Reflexive Journal Writing

A Tool for Music Therapy Student Clinical Practice Development

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Abstract

Reflexive journal writing is used by students in many professions as an education tool to facilitate practice development. A music therapy student’s use of a clinical reflexive journal, written during a cancer hospital placement, is outlined in this paper. A model of music therapy student (MTS) reflexive journal writing is described to explicate the process of generating and integrating new understandings to extend practice. Illustrations of reflexive journal writing demonstrate the usefulness of journaling to inspire new insights and extend MTS’s knowledge. A retrospective analysis revealed that this process is beneficial for (a) understanding contextual influences on practice, (b) connecting theory and practice, (c) self-evaluation and supervision, (d) practice development, and (e) understanding the usefulness of music therapy. Journal writing and analysis is considered a valuable method to facilitate the development of music therapy students and, arguably, music therapists, in their journey towards becoming more reflexive practitioners.

Keywords: music therapy; reflexivity; journal writing; music therapy student; clinical practice.

Introduction

Music therapy students often start by wanting answers to specific questions and end by being able to tolerate unanswerable questions. (Streeter, 2006, p. 364)

Flexibility in offering a range of music therapy methods is essential when meeting the diverse needs of individual hospitalized oncology patients and those close to them (Bailey, 1983; Daveson, 2001; Fagen, 1982). Descriptions of music therapy goals and methods taught to music therapy students, however, may assume that patients’ conditions are relatively stable (Davis, Gfeller, & Thaut, 1999). The music therapy student (MTS) (first author) initially found it difficult to understand how to apply traditional “predetermined” goals and approaches of music therapy practice in an oncology hospital, because of the patients’ and families’ highly fluctuating needs and abilities. The MTS found that a clinical journal writing process was vital in enabling her to reflect and develop a flexible and appropriate music therapy service in the hospital. The authors believe that this process could be helpful to other music therapy students and clinicians dealing with uncertainty in their daily work, in any context. Hence, this paper will illustrate and discuss the significance of clinical reflexive journal writing to help a MTS self-critique and

1 “Predetermined” here means that goals and methods are selected before sessions, after an assessment phase.
develop professionally.

Descriptions of reflexivity, journaling, and clinical reflexive journal writing are first provided. The four stage reflexive journal writing and practice model developed by a MTS is then outlined. Five benefits of MTS reflexive journal writing are listed and illustrated through journal excerpts. Finally, issues to consider when selecting a journal writing style, and how journaling may contribute to one’s professional identity development, are discussed.

The Need for Reflection and Reflexivity

Reflection and analysis is discussed as a technique that can enable students to learn through experience, to reconcile the gap between theory and practice (Fook, 1996).

Reflective practice depicts the practitioner’s deliberate effort to review their actions and the knowledge which informs them (Schön, 1983; 1991). The idea gained prominence in allied health professions after Schön conceptualized its role in eliciting professionals’ “tacit knowing-in-practice” (1991, p. iix), that is, what one is “intuitively” doing and why. Mezirow (1990) also proposed that critical reflection can extend one’s self understanding and knowledge development, as one can reassess their presuppositions, challenge the validity of their interpretations, and subsequently correct any distortions in action resulting from such reassessments.

Schön’s (1983, 1991) concept of reflective practice has inspired music therapists to confront challenging personal and professional experiences, deepen their understandings, and return to the field with transformed perceptions (Gentleman Byers & Forinash, 2004). Little, however, has been written to educate music therapy students and practitioners about how reflection may extend knowledge and practice development. Exceptions include Bruscia (2005) and Stige (2002), who advise qualitative researchers to keep a reflexive journal to record entries of self-inquiry to understand personal and professional perspectives that influence their study and interpretations of the research material.

Like Bruscia (2005) and Stige (2002), the authors prefer the term “reflexive” instead of “reflective” when discussing journal writing for the purpose of knowledge articulation and development. Reflexivity depicts the ability to direct one’s thoughts back onto oneself; to examine one’s theories, beliefs, knowledge, and actions in relation to clinical practice. The interpretations of experiences, and insight into how one’s interpretations came into existence, result in reflexive knowledge (Hertz, 1997).

Journaling

One way that the reflexive process can be facilitated is through journal writing, as it offers the opportunity for analytical thinking and
self-analysis about what one’s personal stories conveys (DeVault, 1997). Reflection through journal writing can allow students to: (a) connect thought, feeling, and action; (b) deepen self-awareness; (c) think for themselves, and trust their emerging ideas; and (d) allow new or revised insights to emerge (Lukinsky, 1990). The journal is not a means to an end; the journal is the anchor from which to make further explorations (Lukinsky, 1990). It is through the analysis of patterns of information about professional practice and personal theories emerging in one’s journal over time, that hidden assumptions can be discovered to reveal important information about the student’s performance (Osterman & Kottkamp, 2004).

