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Singing in the Key of Life

Georgia Braun McBride Agerton
University of the Pacific

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Singing in the Key of Life
(Adapted from Stevie Wonder's 1976 album title, *Songs in the Key of Life*)

By

Georgia M. Agerton

A Thesis Submitted to the
Graduate School
In Partial Fulfillment of the
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Music Therapy

University of the Pacific
Stockton, California

2023

Singing in the Key of Life

By

Georgia M. Agerton

APPROVED BY:

Thesis Advisor: Fei-Lin Hsiao, Ph.D., MT-BC

Committee Member: Eric G. Waldon, Ph.D., MT-BC

Department Chair: Ruth Brittin, Ph.D.

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By

Georgia M. Agerton

Dedication

This project is dedicated to my grandmother, “Mikie,” who instilled in me a love of singing and music and inspired me to become a music therapist, and to my clients and patients – I am honored that you trust me to hear your voices and your stories.

Acknowledgments

Thank you, Dr. Hsiao, for shepherding me through this process of becoming a music therapist and writing a master's thesis. I am deeply grateful for your belief in me, your patience, and your guidance over the course of this journey.

Thank you, Dr. Waldon, for playing such an important role in my formation as a music therapist and researcher.

Dr. Hsiao and Dr. Waldon, your dedication to our profession and to your students is inspiring!

Special thanks to Ashley in the Writing Center for helping me organize my thoughts.

Thank you, Mom and Dad, for supporting my musical endeavors since my early childhood and for encouraging me to follow my dreams, and to my siblings, in-laws, and friends for always cheering me on.

To my husband Mark – my intervention practice participant, my copy editor, my audience for every new song I learn, my biggest cheerleader, my rock – I would never have had the guts to become a music therapist or pursue a master's thesis if not for you. Thank you for your constant support, and for keeping me fed!

To my precious little one DJ – you make my heart sing. Thank you for napping so that Mommy could write!

Singing in the Key of Life

Abstract

By Georgia M. Agerton

University of the Pacific
2023

Singing is often used in music therapy sessions. It can provide physiological, psychological, and interpersonal benefits, and music therapists use it to address clinical goals including improved blood oxygenation, emotional expression, and increased interpersonal engagement between clients and their family members. Singing uniquely combines musicality, the body as the instrument, and meaningful words. Furthermore, the voice is a personal instrument, which makes musical engagement accessible to many people.

Though singing can provide various benefits, many people experience singing negatively, especially when singing with an exposed voice, i.e., when others can hear their singing voice. Whidden (2015) found that one can easily develop a non-singer identity, i.e., the belief that one is not capable of singing, by hearing a negative comment about one's singing in childhood. Studies also have found that people can feel vulnerable and embarrassed when singing. It is important to understand how people experience singing, especially with an exposed voice, and how past experiences with singing shape one's singer identity so that clients can benefit from singing without experiencing unnecessary discomfort.

The research questions that guided this study were:

1. What are the experiences of non-musician adults when singing with an exposed voice?
2. How do past experiences with singing shape one's identity as a singer?

A phenomenological design was used with interviews of nine participants who were non-musicians in non-clinical live music experience sessions. The participants joined the researcher in singing a song of their choice and a predetermined well-known song. Five themes emerged including 1) the onset of insecurity; 2) singing together; 3) right here, right now; 4) that's my song! and 5) I've got the music in me. These were each accompanied by song lyrics that capture the meaning. The results show how one's singer identity and experience of singing in the present moment can be impacted by past experiences and that preferred songs are often emotionally evocative. These findings provide insights for use in music therapy practice, including a simple assessment question to evaluate a client's singer identity.

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CHAPTER 1: INTRODUCTION

Singing is a primal musical activity that comes naturally to most (Tyson, 1982). This implies that even those who do not identify as singers have an innate propensity to sing. The voice is a personal instrument, which makes musical engagement accessible to those who have typical vocal functions. Unlike instruments that exist external to the body, singing is available at no cost making it an option in communities where music stores and/or resources to buy instruments are scarce. It is an integral part of music therapy because of its accessibility to many, and the benefits it can provide.

The Benefits of Singing

Music therapists have long recognized that singing provides mental and physical health benefits to clients, and research has generated evidence to support music therapists' observations (Cohen, 1992, 1994; Kenny & Faunce, 2004; Tyson, 1982; Wade, 2002; Wan et al., 2010). In a survey of music therapists, Clements-Cortés (2017) found that they reported benefits like soothing pain, anxiety, and nausea; regulating breathing; helping clients connect with others; and affirming clients' personal identities. Brisola and Cury (2015) identified empowerment and emotional expression as benefits of singing in a non-clinical study of adult participants of varied ages, genders, interests, educational levels, and professional backgrounds who were not music therapy clients. University students who were not studying voice participated in Chong's (2010) study and identified benefits like self-expression, reduction of stress, change in mood, and spiritual engagement as benefits of singing.

The Prevalence of Singing Interventions in Music Therapy Practice

Current literature in music therapy research provides evidence that singing is often used in music therapy practice with a variety of client populations. In a systematic review of studies

about the use of music to address trauma in refugee populations of various ages, Bernard and Dvorak (2022) found song singing and vocal improvisations to be common interventions. Clements-Cortez (2017) found that music therapists working in adult palliative and cancer care settings frequently used singing and vocal interventions. In a scoping review of music therapy with adult military populations, Gooding and Langston (2019) found that many studies reported the use of singing interventions. Newman et al. (2022) conducted a systematic review of music interventions to examine how they impacted relationships between children and their parents and found that all music interventions involved singing, indicating its value in supporting attachment between children and their parents. In a study examining music therapists' reimbursement data for services with a variety of populations, Sena Moore and Peebles (2021) found singing to be the second most common type of music intervention or experience used in sessions.

Resistance to Singing

Given the benefits of singing and the prevalence of singing interventions in music therapy practice with all ages, it is striking to consider how common it is for adults to feel shame about singing. It is well-documented that people may resist singing with an exposed voice, i.e., when others can hear their singing voice because it can cause unpleasant feelings. Adult participants in several studies experienced vulnerability, self-consciousness, or discomfort while singing (Brisola & Cury, 2015; Snow et al., 2018). Some of Chong's (2010) participants reported that they did not enjoy singing at all and some only liked singing while alone. Singing with an exposed voice around others caused feelings of embarrassment, self-consciousness, and concern that others would criticize their singing. They described their voices as "'hideous,' 'flat,' 'shaky,' 'out of pitch,' 'inaudible,' and 'terrible'" (p. 122). Whidden (2015) found that people closely associate their personal identities with their own voices and that the singing voice can be

an especially delicate part of one's identity. In her study of adults who identified as non-singers, she used the term *singer identity* and explained that people can either develop a positive singer identity, the belief that they are capable of singing, or a non-singer identity, the belief that they are not capable of singing. She found that one can easily develop a non-singer identity by hearing even a single negative comment in childhood, especially in a music education context. Hogle (2021) also studied the prevalence of shame and insecurity adults feel about singing that develops in music education experiences (presumably during childhood and adolescence), which can cause adults to identify as non-singers for the rest of their lives. Both researchers observed that there is a point in time when one begins to feel shame about their singing voice, and that this shame often persists into and through adulthood.

The Research Gap

Despite the frequency with which singing is used in music therapy and the evidence that many adults feel insecure about their own singing abilities, no current literature examines how adult clients experience singing in music therapy settings, especially at the start of the therapeutic relationship. Clements-Cortez (2017) solicited music therapists' perspectives on the use of singing interventions but did not solicit clients' perspectives. MacDonald (2015) published a study about what adult clients in an in-patient psychiatric hospital experience in music therapy but did not distill clients' experiences of singing from other interventions. Thus, there is a gap in the current literature about how music therapy clients experience singing.

The Rationale for the Present Study

Though singing can induce feelings of vulnerability, it can also provide health benefits to clients. Because singing uses an accessible and low-cost instrument (the voice), and because of its potential for therapeutic benefit, we as music therapists must understand how clients

experience singing, and how to engage clients in singing so that they can benefit from it while avoiding unnecessary discomfort.

Purposes and Research Questions

The purposes of this study were to examine what adults experienced when singing with an exposed voice in a simulated musical component of a music therapy session and to explore how past experiences with singing shaped one's singer identity. This phenomenological study used healthy, non-musician adults in a non-clinical setting with the hope that the findings could be extended to music therapy practice. The following research questions guided this study:

1. What are the experiences of non-musician adults when singing with an exposed voice?
2. How do past experiences with singing shape one's identity as a singer?

CHAPTER 2: LITERATURE REVIEW

The Theory and Implications of Singing

The Biological Mechanism of Singing

Tyson (1982) described an evolutionary framework to explain the biological background of, and primal bias for, singing, and indicated that all humans vocalize immediately when born. This clears the respiratory tract to facilitate breathing. Tyson explained that infants demonstrate ideal breathing and phonation for singing as they vocalize, but that this trait is lost as the child matures. According to Tyson, singing is more primitive to humans than language, and therefore more accessible and natural. Hodges and Sebald (2011) argued that musical behaviors such as singing are essential to human survival as they facilitate bonding and communicate love between parents and infants before verbal communication is possible. This bonding helps ensure the infant's survival while it is completely dependent upon its parents.

