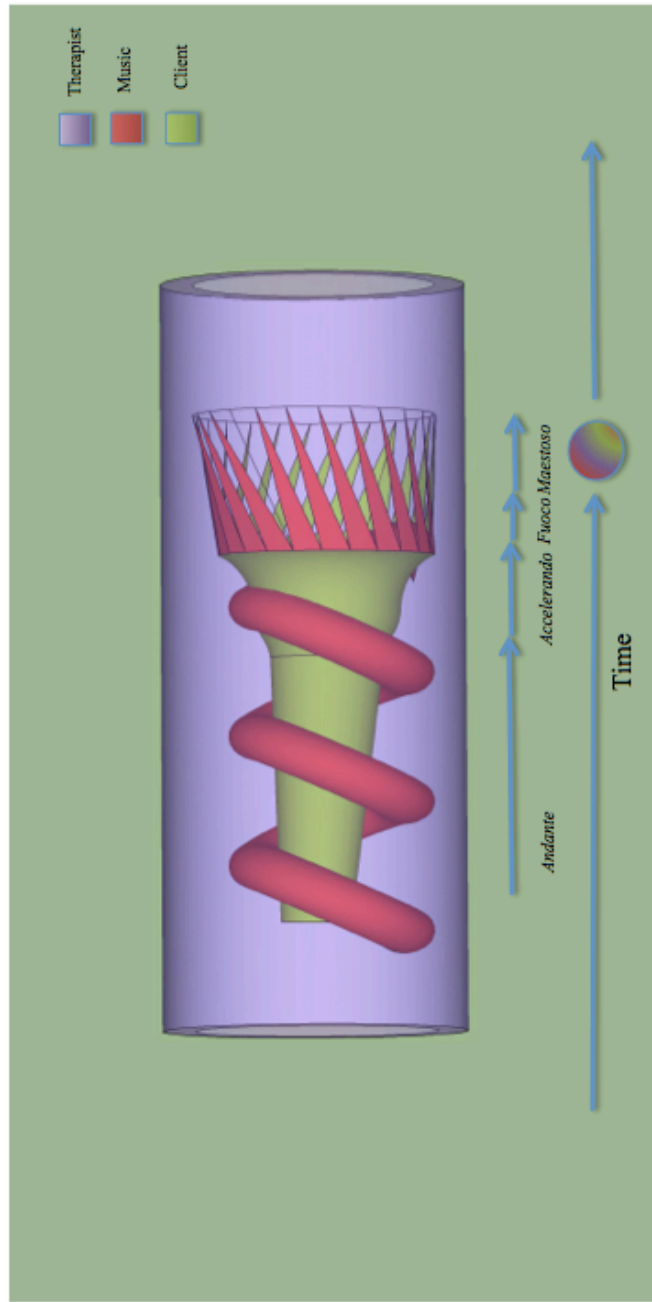


Figure 5. Model. [This figure depicts a model of how peak experiences might happen in a music therapy session. The therapist (purple), ever present and constant throughout the session, supports and contains the experience. The music (red) engages the client (green) during the *Andante* stage and the two entities start to meld as one during *Accelerando*. The relationship between client and music intensifies during *Fuoco*. The peak experience occurs during *Maestoso*. The therapist remains separate to contain and support the experience.

CHAPTER VII

DISCUSSION AND RECOMMENDATIONS

This researcher recognizes that he is a music therapist who practices primarily from the frameworks of humanistic psychology and music centered music therapy. The model presented is admittedly impacted by the researcher's predispositions.

While researching the effects of music on peak experiences, this researcher speculated that the way musicians, psychologists, and music therapists view music and consequently, how people interact with music, might differ. For example, Lewis's study in 2002 labeled making music as active and listening to music as passive. Although not stated by Lewis, it is possible that listening to music can also be an active event, especially for those with strong musical backgrounds. While musicians and psychologists might view listening to music as a passive activity, music therapists might consider music listening as active. This is evidenced in the survey results where the respondents felt that their peak experiences were not passive. This researcher suggests that further study should be done to understand how a person's background in music might impact their cognitions during music therapy experiences.