The benefits of keeping a student reflective journal whilst on clinical placement have been documented in allied health fields, including social work (Noble, 2001), education (Osterman & Kottkamp, 2004), and nursing (Getliffe, 1996; Heath, 1998; Kok & Chabeli, 2002; Landeen, Byrne, & Brown, 1995; Marland & McSherry, 1997; Richardson & Maltby, 1995). While these authors discuss the usefulness of journal writing as a tool to enhance student reflective thinking and learning, the nursing literature offered detailed suggestions for writing. Practical guidelines for students’ reflective diaries offered by Heath (1998) included dividing each page in two, using one side for the free writing style diary entry and the other side to document further reflection and analysis notes. Nursing students in a research study were allocated 30 minutes at the end of their daily practice to keep a journal, which were used to form the basis for reflective discussion in weekly meetings (Marland & McSherry, 1997). Rather than documenting all experiences, other students have been asked to journal the most significant event that occurred each week to give to their nursing faculty to provide written feedback (Landeen, Byrne, & Brown, 1995). An analysis of reflective journal writing, however, found that students can hold a negative view towards reflective journal writing because it is time consuming (Kok & Chabeli, 2002).

Music Therapy Clinical Reflexive Journals

While journal writing to enhance MTS placement experiences evidently occurs (Hadley, 2006), the MTS author found no description of this process in a wide search of literature. Clinical reflexive journal writing, however, was used by one music therapist as a data collection method in research on the relevance of her clinical practice in oncology (O’Callaghan & Mc Dermott, 2004; O’Callaghan, 2005). O’Callaghan’s journal writing and analysis both elicited, and extended, her practice knowledge. The journal incorporated session memories, and a free association and debriefing type process, in which she wrote anything that she could remember about her music therapy and related experiences. The journal was directly typed onto the computer, and mostly occurred in evenings following sessions. Hand written prompts were sometimes kept to integrate later. Spontaneous relevant memories and insights were also documented at any time. Computerized journal writing enabled the use of textual data software for subsequent data management. O’Callaghan (2005) wrote:

Writing a clinical reflexive journal for prospective thematic analysis unleashed a “self dialogic” process, inspiring new questions and awarenesses, uncovering and extending her “practice wisdom” [(Scott, 1990)]. Reflexive journal writing and analysis can be an invaluable self-supervisory, educative, and transformative process. (p. 217)

MTS Model of Reflexive Journal Writing and Practice

While there are clearly varied ways of clinical reflexive journal writing, the remainder of this paper will focus on how one MTS wrote her journal, and how it extended her practice development. The term “clinical” is included in this context because it denotes a journal arising from experiences in a medical setting. This
Descriptive Journal Writing
The MTS, who did not have free access to a computer on her placement, used a hand-written clinical reflexive journal to record significant times experienced through her 40-day clinical training placement at the oncology hospital. This hand-written journal allowed entries to be flexibly documented close to the time of clinical placement experiences, and also allowed for quick referencing back to previous notes. The journal was comprised of written descriptions of unsuppressed memories, ideas, feelings, and thoughts, including: (a) clinical observations; (b) descriptions of offering music therapy to patients; (c) initial intentions and assessments made; (d) music therapy methods offered and why, and those used; (e) significant moments; (f) outcomes, including musical and incidental comments by participants; (g) possible ongoing goals; (h) spontaneous comments from staff, or others about the usefulness of music therapy; (i) notes emergent from supervision sessions; (j) questions that emerged, aspects to think about, and things to do; (k) experiences challenging perceptions about the usefulness of music therapy; and (l) personal reflections about music therapy’s usefulness.

Extending Self-Critiquing and Understanding
New insights and questions which became apparent during the descriptive journal writing process were documented. Self-critiques and further understandings also emerged during supervision times, sometimes when the journal descriptions were being discussed, and while present on the hospital wards. Insights that became known when reading music therapy and allied literature, talking with other MTSs, and other personal experiences, were also retrospectively included in the journal.

The MTS became aware of “moments of resonance” when new questions were triggered, usually as a session memory was considered alongside (internally dialogued with) another idea, leading to a new or reworked understanding about the original clinical experience. These questions, which are in Table 1, were reflexive, as they were critical self-examinations of her practice in the situational context.