Singing resonates from within the body regardless of the singer's musical ability or talent, improving posture, oxygenation, and affect (Hunter, 1999). Hodges and Sebald (2011) cited Brown et al. (2004) who indicated that singing activates the auditory cortex, motor cortex, and frontal operculum in the brains of singers. Similarly, Wan et al. (2010) stated that singing integrates multiple parts of the brain including the sensory, motor, and multimodal integrative regions, and "engages an auditory-motor feedback loop in the brain more intensely than other music-making activities such as instrumental playing" (p. 287).

The Socio-Emotional Experience of Singing

Unlike language and speaking, which mainly convey information, singing conveys more emotion and serves a different purpose than speaking. Singing has been found to promote

integration, self-awareness, personal growth, expression of creativity, personal identity, and communication in adults of various backgrounds (Brisola & Cury, 2015). Singing can be an emotional experience because of the level of self-expression and vulnerability required to sing with an exposed voice. In a study comparing singing to vocal toning, Snow et al. (2018) observed that the study's non-musician adult participants had stronger emotional experiences while singing compared to vocal toning, which was more meditative.

Applications of Singing for Populations with Clinical Needs

Hunter (1999) tracked how an increased scientific understanding of singing's health benefits, including improved posture, oxygenation, and affect, provided support for the field of music therapy. Singing is a frequently used music intervention with various clinical populations (Bernard & Dvorak, 2022; Clements-Cortez, 2017; Gooding & Langston, 2019; Newman et al., 2022; Sena Moore & Peebles, 2021). Music therapists use singing interventions in one-on-one or small group clinical settings such as psychiatric treatment, rehabilitation, and palliative and cancer care to address psychological objectives like increased emotional expression (Tyson, 1982), physiological objectives including speech production (Wan et al., 2010; Cohen, 1992, 1994) and respiratory function (Wade, 2002), and social objectives such as opportunities for family togetherness (Clements-Cortés, 2017).

Mental Health

Tyson (1982) explained that the level of self-expression involved with singing can cause anyone, especially clients with psychiatric disorders, to feel vulnerable and shut down.

Furthermore, the way that singing engages the whole body can be challenging for clients with disassociation and/or complicated psychological associations with their bodies. Tyson explained that despite the vulnerability it can cause, many clients with psychiatric disorders are drawn to

singing because it enables them to express emotions that speaking alone cannot convey. This is especially enticing for clients who have trouble expressing themselves with words, such as clients with Schizophrenia. It can also lead to freedom and a breakthrough in claiming and using the voice.

Rehabilitation

Singing can be used to treat people with speech disorders (Wan et al., 2010; Cohen, 1994), and singing instruction can benefit speech production in people with neurologic speech impairments (Cohen, 1992). Kenny and Faunce (2004) observed that singing, along with other music-listening activities, can help to alleviate perceived pain in patients with chronic pain. Singing exercises can help improve lung function in children with asthma more than relaxation exercises (Wade, 2002).

Palliative and Cancer Care

Clements-Cortés (2017) found that music therapists in palliative and cancer care settings use singing interventions (singing client-preferred music and singing for relaxation) more than any other interventions. The music therapists surveyed for this study provided interventions involving client-singing on a one-on-one or small group (primarily family) basis. Results from this study identified the following themes: “containing the space, connection, soothing, identity, freeing the voice within, letting go, and honoring” (p. 336).

Singing With an Exposed Voice – A Vulnerable Yet Expressive Experience

Discomfort Experienced While Singing

Singing with an exposed voice, when others can hear one’s voice, in a music therapy session presents opportunities for self-expression and individualized therapeutic attention, but it can also cause the person singing to feel discomfort. Adult participants in several studies

reported experiencing unpleasant feelings while singing, acknowledging that singing made them feel vulnerable, self-conscious, or uncomfortable (Brisola & Cury, 2015; Snow et al., 2018). Chong (2010) found that some university students liked singing but only when completely alone. Singing so that anyone else could hear them caused feelings of embarrassment, self-consciousness, and the assumption that others who heard their singing would criticize it. Some stated that they received no enjoyment from singing. They described their singing voices as “hideous,’ ‘flat,’ ‘shaky,’ ‘out of pitch,’ ‘inaudible,’ and ‘terrible’” (p. 122).

Shame and the Singer Identity

In a study with adults who identified as non-singers in a music education context, Whidden (2015) found that an individual’s singer identity, that is, one’s belief that they are or are not capable of singing, can be quite fragile. Whidden described those who self-identify as non-singers as people who “believe they do not have the physical capacity or coordination to succeed in the simplest of musical tasks” (p. 38). While it is often observed anecdotally that children enjoy music and singing, negative experiences of singing in childhood can carry into adulthood. In fact, Whidden found that the negative view of one’s own singing can often be traced to one event or comment during childhood singing experiences. Similarly, Hogle (2021) used the term *singing agency* and defined it as “one’s belief in one’s own capacity to sing aloud” (p. 179). In a study of adults who identified as non-singers, Hogle found that one’s singing agency could be damaged by *wounding incidents*, which often occurred in childhood music education, that resulted in an individual’s perception of “deficit, disability, and shame” (p. 179) about their own singing abilities. As explained by Hogle, there is a commonly held belief that one is either born a singer or not. Hogle cited West (2009) who used the term Selective Mutism for Singing (SMS) when describing those who have a non-singer identity and explained that this is an anxiety

disorder in which the individual, although still technically capable of singing, refrains from doing so because of psychosocial concerns.

Whidden (2015) found that people closely associate their personal identities with their own voices and that the singing voice can be an especially delicate part of one's personal identity. This is because singing is so strongly linked to the individual's emotions and the expression of those emotions. When describing what it is like to hear a comment about one's singing, one of Whidden's respondents stated, "Your voice...it's like they are saying something about your heart and soul" (p.39). One of Hogle's (2021) participants said "When they criticized my singing, I internalized it as something that was wrong with *Me*. Shame. Rejection. It's a flaw. This part of Me is damaged. I can't use it" (p. 182). Hogle cited Brown (2006) and Sabini et al. (2001) when defining shame as "an intensely painful belief of a revealed flaw in one's self without corrective possibility, creating feelings of powerlessness, rejection, and isolation" (p. 187).

Negative comments about one's voice can cause an individual to identify as a non-singer for life and to stop using the singing voice altogether out of self-protection from the experience of shame. When seeking to understand one's singer identity, it is helpful to consider it in the context of singing in a group where one can blend in versus singing with an exposed voice around one or two other people.

Positive Experiences of Singing

Contrasting experiences have also been reported in the literature. Chong's (2010) study participants noted reasons why they enjoyed singing to include "self-expression, aesthetic experience, interpersonal relationships, stress reduction/mood changes, spirituality, empowerment/identity, and self-actualization" (p. 121). Brisola and Cury's (2015) study

participants felt empowered by singing and felt that it communicated their emotional state and provided opportunities for expression.

CHAPTER 3: METHODOLOGY

This phenomenological study examined the lived experiences of non-musician adults when singing with an exposed voice in a one-on-one music experience and explored how past experiences with singing shaped their singer identities. From these observations, possible implications for music therapy practice can be drawn. The results will help music therapists better understand what clients may experience during sessions based on past singing experiences and inform how one approaches singing with clients.

Research Questions

1. What are the experiences of non-musician adults when singing with an exposed voice?
2. How do past experiences with singing shape one's identity as a singer?

Study Design

This study was completed using a phenomenological design. As outlined by Creswell and Poth (2018), several philosophical elements form the foundation for phenomenological research. These include the “search for wisdom” (p. 76) and the researcher's suspension of judgments (known as the epoché). Creswell and Poth explained that the purpose of phenomenological research is to describe “what all participants have in common as they experience a phenomenon” (p. 75). In this case, the phenomenon was the experience of singing with an exposed voice.

The study received approval from the University of the Pacific's IRB and consisted of in-person, one-on-one sessions with nine participants. The number of participants was small enough that an in-depth analysis of each interview was feasible. Prior to the sessions, each participant received an informed consent document via email (Appendix A, pp. 57-60). At the start of each session, I went over the informed consent with each participant and reminded them of their right

to withdraw from the study at any time (see the informed consent script in Appendix B, pp. 61-62). Each participant then signed a copy of the document prior to beginning the musical activity and interview, as encouraged by Creswell and Poth (2018). Each participant received a \$20 Amazon gift card for participation in the study.

The sessions lasted 45-60 minutes each and took place at a university library in Northern California. Following the informed consent protocol, each session began with an experience that simulated the musical component of a music therapy session followed by an interview about the participant's experiences with singing. In accordance with the philosophical underpinnings of phenomenology and its procedures, the interviews were then transcribed, and common experiences of the phenomenon of singing with an exposed voice, i.e., singing so that others could hear, were distilled. These common experiences were organized into themes. Because this study used human subjects, appropriate measures were taken to protect the participants including the de-identification of their transcripts using a coding system. Only my thesis advisor and I have access to the original transcripts. I have reported data using pseudonyms, and stored interview recordings and transcripts in a secure location.