Data from the survey portion of the research indicate that music therapists are no longer confined to the therapeutic models or theoretical orientations used in psychology. The field of music therapy has developed to a point where indigenous models and theories are emerging. Music therapists are also embodying and self-identifying with

these music therapy specific models. For that reason, this researcher was quite surprised that he could not find journal articles specifically on peak experiences in music therapy. While this research has provided knowledge to the field of music therapy, the source of data was quite limited. One possible reason is that this researcher delimited the data to music therapy journals available to him through Texas Woman's University's Blagg Huey Library. Other sources not available to this researcher were the *British Journal of Music Therapy* and volumes of the *Canadian Journal of Music Therapy* prior to the year 2003.

This researcher found that the time commitment stated in the recruitment email might have dissuaded some potential participants from responding. One participant emailed the researcher saying that it took the participant about five minutes to complete the survey, vastly from the 30 minutes suggested by the researcher. However, this researcher believed that the 30 minutes might be needed for those participants who were unfamiliar with the language used in humanistic psychology.

This researcher was surprised that as many as 12.7% of the survey respondents reported never having had a music therapy related peak experience. This brings to question if those respondents:

- Did not understand the researcher's definition of peak experiences?
- Were so fresh into the profession of music therapy that they have not had a chance to have a music therapy related peak experience?
- Did not recognize the music therapy related peak experience they did have?

This researcher found no published empirical documentation of peak experiences

in music therapy settings. While numerous music therapy success stories exist in current literature and media, a need exists for additional exploration of peak experiences in music therapy. It is possible that this lack of research is based on the nature of and resulting language about peak experiences, which do not lend themselves to positivistic research methods. Recommendations for future studies include:

- Conducting additional content analyses on peak experiences using a wider scope of resources.
- Studying the effects of peak experiences in music therapy settings using mixed media techniques.
- A case study on a music therapy client's journey towards peak experiences and self-actualization.
- Comparing the peak experiences that occur when the music therapists are operating from different frameworks.
- If factors such as age, experience, and musical training of the music therapist might impact their predisposition to having music therapy related peak experiences.

REFERENCES

- Aigen, K. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona.
- Arnold, M. (1975, Fall). Music in a transactional analysis setting. *Journal of Music Therapy*, 12(3), 104-120.
- Bonny, H. L. (2002). *Music consciousness: The evolution of guided imagery and music* (L. Summer, Ed.). Gilsum, NH: Barcelona Publisher.
- Broucek, M. (1987). Beyond healing to "whole-ing": A voice for deinstitutionalization of music therapy. *Music Therapy*, 6(2), 50-58.
- Bruscia, K. *Improvisational models of music therapy*. Springfield IL: Charles C. Thomas Publishers, 1987.
- Lanier, L. S., Privette, G., Vodanovich, S., & Bundrick, C. M. (1996). Peak experiences: Lasting consequences and breadth of occurrences among realtors, artists, and a comparison group. *Journal of Social Behavior and Personality*, 11(4), 781-791.
- Liang, Y. (2006). *Peak experience, epiphany, and psychological well-being*. (Unpublished doctoral dissertation). University of Oklahoma, Norman, Oklahoma.
- Madsen, C. K. (1997). Emotional response to music as measured by the two-dimensional CRDI. *Journal of Music Therapy*, 34(3), 187-199.
- Mardis, L. K., & Clark, M. (2008). The Bonny Method. Retrieved June 27, 2012, from http://www.ami-bonnymethod.org/general_information.asp
- Maslow, A. H. (1962). Lessons from peak experiences. *Journal of Humanistic*

Psychology, 2, 9-18.

Maslow, A. H. (1964). *Religions, values, and peak-experiences*. Middlesex, England: Penguin Books.

Maslow, A. H. (1968). *Toward a psychology of being*. New York, NY: John Wiley & Sons.

Maslow, A. H. (1971). *The farther reaches of human nature*. New York, NY: The Viking Press.

Mathes, E. W., Zevon, M. A., Roter, P. M., & Joerger, S. M. (1982). Peak experience tendencies: Scale development and theory testing. *Journal of Humanistic Psychology*, 22(3), 92-108.