Participants

Students were recruited to participate via university email and the university's electronic learning system (Canvas). The recruitment message (Appendix C, p. 63) included a pre-screening survey (Appendix D, p. 64) to confirm that the participants were not musicians and identify their favorite songs, which were used in the session.

Nine participants enrolled. They were non-musician adults (ages 18 and older) who could communicate in English, make legal and medical decisions, and were willing to participate in the study. Oechslin et al. (2013) define a non-musician as one who is naïve about harmony theory, as

opposed to amateur and expert musicians. For the purposes of this study, participants qualified as “non-musicians” if they did not consider themselves amateur or expert musicians. The participants did not major or minor in music in college, and they had not pursued playing music as a hobby as an adult. They had diverse gender identities and ethnic and racial backgrounds. Most of the participants were psychology majors, minors, or recent graduates from that department. The participants each received a follow-up email to confirm their participation in the study (Appendix E, p. 65), an additional email confirming the date, time, and location of their session (Appendix F, p. 66), and an email following the interview to thank them for their participation and solicit their demographic information (Appendix G, p. 67).

Data Collection

Using phenomenological interviews (see interview questions in Appendix H on pp. 68-69), I sought to understand what participants experienced in the sessions, how they experienced it, and what meanings they assigned to their experiences. I also wanted to learn more about their past experiences of singing and how those experiences impacted their singer identities. To accomplish this, I used an open-ended interview model to elicit participants’ descriptions of their lived experiences of both singing in the past and singing in the present with me.

Each interview was recorded using Zoom and the video recording feature was turned off. I used Zoom’s transcription feature to transcribe the interviews and listened to each recording to ensure the transcripts’ accuracy. I also took handwritten notes during and after the interviews and noted if the participants made comments about being asked to sing with me.

Materials

The sessions required a guitar and capo, an iPad to access lead sheets for the participants’ preferred songs (as well as a karaoke track for one participant), and my own voice to facilitate a

musical environment where each participant was invited to sing along. I also provided printed lyrics for each participant to use while singing.

Each interview was audio-recorded using a laptop with a secure version of Zoom obtained through the University of the Pacific and I took additional notes using a pencil and paper. In addition to the laptop and Zoom account, conducting and recording the interviews required a reliable Internet connection and a reserved semi-private space in a university library.

Procedure

Music Protocol

The music protocol for this study was established based on findings from previous studies about the need for standardization in the use of musical stimuli in music therapy research, the importance of using client-preferred music, and a method for arranging songs so that they are vocally accessible to participants. Burns (2012) completed a systematic research synthesis of 22 studies to evaluate how musical stimuli were selected to address targeted outcomes in oncology interventions and found that results from the studies were inconsistent because the studies did not include rationales for how music was selected. This finding implies that there is a need for a standardized protocol in how music is selected and presented in studies about the clinical use of music and music therapy. To address this need for standardization, I presented the chorus for a well-known song, “You Are My Sunshine,” (referred to as “YAMS” in this paper) which each participant sang with me. This is based on a protocol established by Cevasco (2008) in which a standard song was used to assess the comfort levels of non-musicians singing the same song in different keys. Walworth (2003) presented a protocol for using participant-preferred music in a study and compared the effects of listening to participant-preferred songs on anxiety reduction to those of experimenter-selected songs from the participant’s preferred genre, as well as a no-

music condition. Based on this protocol, I also presented one of each participant's favorite songs to sing during each session. A pre-screening survey (Appendix D) was emailed to each participant prior to the study to solicit their favorite songs. In the survey, participants confirmed they were not musicians and listed five of their favorite songs. For each participant, I selected a song from their list that used an accessible melody for typical vocal ranges of non-musicians, i.e., not a broad range, and I arranged the songs in keys that were comfortable for typical vocal ranges. This step was informed by findings from Cevasco and Geringer et al. (1980), which indicated comfortable female and male pitch ranges. Cevasco reported that for young adult females who were not music majors in college, the comfortable range rested between G3 or G#3 and A#4 or B4. Geringer et al. cited Kuhn et al. (1979) who found that most male and female participants who were not music majors comfortably sang in a range that was less than two octaves and rested between Gb3 and C5. Both Cevasco and Geringer et al. indicated that non-music majors preferred singing in the lower parts of their vocal ranges.

The songs that I selected to use in the sessions from the participants' survey responses are listed in Appendix I (p. 70). One participant selected a song that was appropriate in terms of vocal range, but for which I was unable to provide accompaniment, so I played a karaoke track from an iPad as accompaniment. For five of the sessions, I used "YAMS" first followed by the participant's preferred song, and for four of the sessions, I reversed the order to control for the possibility that whichever was played more recently may have been the predominant singing experience described by the participant in the subsequent interview. Each participant received printed lyrics from both "YAMS" and their preferred song for use in the sessions except for one participant (pseudonym EL) who joined the study on the same day of our interview. Though I

was not able to print the lyrics to her preferred song, I learned it quickly prior to her session and was still able to lead her in the music experience.

Interview Protocol

Interviews followed the music experiences. The questions and prompts are included in Appendix H. To enhance the authenticity of the participants' experiences with singing during our sessions and their subsequent responses to the interview questions, I did not inform the participants that the study was about singing prior to the sessions. Rather, I told them it was about a music experience. It was not until the end of each interview that I informed them of the true purposes of the study.

COVID-19 Protocol

Because this study took place at a university with students during the COVID-19 pandemic (in April of 2022, as the Omicron variant surge was waning), I followed the university COVID protocol. As of March 25, 2022, the university's COVID-19 protocol included the following:

- **Vaccinations:** All students and employees were required to be fully vaccinated against COVID-19, which consisted of an initial two-shot series of the Pfizer or Moderna vaccines, or a single shot of the Johnson & Johnson vaccine, plus a booster shot once eligible according to the CDC guidelines at that time.
- **Testing:** Fully vaccinated students and employees were no longer required to test weekly, but those who were not fully vaccinated were required to test weekly. On-campus testing remained available to anyone who wished to test.

- Masking: Students and employees were no longer required to mask indoors but were encouraged to mask according to their own preferences. I required all participants to wear a mask and I wore a mask during the sessions.

Analysis

I used an inductive approach to analyze the transcribed content of the interviews and my notes to identify patterns in participants' experiences. The participants' statements were coded and grouped into categories using an emergent system. I looked at the prevalence of each code within my data to determine if it represented a common experience among the participants, and focused attention on the most prevalent codes to form each category. The categories were then grouped into meaning units and then themes. This process involved several rounds of analysis, review, and changes, as outlined by Jackson (2016).

Trustworthiness

To enhance trustworthiness, I shared my analysis of the data with my thesis advisor (Fei-Lin Hsiao, Ph.D., MT-BC), and we discussed the final organization of statements into categories. I then identified themes that emerged from this analysis. My thesis advisor and I revised the themes several times to ensure that they represented my participants' phenomenological experiences.

Prior to beginning the study, I conducted a reflexivity assessment of myself to understand my own biases and assumptions about singing with an exposed voice, and excerpts of this assessment are included in the epoché. I shared transcripts with participants to have them corroborate the record. Finally, I reviewed the transcripts to identify any contradictions or variations in the emerging pattern of common experiences.

I have presented my findings using a narrative approach with descriptions of the participants' experiences using their own words wherever possible. I have sought to share my study procedure, results, and analysis in a way that enhances the possibility of drawing implications for music therapy practice.

Epoché

This study grew out of what was initially a class project to learn about qualitative research. For this project, our professor, Dr. Eric Waldon, invited students to propose ideas for a subject that we wanted to “get smarter about” that could be studied using a qualitative method. Curious about the resistance to singing that the adult patients at my fieldwork site were demonstrating, I proposed an idea for a study of the lived experiences of adults when asked to sing in a music therapy session. Together, my professor, class colleagues, and I refined the purpose of the study, a preliminary design, and interview questions, making this a truly collaborative effort. After completing the assignment, I realized that I wanted to learn more about this subject and decided to make it my thesis project.

Before I began collecting data for this study about participants' experiences of singing, it was important that I first assess my own biases and assumptions about singing with an exposed voice. It is my assumption that most people feel uncomfortable singing with an exposed voice because I have felt self-conscious about my own singing voice in the past and because many of my patients have expressed discomfort with singing. For example, once when I was leading a group session with a blues songwriting intervention, a patient said, “I’m ok with this as long as you don’t ask me to sing.” Curious, I asked her how she felt about singing. She said that she enjoyed singing by herself but singing so that others could hear her made her feel very nervous.

To me, this statement was relevant to my first research question, “What are the experiences of non-musician adults when singing with an exposed voice?”

Growing up, although I occasionally received compliments about my singing, I could never seem to internalize them. Once, when I was in middle school, I was at a park singing with my friend. Another adolescent said to me, “It’s great how you sing even though you can’t really sing.” This negative comment (which was perhaps intended as a compliment) struck me much deeper than any positive comments I may have heard. This experience is relevant to my second research question, “How do past experiences with singing shape one’s identity as a singer?”

Each of my study participants has their own experiences with singing. I am interested in bringing these experiences to light, examining them, and learning from them so that music therapists and educators can facilitate clients’ belief that they are capable of singing, even if they do not consider themselves to be talented.

It is my hope that society can begin to view singing much the way we view exercise and physical activity: one does not need to be a professional, an expert, or even talented to benefit from doing it. I once heard someone address a group of runners on the night before a big race. He said, “It doesn’t matter if you win the marathon or if you come in last. If you run, you are a runner.” Likewise, I hope that over time we can adopt the attitude that one does not need to be a professional performer or an expert singer to benefit from singing. If you sing, you are a singer!

CHAPTER 4: RESULTS

Participants

Nine traditional college-age participants enrolled in my study. Four participants responded to a post-study demographic survey. They reported that they used feminine, masculine, and non-binary pronouns. They also listed diverse ethnic and racial backgrounds including Latina (Mexican), White/Hispanic, Asian (Chinese Cambodian), and Hispanic. They noted their student statuses as second-year, fourth-year (two participants), and graduate student, and that their majors were psychology (two participants); health, exercise, and sport science; and biology. To protect their confidentiality, they were each assigned a pseudonym: AL, BT, CA, DV, EL, FR, GN, HL, and IS.

Themes

Five themes emerged from my analysis of the interviews, as described by song lyrics in Table 1.

Table 1

Themes and Corresponding Song Lyrics

Theme	Song Lyric	Title & Artist
Theme 1: The onset of insecurity	“What would you think if I sang out of tune, would you stand up and walk out on me?”	“With A Little Help from My Friends” by The Beatles
Theme 2: Singing together	“Sing together, if you knew me from the very start, or we met last week at the grocery mart”	“Sing Together” by Train
Theme 3: Right here, right now	“Maybe you could sing it with me”	“Sing It With Me” by JP Cooper & Astrid S

Theme 4: That's my song!	"So I put my hands up, they're playing my song, the butterflies fly away"	"Party in the USA" by Miley Cyrus
Theme 5: I've got the music in me	"You've got the music in you"	"You Get What You Give" by the New Radicals

Theme 1: The Onset of Insecurity

"What would you think if I sang out of tune, would you stand up and walk out on me?"
– "With A Little Help from My Friends" by The Beatles

Seven of the nine participants described a memory of others reacting to their singing, and several linked this memory to the moment when they started to feel insecure about singing, demonstrating how the participants' singer identities were affected by others' responses to their singing. For example, BT described the following scenario:

I used to like swinging around this tree, singing, and I think my parents were like, "Oh no, she's gonna want to sing in the future" ... But then I think they were just like happy I was able to express myself and I got more shy later on, so ... I think that's where I kind of got ... more insecure about expressing myself because my aunts and uncles were there and I have eight aunts and eight uncles ... So that's a big family and when they're all watching you ... like later on, I keep thinking about like, "Oh I did that, like, how did I have like the guts to do that"?

It seemed like before someone made a comment, BT wasn't aware that she was singing. Then after someone commented, she became self-conscious and insecure about it.

Like BT, some were able to recall the age when they became insecure about singing. AL speculated that they were in the 3rd grade when they found themselves thinking, "Oh why am I

doing this [singing]?” GN couldn’t recall the exact age but knew that she was young when she heard a memorable negative comment about her voice, saying:

I remember ... it was a long time and I was really young ... I don’t want to be a singer or anything, but I was singing along to the song, and then ... I think it was my mom ... she was just like “You sound so ugly” and I was like “Ugh!” I was offended. I was like, I’m not trying to sound good, but it still hurt – hurt me.

FR described a childhood experience of singing with an adult family friend, where the friend jokingly said to him “Do you know who sings this song? ... I want to hear him sing it,” implying that FR should stop singing and let her listen to the recording. FR explained, “At that time, I just really liked the song ... But I think, as I grew older, society will want to not shelter you but make you close yourself off.”

More than half of the participants implied that hearing another person who sings well can make them feel insecure about their own singing. As AL described:

The only like memory ... That has to do with singing would probably be in third grade – my third-grade teacher – so before third grade, I remember singing, like, all the time ... but then I ... heard my teacher singing and then she sang so, like, beautiful and I was like, “Oh I’m not as good as her,” like I kind of had like a negative experience ... I was like, “Oh I’ll never be as good as her,” and then I kind of stopped singing in person like, in front of people because of that.

Conversely, CA described a moment when she heard positive feedback about her singing voice around the age of seven or eight while singing in the car with her parents, and recalled this moment as one that made her feel confident about her singing, saying:

I was singing to the music my parents had ... and I could just hear them say like, “Oh she’s actually sings really good for her age and it sounds really good like she’s in tune,” and whatnot, and I ended up getting the same responses from like other family members, and so I think that was part of the reason why I thought, “Oh well, maybe I can sing.”

Most of the participants have memories of others’ responses to their singing, though the impact of these memories varies to some degree. Based on these participants’ responses, there appears to be a moment in childhood when people stop feeling like they can sing out freely and start to develop feelings of shame and insecurity about it, especially if they hear negative comments about their singing, or even if they hear someone else singing well. Participants seem to rely on the opinions of others and compare themselves to others, especially adult family members and educators when discerning if they can sing. This implies that music therapists must be aware of their potential to influence a client’s feelings of confidence or insecurity about singing.

Theme 2: Singing Together

“Sing together, if you knew me from the very start, or we met last week at the grocery mart”
– “Sing Together” by Train

Most participants noted that singing with someone else is different from singing along to recorded music by themselves and that singing in front of others is uncomfortable. When participants are singing with others, the closeness of the relationship has a significant impact on their comfort level. Many noted that they try to blend in and avoid having their voices exposed. CA described the experience of singing by herself, and she compared it to singing with people she is close to versus those whom she does not know well, explaining:

It’s carefree so it’s not like I really care if I can’t reach a note, like it’s whatever I go for it, if I can’t, I can’t. It’s not like I have to please people around me, whereas when I’m

singing not alone I kind of have to making sure I don't go out of range or something ...

my family, you know, and friends are exempt from that because, like, you get my original

version, but with people that I don't really know it's kind of like ...

CA then continued to explain that she feels more reserved, both vocally and physically, when singing around people she does not know well but feels more carefree around those with whom she has close relationships. Similarly, AL stated:

Okay, so ... singing in general is something that I don't do ... in front of other people unless there's a group of people doing it. I mean, in my car with my family, I feel comfortable enough to actually sing. But it's kind of like quiet so like you can hear the song and then I'm ... kind of like mumbling. And then, if it's like ... a birthday and it's like oh sing "Happy Birthday" I like sing it, too, with the other people, but not high enough to be heard, but not low enough to be like, "Oh you're not even singing," you know like in the middle.

Several participants shared that the discomfort they experienced while singing around others, especially those whom they do not know well, could interfere with their experience of singing and/or how they sang. IS stated "Yeah, I wouldn't even think about it. I wouldn't even be like, 'Oh I'm about to sing,' I would just do it. But around other people, I'd be thinking about it the whole time."

Like AL, all but one participant noted that when singing with others, they try to "blend in" to participate. They did not want to stand out and be heard unless they were around people they felt close to. HL expressed:

I would say I'm a little bit extroverted when I'm like with a friend group ... I would still go all out. They would be going all out with me ... but in this situation, like, now, I'm

just like, “Okay, I gotta match her tone ... keep it under control, don’t let it get too loud,” kind of thing.

Two participants also described how singing with others can distract from engagement with the song. BT described feeling emotionally validated by the lyrics to some of her favorite songs while singing along with the recorded song alone. When asked to compare that experience to singing with others, she stated, “So, compared to being alone ... it’s like privacy ... you ... can hear your own thoughts versus, when you’re with other people you start thinking or become insecure about ... they’re listening to you and judging the way you’re singing.” EL made a similar comparison, stating, “I almost feel like I’m more in tune with the lyrics of the song by myself and I’m like almost I guess, paying closer attention to what the lyrics actually mean.”

The participants feel varying degrees of comfort in singing around others depending on how well they know those with whom they are singing. They feel like they can engage with the music, be more mentally present, and emote more through the music when singing by themselves or around people they trust. This indicates that music therapists must be mindful that clients may not feel comfortable singing with them, especially when the therapeutic relationship is new or there is not yet a foundation of trust.

Theme 3: Right Here, Right Now

“Maybe you could sing it with me”
– “Sing It With Me” by JP Cooper & Astrid S

In addition to describing their previous experiences of singing, many of the participants shared details about their present experiences of singing with me, a researcher and musician, during our sessions. All but one participant indicated that they felt nervous at the start of singing together, while one indicated that she did not feel nervous per se, but that she needed to center

herself. Many participants also noted musical concerns including vocal quality, singing the correct melody, and accuracy of the song lyrics and key.

When asked how he felt during the beginning of singing the first song together, FR stated, “Definitely just probably nerves just kind of getting over those.” He then described how he felt at the end, saying:

I think probably [at] the end, brutal as this might sound, I’m like ... “Thank God we’re done singing together.” But it was also ... a little sad that the song was ending because I wanted to listen to it more ... It’s definitely talking in the beginning that helps. It’s not like here’s a complete stranger that I’ve only emailed before ... But. Yeah, I think ... I was just done with it because I didn’t want to sing with someone that I barely know, you know what I mean? It’s like I’d rather just kind of keep that to myself.