Michel, D. E., & Pinson, J. (2005). *Music therapy in principle and practice*. Springfield, IL: Charles C Thomas.

Nolan, P., & Robbins, C. (Presenters). (2009, March 25). *Maslow's journey and the genalogy of humanistic psychology: Creativity in music therapy and the move toward beauty*. Speech presented at Mid-Atlantic Regional Conference, Richmond, VA.

Peterson, M. R. (1992). *At personal risk*. New York, NY: W. W. Norton & Company.

Privette, G. (1983). Peak experience, peak performance, and flow: A comparative analysis of positive human experiences. *Journal of Personality and Social Psychology*, 45, 1361-1368.

Robbins, C. (Presenter). (2011, July 27). *Lecture*. Speech presented at Nordoff-Robbins Music Therapy: Foundations, Improvisational Resources and Clinical Applications,

New York, NY.

Taylor, K. (1995). *The ethics of caring: Honoring the web of life in our professional healing relationships*. Santa Cruz, CA: Hanford Mead.

Thaut, M. H. (1989). Music therapy, affect modification, and therapeutic change: Towards an integrative model. *Music Therapy Perspectives*, 7, 55-62.

Wuthnow, R. (1978). Peak experiences: Some empirical tests. *Journal of Humanistic Psychology*, 19, 248-250.

BIBLIOGRAPHY

- Abrams, B. (2002). Definitions of Transpersonal BMGIM experience . *Nordic Journal of Music Therapy* , 11 (2), 103-126.
- Adelman, E. (1985). Multimodal therapy and music therapy: Assessing and treating the whole person. *Music Therapy* , 5 (1), 12-21.
- Ahmadi, F. (2011). Song lyrics and the alteration of self-image. *Nordic Journal of Music Therapy* , 1-17.
- Arnold, M. (1975). Music therapy in a transactional analysis setting. *Journal of Music Therapy* , XII, 104-120.
- Amir, D. (2001). Layers of Meaning. *Nordic Journal of Music Therapy* , 10 (2), 209-220.
- Amir, D. (2005). Re-finding the voice - Music therapy with a girl who has selective mutism. *Nordic Journal of Music Therapy* , 14 (1), 67-77.
- Bailey, L. (1983). The effects of live music versus tape-recorded music on hospitalized cancer patients. *Music Therapy* , 3 (1), 17-28.
- Blom, K. (2011). Transpersonal-spiritual BMGIM experiences and the process of surrender. *Nordic Journal of Music Therapy* , 20 (2), 185-203.
- Bonde, L. (2001). Steps towards a meta-theory of music therapy? *Nordic Journal of Music Therapy* , 10 (2), 176-187.
- Bonny, H. L. (1975). Music and consciousness. *Journal of Music Therapy* , XII, 121-135.

- Bonny, H. (1999). Music and consciousness. *Nordic Journal of Music Therapy*, 8 (2), 171-179.
- Bonny, H. L. (1994). Twenty-one years later: A GIM update. *Music Therapy Perspectives*, 12, 70-74.
- Bonny, H. L., & Pahnke, W. N. (1972). The use of music in psychedelic (LSD) Psychotherapy. *Journal of Music Therapy*, IX, 64-87.
- Cole, K. (2003). It's nice to meet you... in the music. *Nordic Journal of Music Therapy*, 12 (1), 86-90.
- Craig, D. (2007). An exploratory study of the concept of meaningfulness in music. *Nordic Journal of Music Therapy*, 16 (1), 3-13.
- DiGiacomo, A. (2007). "The creative envelope" A theoretical model of the creative process in music therapy through psychodynamic and humanistic perspectives. *Canadian Journal of Music Therapy*, 13 (2), 63-73.
- Erkkilä, J. (2000). A proposition for the didactics of music therapy improvisation. *Nordic Journal of Music Therapy*, 9 (1), 13-25.
- Grocke, D. (2005). The role of the therapist in the Bonny Method of Guided Imagery and Music (BMGIM). *Music Therapy Perspectives*, 23, 45-52.
- Jensen, K. L. (2001). The effects of selected classical music on self-disclosure. *Journal of Music Therapy*, XXXVIII (1), 2-27.
- Lipe, A. W. (2002). Beyond therapy: Music, spirituality, and health in human experience. *Journal of Music Therapy*, XXXIX (3), 209-240.
- Madsen, C. K. (1997). Emotional response to music as measured by the Two-