With this statement, we see some overlap with the previous theme about singing with others, and how the conversation prior to the musical activity impacted FR’s experience of singing with me. A few participants noted that they felt physical sensations of nervousness as we sang together. As GN described, “My heart rate went up, I could feel it ... My stomach ... I can feel like my heartbeat in my stomach.” She said that the sensation “got a little better” during the session but it did not go away completely.

Like GN, most of the participants noted that they started relaxing more as they continued singing their preferred song. As DV shared:

I think getting started was kind of like the awkward feeling ... getting the plane off the ground, but, once we started getting into tempo and the song it started to become more comfortable and just going along with the flow of the song.

Similarly, EL shared that while she was nervous at the beginning of our session together, she was able to relax because it was just the two of us and because she enjoys singing in her free time, even though she does not consider herself a good singer. When asked if she felt any physical sensations while we were singing, she said, “Ummm ... almost relaxed. ... Relaxed and not as nervous as I thought I would be.” When asked to describe how she felt singing “You Are My Sunshine” (or “YAMS”) with me, CA said, “I felt at peace ‘cause the song is so calming.”

Participants also noted musical concerns such as the accuracy of the song lyrics and key, singing the correct melody, and vocal quality. Most expressed concern about singing the words and melody of their preferred songs and the well-known song (“YAMS”) correctly. For example, AL shared, “I was thinking, ‘Oh, do I even know the song, like, I don’t know if I’m doing the lyrics right.’” DV stated, “I didn’t know what key to sing it in or how ... upbeat or like, are we gonna sing it monotone or something like that.” Participants also noted concern about their own vocal quality. HL expressed fear of her voice cracking, saying, “I do it privately most of the time ... especially, cause, you know, my voice cracks, [laughs] that’s definitely embarrassing, so ... I definitely keep it to myself.” BT mentioned disliking the sound of her own voice when asked if she enjoyed karaoke, stating, “I don’t even like listening to myself honestly.” Seven participants noted a similar feeling of needing more training and practice to sing in the session. For example, AL stated, “My first thought was like ‘Oh no!’ [laughter] I’m not a very good singer because I like I don’t really practice.”

With this theme, we see that participants felt varying degrees of nervousness with singing at the start of our sessions together, but as time progressed some were able to relax and enjoy the opportunity to sing together. FR stressed the importance of talking at the beginning of the session before singing. This implies that music therapists should take the time to build relationships with

clients and create an environment that feels safe before we can expect them to feel relaxed while singing with us. Participants also felt insecure about their vocal musicianship and musical preparation when singing with me, especially at the beginning of the session. It seems that this would be the case regardless of my status as a musician, as they did not note that my musicianship made them uneasy, and they had not yet heard me sing or play when they experienced these concerns. This is another reason to create an environment where clients feel safe enough to make musical mistakes.

Theme 4: That's My Song!

“So I put my hands up, they're playing my song, the butterflies fly away.”
– “Party in the USA” by Miley Cyrus

Song preference also had a significant impact on participants' experiences in their sessions with me. Using the participant's preferred music, not just well-known music, increased participants' willingness and ability to engage musically and emotionally.

For my sessions with the participants, I asked them to submit a list of five of their favorite songs in advance of the session. I learned one of their songs to play live during the session and asked the participants to sing along (see the list of songs I selected from participants' favorites in Appendix I on p. 70). We also sang the well-known song “YAMS.”

Most of the participants noted that they enjoyed singing the song they selected. For example, when asked how she felt at the beginning of singing her preferred song, CA stated, “Beginning I was like, ‘Ooh, this is my song,’ so I was really excited.” Many participants noted that the lyrics of their preferred song were what engaged them in the song. FR described how reading the lyrics while we were singing together stirred an emotional response in the moment, saying:

I would say, probably after the first verse and chorus, the nerves kind of died down, and then it was more just relaxation than anything. But actually, looking at the lyrics in front of me I realized that there is more that like I can attach to, like, my emotions, and I kind of just had like a “Oh shit” moment. But like there are parts of the chorus that ... I’ve made connections to, but definitely more in the verses, that I, once I’ve actually seen them on paper in front of me, I was like oh man.

Many others noted that their preferred song was emotionally validating. BT shared what it is like to sing her preferred song alone, saying it is “Very like expressing emotion ... you ... get this euphoric feeling ... when it’s something you really want to listen to and it’s like speaking exactly what you’re thinking, so ... It’s like someone else is thinking the same thing as you.” A few participants noted that songs can evoke memories of past emotional experiences. IS described emotional memories associated with her preferred song that we used in the session, saying:

I found “Iris” when I was pretty young ... I think that at the times when I listened to it the most was probably like my freshman or sophomore year in high school, and I was very sad [laughs]. I was definitely not feeling my best, and I think the song was like ... it almost like recognized me, if that makes sense.

When participants compared the experiences of singing their preferred song versus singing the well-known song, their comments suggested that song preference is more important than familiarity alone. Several of the participants noted that the song they selected was more emotionally complex than “YAMS.” For example, when asked to compare the experiences of singing his preferred song, “Long December,” and “YAMS,” FR shared, “Definitely ‘Long December’ is more complex, even though it’s maybe what, like three or four chords?” Most of

the participants indicated that the song they selected related to their personal identity, whereas “YAMS” evoked childhood memories. For example, when comparing their preferred song (“Space Girl”) to “YAMS,” AL shared, “‘Space Girl,’ that’s kind of like more me coming into terms with like, oh, you know, like I also like girls and ... It’s ... Like me, I guess?”

A few participants shared that the song they picked felt more vulnerable to sing together than “YAMS.” For example, when asked if she felt more shy singing one song versus the other, BT shared, “Probably ‘Down to Earth’ because I feel like it’s a song I chose so I’m really putting myself out there whereas, with the song you chose [“YAMS”], it’s a little bit easier.” Most of the participants noted that “YAMS” elicits fond memories from childhood but not strong emotions. When asked to compare the experiences of singing “YAMS” and her preferred song, “Take It Easy,” CA described:

Yes, so the first one [“YAMS”], I would definitely say was more like ... It’s very calming and once again related back to my childhood. And then the second song, it was like more like groovy like, you know, I love the song and I play the song every single day and I like the way it makes me feel. So, I felt like a pretty big jump from like the first song to this last one. Because once again, I think I obviously listen to “Take It Easy” like a lot more.

Overall, there was a strong association between the participants’ song preference (not just familiarity) and their engagement with the singing activity. FR went through a detailed description of how each lyric from his preferred song related to his personal experiences. He then said, “I could probably talk about this for another like 30/40 minutes, but ... as I was, like, reading and we were singing along and I was like, okay, damn.” When I stated that the song seemed to mean a lot to him, FR agreed. He went on to describe “YAMS,” saying “‘You Are My

Sunshine' is probably never ever going to be in any of my playlists, but it's one of those songs like that's like I'll always ... like by default."

The participants' statements indicate that they engage more with songs that are meaningful to them compared to ones that are only familiar to them, with the caveat that, for some, singing their preferred songs together also has the potential to make them to feel more vulnerable. Some participants noted that "YAMS" had a calming effect on them, however, most indicated that they engaged on a deeper emotional level with their preferred song. This implies that music therapists must be sensitive to how client-preferred songs versus generally well-known songs can affect clients in different ways and use these songs thoughtfully to support clinical objectives.

Theme 5: I've Got the Music in Me

"You've got the music in you"
– "You Get What You Give" by the New Radicals

Despite having insecurities about singing, all the participants shared positive experiences of singing and described some specific benefits it provides them. They gave statements indicating that they enjoyed singing, at least on their own. HL described singing alone as follows, "I feel like depending on the songs if they're emotional and I can feel the emotion from the singer, I would scream out with them when they're singing. ... It's a really nice feeling to just ... let it out sometimes." Similar to this statement, all the participants noted that singing alone happens easily and they can emote with the recorded music when by themselves. When asked to describe the thoughts and physical sensations she experiences while singing when no one else can hear, BT said, "I tend to express more emotion ... it's ... more free ... I guess you kind of get this euphoric feeling as well when it's something you really want to listen to and it's like speaking exactly what you're thinking."

Four of the participants shared that they listen to music to distract themselves from unpleasant tasks or make them more enjoyable. GN explained, “Usually I listen to music ... to kind of distract myself ... like when I’m cleaning up my cat’s litter box, I put music on.”

All the participants, regardless of their singer or non-singer identities, have found ways to incorporate music, and more specifically singing, into their personal lives to benefit from the emotional expression opportunities singing presents. Many have also found ways to use music to help them through difficult or unpleasant tasks such as exercising and housework. This implies that music therapists should seek to learn how clients are already using music and build on the client’s innate understanding of how to use music for therapeutic purposes.

CHAPTER 5: DISCUSSION

The purposes of this study were to examine what non-musician adults experience when singing with an exposed voice in a simulated musical component of a music therapy session and to explore how past experiences with singing shape one's singer identity. Music therapists often ask clients to sing with them in music therapy sessions, but little research has been done to understand what this experience is like for the clients, especially at the start of the therapeutic relationship. I wanted to learn more about how clients feel when they are invited to sing, and what they experience through the course of singing with a music therapist. The intention was to help music therapists be mindful of what clients experience while singing, and how their past experiences of singing impact the present moment so that we can harness the therapeutic properties of singing and therapeutic opportunities presented by singing together while avoiding unnecessary discomfort.

Nine university students of diverse gender identities and ethnic and racial backgrounds enrolled in the study. Most (though not all) were either undergraduate or graduate psychology majors or minors, or recent graduates from the department. Five themes emerged from the analysis of their interviews: 1) the onset of insecurity; 2) singing together; 3) right here, right now; 4) that's my song! and 5) I've got the music in me.

Findings by Research Question

Research Question 1

The first research question was: What are the experiences of non-musician adults when singing with an exposed voice?

The participants indicated that their comfort level when singing with an exposed voice was tied to their relationship with the people they were singing with. When singing with unfamiliar people or strangers, they felt vulnerable and would try to blend in so their voices could not be distinguished from the group. When they were with trusted people, they could engage with the music and let their voices and emotions out. The feelings of vulnerability and discomfort the participants described when singing with others were similar to Chong's (2010) findings that some university students only liked singing when alone. If anyone else could hear them singing, they felt embarrassed and self-conscious and assumed that others would criticize their singing voice. In the context of music therapy practice, the feelings of vulnerability and discomfort could possibly cause the client to focus more on their insecurity than on the music and/or the purpose of their treatment, like insight or change. BT expressed this when she described how she could hear her own thoughts when singing alone but worried about being judged when singing around others. This implies that music therapists must prioritize developing the therapeutic relationship so that the client can feel safe enough to engage with the music, "go all out," as HL said, and receive the therapeutic benefits of singing without feeling the need to protect their voice from exposure.

The participants also described their experiences of singing in the session with me, a researcher and musician. They felt nervous when they started singing and were concerned with accuracy while singing. They worried about singing the words and melody of the song correctly and expressed that they needed more knowledge, training, or practice to be prepared to sing in the simulated session. They expressed concerns about their vocal quality. Similarly, Chong's (2010) participants assumed that others who heard their singing voice would criticize it and criticized their own voices with negative words such as "flat" and "out of pitch" (p. 121). The

participants in the current study all grew up in the “*American Idol* era,” and perhaps they have a “Simon Cowell” in the back of their minds criticizing their singing. This implies that music therapists must create a non-judgmental environment where clients feel free to use their voices regardless of their musical training.

Preferred music appeared to have a significant impact on the participants’ experiences of singing. They reported differences between how engaged they were in singing their preferred songs versus the well-known song from childhood (“YAMS”), and that their preferred songs were more closely tied to their personal identities as adults. Many participants indicated that they engaged on a deeper emotional level with their preferred song because they could relate to the lyrics and felt connected to the emotional content of the song. A few participants noted that singing their preferred song felt more vulnerable than singing the well-known song, and some participants noted that “YAMS” had a calming effect on them. Walworth (2003) found no significant difference in anxiety reduction for participants who listened to music from their preferred genre versus those who listened to specific preferred songs, but that those who listened to preferred music (both genre and songs) had reduced anxiety compared to those who did not listen to music. The findings in the current study are somewhat different; the participants reported differences between how engaged they were in singing their preferred songs versus a well-known song, and that their preferred songs were more closely tied to their personal identities. This difference could be because the participants would not consider “YAMS” to be included in their preferred genre of music, as it is a song that most of the participants said they learned in childhood and not one they listen to now. These findings imply that music therapists may consider using well-known songs with a client when seeking to avoid subjecting the client

to unnecessary emotional vulnerability, but perhaps using well-known music from the client's preferred genre rather than a song from their childhood.

Research Question 2

The second question was: How do past experiences with singing shape one's identity as a singer?

Many of the participants described a moment during childhood when they started to feel insecure about singing out loud. For some, this moment occurred when they heard a negative comment about their singing or when they heard someone else sing in a way that felt unattainable to them. At these moments, the participants appear to have begun identifying as non-singers. Some participants could not describe a clear memory of a moment, but one noted that over time he felt that society discouraged him from singing. This was consistent with Whidden's (2015) and Hogle's (2021) findings regarding the fragility of the singer identity, and that one can easily develop a lifelong non-singer identity upon hearing negative feedback as a child. This implies that music therapists have the power to influence a person's singer identity for better or for worse, especially when working with children, by making comments about the person's singing voice and with subtle behaviors like paying more attention to clients in a group who demonstrate musical abilities than to those who do not.

Though most of the participants identify as non-singers, as adults, all of them have found ways to incorporate singing into their personal lives for emotional expression, and many have also found ways to use music to help them through difficult or unpleasant tasks such as exercising and housework. Similarly, participants in Brisola and Cury's (2015) study felt empowered by singing and said that it facilitated the expression of their emotional state. This

implies that even adults who do not identify as singers or musicians find ways to use music for its benefits, especially for emotional expression.

Implications

Singing preferred songs together presents multiple layers of therapeutic opportunities. The meaning of the words and the emotions expressed by using the voice musically, the physiological experience, and the therapeutic relationship can all be combined to facilitate a music therapy experience that addresses multiple clinical goals at once. These goals could include emotional expression (Tyson, 1982), improved blood oxygenation (Hunter, 1999), and increased interpersonal engagement between clients and their family members (Clements-Cortés, 2017).

However, many participants in the current study described memories of hearing comments or criticisms about their voices and eventually developed feelings of insecurity when singing around others. This implies that music therapists must be mindful that clients may have heard criticisms about their own voices and feel protective. As Whidden's (2015) participant said, "Your voice...it's like they are saying something about your heart and soul" (p.39). The findings of the current study indicate that for clients to feel comfortable singing and not feel the need to protect their voices from exposure, the music therapist must facilitate a trusting relationship and an environment where clients feel free to sing regardless of their musical training. As FR noted, talking at the beginning of our session helped him feel more comfortable and less like he was singing with a stranger. This indicates that music therapists need to spend time talking with clients and building therapeutic relationships before expecting clients to feel comfortable singing together. Perhaps it would be useful for music therapists to assess a client's

history with singing and singer identity before inviting the client to sing along in a session. A simple assessment question would be, “How do you feel about singing?”

Some participants also indicated that when singing a preferred song with lyrical content that is tied to their emotions with an exposed voice, they felt more vulnerable than when singing a well-known song from childhood. Music therapists must be mindful of the vulnerability that clients may feel regarding the emotional content of their preferred songs and not push the client to sing their preferred songs before they are ready. After all, we would not push a client to discuss an emotional personal matter before they were ready. To address this feeling of vulnerability, music therapists could start music therapy sessions by singing well-known songs, perhaps from the client’s preferred genre. These would be songs that the client identifies as less personal or emotionally evocative than their preferred songs, which may be associated with more emotional content. By sequencing the songs in this order, music therapists may be able to help clients ease into singing and ultimately feel more comfortable opening up emotionally and engaging with the music.

Though music therapists make efforts to lessen the power differential that exists within the therapeutic relationship, it cannot be eliminated completely. Music therapists must be mindful of this power differential and the power they have to influence a person’s singer identity and use it to encourage clients, especially children, to explore and enjoy singing for the sake of the present and future benefits it can provide, even if the client does not have apparent singing talent. It goes without saying that music therapists should not make negative comments about a client’s singing voice, but other behaviors should be examined as well. For example, do we find ourselves offering more praise to group members who match pitch when singing than to those who do not? The clients who do not receive praise may notice this difference in therapist

behaviors. If we do not consider these behaviors, it is possible to damage a client's lifelong music involvement and appreciation and deprive them of the future benefits of singing. While it is true that not every person is naturally talented enough to be a professional singer, music therapists can give positive feedback regarding the client's participation in singing and/or encourage the client to explore how singing makes them feel. For example, rather than commenting directly on the client's voice, one could say, "I notice you are smiling while you sing – how does singing make you feel?"

I learned a great deal from completing this study that I have applied to my own music therapy practice. Now I am more mindful of my clients' singer identities and the fact that many have experienced wounding incidents as described by Hogle (2021). I am more sensitive to the vulnerability clients may experience when using their preferred music in a session. In the past, if a client said something like, "Play whatever you want," I would press them to tell me some of their favorite songs. Now, if I sense that a client is not ready to open up emotionally, especially at the start of the therapeutic relationship, I ask them about their favorite genres and offer them options of songs from those genres that are less emotionally evocative than their specific preferred songs. This has led me to add more songs to my repertoire that are generally considered to be upbeat and feel-good. I spend more time building therapeutic relationships and talking with clients before I expect them to feel comfortable singing with an exposed voice with me. Finally, prior to inviting clients to sing with me, I now assess their singer identities by asking them how they feel about singing.

Opportunities for Further Research

This study was limited in that the non-clinical sessions were not music therapy sessions, and the participants were not music therapy clients. The sessions took place in a library study

room with thin glass windows, and the fact that the sessions were visible to others in the library may have impacted the participants' experiences. Future research should be conducted using real clients in actual music therapy sessions and include a larger number of participants. While efforts were made to recruit a diverse group of participants, those who enrolled in the study were all young adults in either undergraduate or graduate school, or who had recently graduated. Future research on this subject should include older adults, people with diverse life and familial experiences, those not within the university population, and those who do not have access to higher education. In future studies, efforts should be made to obtain the participants' demographic data at the start of each session, as the current study failed to obtain adequate demographic data early on, and few participants responded to the follow-up request for data.