- Dimensional CRDI. *Journal of Music Therapy*, XXXIV (3), 187-199.
- Marcia, B. (1987). Beyond healing to "whole-ing": A voice for the deinstitutionalization of music therapy. *Music Therapy*, 6 (2), 50-58.
- Moreno, J., Brotons, M., Hairston, M., Hawley, T., Kiel, H., Michel, D., et al. (1990). International music therapy: A global perspective. *Music Therapy Perspectives*, 8, 41-46.
- Murphy, M. (1992). Coping in the short term: The impact of acute care on music therapy practice. *Music Therapy*, 11 (1), 99-199.
- Rudd, E. (1997). Music and identity. *Nordic Journal of Music Therapy*, 6 (1), 3-13.
- Rudd, E. (1997). Music and the quality of life. *Nordic Journal of Music Therapy*, 6 (2), 86-97.
- Short, A., Gibb, H., & Holmes, C. (2011). Intergrating words, images, and text in BMGIM: Finding connections through semiotic intertextuality. *Nordic Journal of Music Therapy*, 20 (1), 3-21.
- Snow, S., & D'Amico, M. (2010, December). The drum circle project: A qualitative study with at-risk youth in a school setting. *Canadian Journal of Music Therapy*, 16 (1), 12-39.
- Thaut, M. (1989). Music therapy, affect modification, and therapeutic change: Towards an integrative model. *Music Therapy Perspectives*, 7, 55-62.
- Trondalen, G. (2003). "Self-listening" in music therapy with a young woman suffering from anorexia nervosa. *Nordic Journal of Music Therapy*, 12 (1), 3-17.

- Ventre, M. (1994). Guided imagery and music in process: The interweaving of the archetype of the mother, mandala, and music. *Music Therapy*, 12 (2), 19-38.
- Wheeler, B. (1981). The relationship between music therapy and theories of psychotherapy. *Music Therapy*, 1 (1), 9-16.

APPENDIX A

Recruitment Email

Recruitment Email

Dear music therapist,

You are being asked to participate in a research study for Ming Yuan Low's master's thesis at Texas Woman's University. The purpose of this study will be to identify the characteristics of peak experiences in music therapy practice.

The term peak experience comes from the work of Abraham Maslow. Peak experiences are strong emotional moments experienced by humans. They are transcendent in nature, and much akin to mystic experiences. During them, people feel like they have seen the ultimate truth or an epiphany of sorts. Peak experiences are intense, transcending, and ecstatic human moments that have therapeutic, life changing potentials. This researcher hopes that this study will disseminate information about music therapy related peak experiences to professional music therapists, You have been asked to participate in this study because you are a board certified music therapist and a professional member of the American Music Therapy Association.

As a participant in this study you will be asked to complete a survey located in the link to Survey Monkey provided below. There is a possible risk of fatigue while taking the survey. The survey has been programmed so that you can pause and resume it at your convenience. Although it should take no longer than 30 minutes to complete, you will have unlimited time to finish it. You may also choose to withdraw from the study at any time without penalty. The survey will be available from 11/01/11 – 01/01/12.

Because this study involves the electronic transmission of information, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Confidentiality will be protected to the extent that is allowed by law.

If you have any questions about the research study you should ask the researchers; their phone numbers are at the bottom of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at [940-898-3378](tel:940-898-3378) or via e-mail at IRB@twu.edu. You may request a copy of the results by sending an email to the researcher (mloy@twu.edu).

Investigator: Ming Yuan Low.....mloy@twu.edu [940/229-2900](tel:940-229-2900)

Advisor: Nicki Cohen, PhD.....ncohen@twu.edu [940/898-2523](tel:940-898-2523)

Please click on the following link to take the survey.

<https://www.surveymonkey.com/s/musictherapypeakexperience>

Thank you,

Ming Yuan Low

APPENDIX B

Survey

Survey

Peak Experiences in Music Therapy

1. Consent Form

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Peak Experiences in Music Therapy

Investigator:
Ming Yuan Low
mlow@twu.edu
903/229-2900

Advisor:
Nicki Cohen, PhD
ncohen@twu.edu
940/898-2523

You are being asked to participate in a research study for Ming Yuan Low's master's thesis at Texas Woman's University. The purpose of this study will be to identify the characteristics of peak experiences in music therapy practice. The term peak experience comes from the work of Abraham Maslow. Peak experiences are strong emotional moments experienced by humans. They are transcendent in nature, and much akin to mystic experiences. During them, people feel like they have seen the ultimate truth or an epiphany of sorts. Peak experiences are intense, transcending, and ecstatic human moments that have therapeutic, life changing potentials. This researcher hopes that this study will disseminate information about music therapy related peak experiences to professional music therapists. You have been asked to participate in this study because you are a board certified music therapist and a professional member of the American Music Therapy Association.

As a participant in this study you will be asked to complete a survey located in the link to Survey Monkey provided below. This should take about 30 minutes to complete. The first page of the SurveyMonkey™ site will introduce the study, provide a definition of peak experiences, and explain the research procedure. You will be asked to think of one memorable peak experience related to music therapy and to answer the survey based on that memory.

Peak Experiences in Music Therapy

There is a possible risk of fatigue while taking the survey. The survey should take no longer than 30 minutes to complete, but you will have unlimited time to complete it. The survey has been programmed so that you can pause and resume it at your convenience. The survey will be available from 11/01/11 – 01/01/12. You may also choose to withdraw from the study at any time.

Because this study involves the electronic transmission of information, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Confidentiality will be protected to the extent that is allowed by law. Once the email addresses have been entered in the survey site, the researcher will have no further connection linking any survey response to any participant. Identifiable data on the researcher's computer will be stored in a password-protected folder on the researcher's hard drive that will only be accessible only to the researcher or advisor. This includes the researcher's statistical data. Electronic data on the SurveyMonkey™, a password protected website, will be accessible only to the researcher.

The SurveyMonkey™ data sent to researcher will not be identifiable. SurveyMonkey™ utilizes some of the most advanced technology for Internet security commercially available today. SurveyMonkey™'s engineers use best practices and industry-standard guidelines to ensure secure coding. All electronic data will be secure erased and all paper data will be shredded by 11/25/15.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study please, contact the researcher. You may request a copy of the results by sending an email to the researcher (mlow@twu.edu). A copy of the results will be sent to those who have requested it upon completion of the study. The completion of the survey constitutes as your consent to participate.

If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

I have read and understood the information above, and understand that the completion of the survey constitutes as my consent to participate.

☐ Yes

Peak Experiences in Music Therapy

2. Definition and Introduction

Please read the following definition and instructions. Checking the box below indicates that you understand this definition of peak experiences.

The term peak experience comes from the work of Abraham Maslow. Peak experiences are strong emotional moments experienced by humans. They are transcendent in nature, and much akin to mystic experiences. During them, people feel like they have seen the ultimate truth or an epiphany of sorts. Peak experiences are intense, transcending, and ecstatic human moments that have therapeutic, life changing potentials.

I have read and understood the definition of peak experiences as stated above

☐ Yes

☐ No

Peak Experiences in Music Therapy

3.

Have you had a music therapy related peak experience?

- ☐ Yes
- ☐ I think so
- ☐ No

Peak Experiences in Music Therapy

4.

Please think of your most memorable music therapy related peak experience.

When it is clear to you, please proceed on to the next question.

☐ Proceed

Peak Experiences in Music Therapy

5.

In what setting did your most memorable, music therapy related peak experience occur?

- ☐ Clinical
☐ Teaching
☐ Research

Other (please specify)

How often do you have music therapy related peak experiences?