A study to address these limitations should be conducted for a more comprehensive understanding of the experience of singing with an exposed voice. By conducting a study with a more heterogeneous group of participants who are music therapy clients in music therapy sessions, the impact of past experiences on one's singer identity, and their present experiences of singing with an exposed voice in a music therapy context, would be better understood.

A formal assessment protocol should be developed and studied to evaluate clients' feelings about singing at the start of the therapeutic relationship. As previously noted, this protocol may be as simple as including the question, "How do you feel about singing?" in the initial client assessment. This would inform the music therapist of how to approach singing with the client. For example, if the client responds with a statement such as, "I have a terrible voice," the therapist could introduce a song that is well-known with simple lyrics and a narrow melodic range and invite the client to begin by only singing a few words of the chorus.

Finally, there is a need for music therapists to systematically understand how to create an environment where clients feel safe singing. One possibility would be for the music therapist to foster a sense of play with the music. The participants indicated that they had less of an emotional response to the well-known song “YAMS,” which many of them knew from childhood. Future research should be done using a well-known song that the client does not have an emotional connection to but is perhaps from their preferred genre of music rather than a song from childhood. The song would be presented in a playful fashion. This protocol could be tested to determine if clients feel comfortable participating, even if they do not believe that they sing well.

Conclusion

Singing is special because of its unique combination of musicality, the body as the instrument, and meaningful words. This combination is not found in instrumental music or written/spoken words. The unique properties of singing, as well as the feelings of vulnerability my patients and I have experienced with it, made me want to learn more about how people experience singing with an exposed voice and how their past experiences impact their singer identities as adults. This study allowed me to learn more about how my clients might feel when I invite them to sing with me in a music therapy session, especially at the start of the therapeutic relationship. It gave me insight into how I can leverage the client’s experiences with singing to enhance my clinical use of it. I hope the findings from this study can provide lessons for music therapy practice. The findings about how adults can influence a child’s singer identity are especially applicable to music therapists who work with children. The findings about developing a trusting therapeutic relationship and understanding the different impacts of a client’s preferred songs versus well-known songs can be applied to make singing interventions more effective for

emotional expression while reducing unnecessary emotional vulnerability. Music therapists can learn from the finding that all the participants use music on their own for emotional expression and alternate engagement during unpleasant tasks, and leverage this to encourage clients to engage in independent singing outside of music therapy sessions.

“When you feel down and out, sing a song (it’ll make your day) ... If you sing a song today, you will make a better way, yeah, yeah, yeah, yeah”

– “Sing a Song” by Earth, Wind & Fire

Project playlist:

<https://open.spotify.com/playlist/7wkpe6m5uGnJ9p6ttHNqeI?si=7180fba43b794a05>

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[origsite=gscholar&fromopenview=true](https://www.proquest.com/docview/1760210914?pq-origsite=gscholar&fromopenview=true)

Appendix A: Informed Consent for Music Experience Study Form

University of the Pacific

Title of Project: Music Experience Study

Principal Investigator: Georgia M. Agerton, MBA, MT-BC

Other Investigators: Fei-Lin Hsiao, Ph.D., MT-BC

Participant ID: _____

We invite you to take part in a research study, “Music Experience Study” at University of the Pacific, which seeks to learn more about non-musician adults’ experiences during a musical activity. Taking part in this study is entirely voluntary. We urge you to discuss any questions about this study with our investigators. If you decide to participate you must sign this form to show that you want to take part.

Some of the essential information you will need to make the decision whether to participate in the research study has been outlined below.

Approximately 20 people from University of the Pacific will take part in this research. If you decide to take part in this study your participation will last between 45 minutes and 1 hour, with an opportunity to review the results via email at a later time.

Section 1. Purpose of the Research

The purpose of this study is to learn more about the experiences of adult participants in musical activities.

Section 2. Procedures

The study will be conducted using a musical activity (you and I will sing two songs together and I will provide musical accompaniment) followed by an interview. I will video record the interview using a secure platform so that I can transcribe it later, but I will not record the musical component.

Section 3. Time Duration of the Procedures and Study

The musical activity and interview will take between 45 minutes and 1 hour.

Section 4. Discomforts and Risks

Any personal information collected (including your name, email address, phone number, and video recorded interview content) will be deidentified and stored in a secure location. The results will be reported in aggregate. Still, there are always risks that an outside person could gain access to the interview content. The discussion about your musical experience may cause adverse emotional reactions. If this occurs, I will end the research interview and will be prepared to assist you in processing your adverse reactions. I will take great care to ensure that you do not experience humiliation or loss of trust with me at any point in the research interview process. Participation in the study should not cause any discomfort, but if you experience discomfort, we can stop the process at any time.

You will receive my analysis of the results of the interview data as part of this research study via email at a later time.

Section 5. Potential Benefits

You may find your participation to be personally beneficial or even enjoyable. The data gathered from this study may be generalized to provide benefits to future recipients of music therapy.

Section 6. Statement of Confidentiality

I will only collect your first name in association with your interview responses, and once we are done your interview will be deidentified and stored in a secure location. No identifiable private information or identifiable biospecimens will be collected.

6a. Privacy and Confidentiality Measures

My thesis advisor and I are the only people who will have access to the data I gather from you. I will take appropriate measures to protect you, including maintaining confidentiality of data collected, de-identifying participant information, identifying foreseeable risks, and minimizing risks for participants. I will collect and report data in a way that does not reveal your identity. Recordings of interviews and transcripts of the recordings will be kept in secure locations on password protected devices. Your name and identifying information will be stored separately, and a code system will be used so that I can identify which interview recording/transcript belongs to which participant.

This un-identifiable information may be used for future research studies or shared with another investigator for future research studies without additional informed consent from you.

Section 7. Costs for Participation

Participation in this study will require between 45 minutes and 1 hour of your time, but you will not incur any monetary costs beyond that.

You will not lose any legal rights by signing this form.

Section 8. Compensation for Participation

You will be given a \$20 Amazon gift card for participating in this study.

Section 9. Research Funding

- Funding disclosure: No grantors, institution(s), or companies are involved in this research through funding or grants.
- Conflict of Interest: The researchers have no conflicts of interest to disclose.

Section 10. Voluntary Participation

Taking part in this research study is voluntary. If you choose to take part in this research, your major responsibilities will include completing the pre-screening survey and attending and participating in the music experience and interview, which will last between 45 minutes and 1 hour. You do not have to participate in this research. If you choose to take part, you have the right to stop at any time. If you decide not to participate or if you decide to stop taking part in the research at a later date, there will be no penalty or loss of benefits to which you are otherwise entitled.

Your investigator may take you out of the research study without your permission. Some possible reasons for this are: if the investigator observes that you are in extreme discomfort or distress, or if the investigator feels that her own safety is threatened.

Section 11. Contact Information for Questions or Concerns

- It is your right to have questions answered during and after the study.
- If you have questions following the study, please contact Georgia M. Agerton, MBA, MT-BC at g_agerton@u.pacific.edu or Fei-Lin Hsiao, Ph.D., MT-BC at fhsiao@pacific.edu.
- For questions about participant rights and privacy issues, contact one of the two investigators listed above.

For more information about participation in this research study and about the Institutional Review Board (IRB), a group of people who review the research to protect your rights, please visit UOP's IRB website at <https://www.pacific.edu/irb-human-subjects>. You may contact the Human Subjects Protection in the Office of Research and Sponsored Programs at 209-946-3903 or by email at IRB@pacific.edu if you have questions about your rights as a research subject or what to do if you are injured.

Signature and Consent/Permission to be in the Research

Before making the decision regarding enrollment in this research you should have:

- Discussed this study with an investigator,
- Reviewed the information in this form, and
- Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the research and those questions have been answered. You will receive a copy of the signed and dated form to keep for future reference.

Participant: By signing this consent form, you indicate that you are voluntarily choosing to take part in this research.

Signature of Participant Date Time Printed Name

Person Explaining the Research: Your signature below means that you have explained the research to the participant and have answered any questions they have about the research.

Signature of person who explained this Date Time Printed Name
research

This document was created using the following resources:

NIA template, which was created using the following:

CTN Best Practices

- Informed Consent Discussion Documentation
- Informed Consent Document Template and Instructions

Fuller Theological Seminary Graduate School of Psychology

- Informed Consent Template

National Cancer Institute

- [Informed Consent Template for Cancer Treatment Trials \(English Language\)](#)
- [Learn about Clinical Trials – Informed Consent](#)

Appendix B: Informed Consent Script for In-person Dialogue at the Start of the Session

Before you agree, I must tell you about the following:

1. The purposes, procedures, and duration of the research:
The purpose of this study is to learn more about the experiences of adult participants in musical activities. The study will be conducted using a musical activity and an interview format, which will take between 45 minutes and 1 hour. I will video-record the interview so that I can transcribe it later, but I will not record the musical component.
2. Any reasonably foreseeable risks or discomforts, and any benefits of the research:
I will not be collecting very much personally identifying information besides your name, and the content of the interview will be deidentified and stored in a secure location. The results will be reported in aggregate. Still, there are always risks that an outside person could gain access to the interview content. Participation in the study should not cause any discomfort, but if you experience discomfort, we can stop the process at any time. However, you may find your participation to be beneficial or even enjoyable. The data gathered from this study may be generalized to provide benefits to future recipients of music therapy.
3. Any potentially beneficial alternative procedures or treatments:
N/A
4. How your confidentiality will be maintained:
I will only be collecting your first name in association with your answers, and once we are done your interview will be deidentified and stored in a secure location. My thesis advisor and I are the only people who will have access to the gathered data. I will take appropriate measures to protect you, including maintaining confidentiality of data collected, de-identifying participant information, identifying foreseeable risks, and minimizing risks for participants. I will collect and report data in a way that does not reveal your identity. Recordings of interviews and transcripts of the recordings will be kept in secure locations on password protected devices. Your name and identifying information of participants will be stored separately, and a code system will be used so that I can identify which interview recording/transcript belongs to which participant.
5. Whether any identifiable private information or identifiable biospecimens will be collected from you:
No identifiable private information or identifiable biospecimens will be collected.
6. Whether any procedures are experimental:
These procedures are not experimental.

I must also tell you about the following:

1. Any available compensation, commercial profit, or medical treatment if injury occurs:
There is no compensation, commercial profit, or medical treatment if injury occurs.
2. The possibility of unforeseeable risks and any conflicts of interest:
The risks of participating in this study are minimal, and there are no known conflicts of interest.
3. Circumstances when the investigator may terminate your participation:
I may terminate your participation if I observe that you are in extreme discomfort or distress, or if I feel that my own safety is threatened.
4. Any added costs to you:
Participation will take between 45 minutes and 1 hour of your time but should not cost you anything monetarily.
5. What happens if you decide to stop participating:
If you decide to stop participating at any time, that is completely acceptable, and your interview record up until that point will be destroyed.
6. When or if you will be told about new findings which may affect your willingness to participate:
I do not anticipate that there will be new findings between this moment and the time when we finish the interview that would affect your willingness to participate.
7. Whether you will be notified of research results:
If you would like to be notified of the results, I will take down your name and contact information and store it in a separate file. I would like to discuss my findings with you for your reaction at a later date.
8. How many people will participate in the study:
I am hoping to enroll roughly 20 people in this study.

The participant will sign the formal informed consent document.

Appendix C: Recruitment Copy for Email

I am recruiting participants for a research study that seeks to learn about participants' experiences of a musical activity. The study will take place at UOP's Stockton campus on [insert dates] during one-hour time slots between the hours of [insert times].

Study participation consists of an in-person music experience with a follow-up interview, which should take between 45 minutes and 1 hour to complete. Following data analysis, participants will also have the chance to review the data collected and provide their reactions. I hope that my findings can be used to enhance the experiences of future music therapy recipients.

You are eligible to participate in the study if you are not a musician (i.e. if you would not consider yourself either an amateur or an expert musician), are 18 years or older, can communicate in English, make legal and medical decisions for yourself, and are willing to participate.

Participants who complete the music experience and interview will receive a \$20 Amazon gift card. If you are interested in participating, please click the link below to complete the pre-screening survey: [link to survey]

Once you have completed the survey, I will email you a link to register for a time slot on either April 11 or April 21, between the hours of 10 AM and 3 PM (you will be able to select the time).

Thank you for your consideration and please do not hesitate to reach out if you have any questions,

Georgia M. Agerton, MBA, MT-BC

G_agerton@u.pacific.edu

Appendix D: Music Experience Study Participant Pre-screening Survey

Thank you for your interest in participating in my study! Please answer the questions below and if you qualify, I will email you a link to register for a time slot on either April 11 or April 21, between the hours of 10 AM and 3 PM (you will be able to select the date and time).

First and Last Name:

*University email address:

Phone number:

Which of the following best describes you:

I am a NON-musician (I have not pursued musical training as an adult and do not play music as a hobby)

I am an AMATEUR musician (I play an instrument and/or sing regularly)

I am an EXPERT musician (I am a professional and/or I pursue serious musical training)

Please list FIVE of your favorite songs and include the artist's name if you know it:

If you identified as a NON-MUSICIAN above and are 18 years or older, can communicate in English, make legal and medical decisions for yourself, and are willing to participate, then you qualify for this study.

Please contact Georgia Agerton at G_Agerton@u.pacific.edu with any questions or concerns. All participants will be required to wear a face mask and abide by *University Covid protocols.

*University name has been removed to protect participant identities.

Appendix E: Follow-up Email Confirming Participation

This personalized email was sent after the participant had submitted the pre-screening questionnaire.

Subject: Please Schedule Your Time Slot for the Music Experience Study

Dear _____,

Thank you for signing up to participate in my study regarding participants' experiences of a musical activity.

Please click here

[<https://calendar.google.com/calendar/u/0/selfsched?sstoken=UUZnT2pYQThvUG1EfGRIZmF1bHR8NjQzMDE2NTRmNDRkNzRIOWU3Nzg0NjQzNzU5YWYxZDU>] to schedule the time for your music experience and interview on either April 11 or April 21 (time slots are available every hour from 10 AM until 4 PM both days and will be filled on a first-come, first-served basis).

As a reminder, only those who identify as non-musicians may participate in this study (i.e., those who do not consider themselves to be amateur or expert musicians).

Please review the attached informed consent form prior to participating in the study. You will have time to ask me questions about it at the beginning of our session (I will bring a printed copy for you to sign). You are free to remove yourself from this study at any time.

Thank you again for your willingness to participate in this study, and please let me know if you have any questions!

Sincerely,
Georgia M. Agerton, MBA, MT-BC
G_agerton@u.pacific.edu

Appendix F: Follow-up Email Confirming Date and Time

Dear _____,

Thank you for signing up for a timeslot for the musical experience study.

The date and time of your music experience and interview is: [insert confirmed date and time]
The session will last between 45 minutes and 1 hour.

The location is: [insert building and room #]

Thank you for listing five of your favorite songs. We will be using ____ in the session (this is just an “FYI” and you do not need to prepare anything).

If you decide not to participate in this study, please notify me immediately so that I can find another participant to fill your spot.

Thank you again for your willingness to participate in this study, and please let me know if you have any questions! You will receive your \$20 Amazon Gift electronically card at the end of the interview.

Sincerely,
Georgia M. Agerton, MBA, MT-BC
G_agerton@u.pacific.edu

Appendix G: Participant Interview Follow-up Email

Dear [Insert Participant Name],

Thank you very much for participating in the Music Experience Study in April. If you are able, I would appreciate your taking a moment to review the attached transcript of our interview and let me know if there is anything you would like to change or add.

Also, I would like to include information on the diverse backgrounds of my participants to paint a more complete picture of everyone's different experiences. Would you like to share more about yourself (e.g., gender identity, ethnicity, major, student role (graduate or undergrad), etc.)? Responding to this question is completely optional.

Thank you again for your time,
Georgia Agerton, MBA, MT-BC

Appendix H: Participant Interview Questions, Script, and Prompts

Pre-Singing Experience Questions:

1. Do you consider yourself to be an amateur or expert musician?
2. Please describe your musical background to me.
3. What is your current level of involvement with music?
4. Thank you for sending me the list of five of your favorite songs. I have selected ____ for us to sing together today. We'll also be singing a very well-known song together. Before we get going, can you tell me a bit about why you included ____ on your list of favorites? What about the song makes it one of your favorites?

Singing Experience Script:

5. First, we're going to sing [either "You Are My Sunshine" or the participant's preferred song]
I will begin playing the intro and will then invite the participant to sing with me. After we sing the first song, I will then say, "Great, now let's do [either "You Are My Sunshine" or the participant's preferred song]."

Post-Singing Experience Questions:

6. What was it like for you when I asked you to sing with me; what was your first thought?
7. What did you feel in your body when I asked you to sing? Did you have any noticeable bodily sensations?
8. What were you thinking during the beginning, middle, and end of the first song?
9. What were you thinking during the beginning, middle, and end of the second song?
10. Did you notice any similar or different feelings between the two?

General Singing Experience Questions:

11. When singing alone, what kind of thoughts and physical sensations do you typically experience?
12. How do these experiences compare to when you are singing in a group (e.g., at a religious or sporting event, at a friend's birthday, etc.)?

13. Describe any memorable experiences you have of singing, including the reactions of others to your singing, during childhood. How did their reactions make you feel? How have those reactions impacted how you see yourself as a singer?
14. How would you describe your current relationship with singing?

Appendix I: Songs Used in Sessions

Participants' preferred songs:

“Space Girl” by Frances Forever

“Down to Earth” by UMI

“Take It Easy” by the Eagles

“Waste of Lime” by Ingrid Andress

“Just A Girl” by No Doubt

“A Long December” by Derek Russell Fimbel (originally by Counting Crows)

“Even If” by Royal Coda

“Fingers Crossed” by Lauren Spencer Smith

“Iris” by The Goo Goo Dolls

Well-known song used in all sessions:

The chorus of “You Are My Sunshine” by Jimmie Davis and Charles Mitchell

Link to Spotify playlist:

<https://open.spotify.com/playlist/7wkpe6m5uGnJ9p6ttHNqeI?si=070769724fda4cbd>