- ☐ Rarely
☐ A little of the time
☐ Some of the time
☐ Most of the time
☐ All the time

How important are music therapy related peak experiences?

- ☐ Least importance
☐ Not important
☐ Neutral
☐ Somewhat important
☐ Very important

Which of the following theoretical orientations have you adopted in your practice? Select all that apply.

- ☐ Psychodynamic
☐ Behavioral
☐ Cognitive-Behavioral
☐ Humanistic
☐ Eclectic
☐ Not sure
☐ Other (please specify)

Peak Experiences in Music Therapy

6.

Please rate how strongly you agree/disagree with the following statements. These statements are based on your most memorable, music therapy related peak experience. Choose N/A if you are not sure or cannot recall.

	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A
Everything was at it should be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was absorbed in the experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could separate myself from my surroundings and my surroundings from myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event was more vivid than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peak Experiences in Music Therapy

7.

Please rate how strongly you agree/disagree with the following statements. These statements are based on your most memorable, music therapy related peak experience. Choose N/A if you are not sure or cannot recall.

	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A
The experience stretched beyond myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience was its own reward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sensed a loss of time and space.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience was good and desirable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peak Experiences in Music Therapy

8.

Please rate how strongly you agree/disagree with the following statements. These statements are based on your most memorable, music therapy related peak experience. Choose N/A if you are not sure or cannot recall.

	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A
The event was playful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience was complete unto itself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was receptive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was passive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peak Experiences in Music Therapy

9.

Please rate how strongly you agree/disagree with the following statements. These statements are based on your most memorable, music therapy related peak experience. Choose N/A if you are not sure or cannot recall.

	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A
I felt wonder and awe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The world seemed unified to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event represented the entire world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could perceive the world concretely and abstractly at the same time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peak Experiences in Music Therapy

10.

Please rate how strongly you agree/disagree with the following statements. These statements are based on your most memorable, music therapy related peak experience. Choose N/A if you are not sure or cannot recall.

	Most Disagree	Disagree	Neutral	Agree	Most Agree	N/A
My inner conflicts were resolved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt full acceptance of the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The experience was unique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt free from fear and anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peak Experiences in Music Therapy

11.

Please feel free to add comments concerning your most memorable, music therapy related peak experience.



Peak Experiences in Music Therapy

12. Thank you

Thank you for participating in this survey.

APPENDIX C

Survey Comments

Survey Comments

Comment 1

It was an experience with a male adolescent in a residential treatment facility. Due to a promotion and title changes I no longer worked individually with any residents; however, our program changed and part of the last phase requirement prior to discharge was creating a self-expression project that delves into the changes the individual has made at the placement. This particular individual enjoyed writing rap lyrics, had an awesome flow and was very inventive as I learned and built upon during the group settings. He had his own book in which he wrote lyrics, using as a coping skill during frustrating situations and as a positive thing to structure his leisure time. He struggled with writing down "real" stuff, putting in the occasional line that meant something to him, or a line about the past...but never a full stanza or song, it was too tough and very vulnerable for him. Over the months he was at the facility, he built on this and worked on putting his emotions into words, using metaphors, creating beats, etc. By the end of his stay this patient had finally created one song that described his past, present and the future he not only wanted for himself, but for the rest of the individuals at the facility. The incentive was that if he could really work at this we could record it, and do so at a studio that is in a partnership of sorts with our facility. He not only wrote that one song, but made another that was "radio worthy" and six other songs that were up to him, without staff intervening and saying it was "inappropriate." In a few short months this individual not only wrote 8 raps, to 8 different instrumentals; he also only spent 2 hours in a studio, rocking them out one by one. While I was provided with the lyrics, I was

asked to step outside during moments he did not want to speak of certain things outloud eventhough it was being recorded. We worked from there...Coming back to the facility and over the next few weeks, we sat, went over the lyrics, listened to the tracks he created on his own and before he left he asked to speak with me. we put in the music and he rapped for me. Not the shy looking at your feet because only one person was listening...he put on a show just for me. I was so incredibly proud. His lyrics allowed him to take his thoughts, concerns and worries to his therapist, putting the music down taught him to trust that others are really behind him 100%, and most importantly, it taught him to trust within himself. Working within a residential treatment facility is extremely challenging. I have these moments sometimes, but there are even moments where a peak experience is being a part of a resident who just sits in group for months and then in one amazing moment picks of a drum and becomes an active part of group. Peak experiences, happen more often then I think we realize, but we need to always be in the moment to realize them and that is not always easy, particularly when you are redirecting a few kids, while trying to facilitate a group with minimal to no help (which is often my situation). Peak experiences in my honest opinion, as long as we recognize them, are what keep music therapists doing what we do...those are the moments we hold onto when we feel like..."am i really doing my best? am I making a difference?" I really appreciate this survey and hope it serves you well..as I am coming off a horrible day,and am going to be pressing charges against resident I work with and was in need of remembering to stay in the moment and recognizing that I do things that do make a

difference ever how small they may sometimes be. Good luck in your ventures and as a music therapist.

Comment 2

My experience was part of my training in GIM and I was receiving a session. In question number 5 there was no way to indicate "other" so I selected Clinical

Comment 3

My pass responses are of my own personal experience. However, I can say as a music therapist who provides GIM sessions, I have also been a witness to several other people's, "peak experiences". Specifically, I can recall a moment in a session where a client felt as if the world was pure and unified, there was an experience of knowing, expansion, understanding, and incorporation of the person into the whole.

Comment 4

A group of adolescent clients with intellectual disabilities and autism were improvising with drums, xylophones and piano and support staff and I were all very engaged in the experience. The music was authentic, no words needed to be spoken, clients were calm and regulated, the music was incredible and nothing else seemed to matter. We all got lost in the time and when I brought my awareness to the clock 20 minutes had passed. For this group of clients, that was a unique and rare experience. When song naturally concluded, clients remained calm and regulated. There was a unique connection that we all had with each other where we were all in sync and communicating with the music.

Comment 5

My experience took place in the context of being a client in a GIM session. It involved a sense of emotional sadness, pain, and loss, that transitioned, via relational experience, into something ecstatic. It was tied intimately to the aesthetics of the music in a particularly profound way.

Comment 6

In my memorable peak music therapy experience I felt the most connected to the other individuals who were present.

Comment 7

As a hospice music therapist, peak moments happen all the time. There's a thickness in the air and the live music spreads through it and turns it into something else, something undefinable but so very real.

Comment 8

It was during a personal GIM session.

Comment 9

Since mine was in a clinical setting, I have to stay fully present, and supervise forensic adult psych clients, so I cannot become too immersed in the experience. I can be very involved in the experience, while simultaneously being there for the people in the group, id: stay grounded while transcending at the same time.

Comment 10

It involved a musical flow and exchange of energy between therapist and client. It transcended the clinical situation to enter a realm of pure music-making. In it, the client transcended disability. It involved a perpetual circle of energy exchange.

Comment 11

Question 5 did not allow me to check other. My most memorable peak experience occurred while studying for my Masters degree in music therapy, during a holiday party (of the music therapy department).

Comment 12

In the peak experience I'm remembering for this study, I am projecting that the client was the one having the peak experience, so I hope I am doing this correctly. From everything I observed, he was definitely having a peak experience.

Comment 13

Some of your questions "could" vs "Did" made it tricky to honestly answer. One reason I had the opportunity to have this peak experience is that I was in a very safe container. I had been at Asilomar for a 2 week immersion GIM training with Helen Bonny, Francis Goldberg and Lisa Summer. I had known them for years and trusted them. Safety and trust were crucial to my having a peak experience. Also a big contributor was my previous extensive GIM experience and the fact that this was immersion. My own clients do not seem to need a retreat format for their peak-like experiences but I have found that most of the deeper experiences occur in the workshop retreat setting. Again, safety and trust are important. Best wishes with your research.

Comment 14

It was in that moment that I knew that I was where I should be and I was doing and participating in exactly what I should have been at that moment. Everything sort of became clear to me - I had no doubts in my abilities to be a music therapist or in the power of music.