Integration of New Insights into Practice
Critical self-reflection and examination of understandings mentioned above resulted in new insights about clinical experiences, which were sometimes used to guide further practice, for example, developing creative ways of introducing music therapy to patients, and reappraising assessments and evaluations. Further understandings of self as a therapist were also incorporated into the approaches and methods used in the MTS’s daily practice.

Reflexive Evaluation
As new and reworked understandings were integrated into practice, the MTS described patients, families, and staff members’ reactions, alongside additional assessments and outcomes. Reflexive evaluation occurred individually, as well as during supervision and peer group discussions.

Illustration of the Usefulness of Reflexive Journal Writing as an MTS in an Oncologic Clinical Placement

Unless we explore the world within we can never know reality—we will only know our beliefs about it, or our intellectual conceptions of it. By observing ourselves, however, we can come to know reality [more] directly and can learn to deal with it in a positive, creative way. (Hart, 1987, p. 6)

Three-months after completing her clinical placement, the MTS repeatedly read and reflected on her five-month personal clinical journal while asking the following question: What was the usefulness of reflexive journal writing as an
MTS on clinical placement in a cancer hospital? Further memories and insights inspired during this reading were also documented. During these repeated readings, five key benefits of MTS reflexive journal writing became evident, including: (a) understanding contextual influences on practice; (b) connecting theory and practice; (c) self-evaluation and supervision; (d) practice development; and (e) understanding the usefulness of music therapy. These benefits will be clarified below, with journal excerpts to illustrate their conception.

Excerpts from the MTS’s clinical reflexive journal only offer decontextualized fragments of the complete process of reflexivity which may not do the process justice, and may even mislead. Descriptive journal writing is an outlet for self-expression and reflection, thus it “may give a distorted or partial picture of the writer” (Lukinsky, 1990, p. 214). Despite this, excerpts have been included to: (a) illustrate the MTS’s knowledge development (and, arguably, generation) from a relatively naive to wiser therapist; and (b) highlight how journaling can facilitate the reflexive process and, thereby, inspire the discovery of the five benefits now described.

<table>
<thead>
<tr>
<th><strong>Table 1: Music Therapy Student’s Questions Arising in Reflexive Journal Writing</strong></th>
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<tbody>
<tr>
<td>How do I offer “therapy” to adult oncology patients, including those with cognitive impairments?</td>
</tr>
<tr>
<td>What are my perceptions of what music therapy can offer cancer patients?</td>
</tr>
<tr>
<td>How did the individual(s) choose to use music therapy?</td>
</tr>
<tr>
<td>What were the non-verbal messages that the patient/family were providing?</td>
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<td>Were there missed therapeutic opportunities when working with the patient/family?</td>
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<tr>
<td>Were there things I didn’t say or methods I didn’t offer? Why?</td>
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<tr>
<td>What was my response to a patient’s emotion?</td>
</tr>
<tr>
<td>What questions or understandings am I grappling with?</td>
</tr>
<tr>
<td>What implications do my new understandings have on my future practice?</td>
</tr>
<tr>
<td>How does my life history impact upon these therapeutic encounters (e.g., consideration of use of self-disclosure; transference issues)?</td>
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Understanding Contextual Influences on Practice

Journaling can be useful in uncovering thoughts about contextual elements that impact on one’s understandings and practice, including the effects of: (a) the clinical placement setting; (b) the clients, including their ethnicity and individual backgrounds; (c) other practitioners, such as one’s supervisor, including the paradigmatic frameworks informing his/her practice; (d) and the wider socio-cultural context. Consideration of these contextual influences alongside the assessment of one’s own background and beliefs that are brought to the context, may enable one to assess and develop one’s practice style to suit the practitioner self within the clinical context.

On commencing on this placement, the MTS discovered how patient engagement could be a delicate process. The following journal excerpt highlights how the MTS was able to grapple with the contextual issues affecting how one engages with, and offers music therapy to, a group of oncology patients from rural Australia: It should be noted that the journal highlights comprise the original journal entries and subsequent retrospective reflections. A process of retrospective clinical journal writing and its analysis has been also described elsewhere, in palliative care (Mulder & Gregory, 2000). Indeed, the process of writing this article continues
the authors’ reflexive process and knowledge development.

Offering Opportunities (The “Aussie” Way)

Tom, Denise, and Carol all refused the opportunity for live music when I approached them individually on the wards. However, when the opportunities for music therapy with other patients sharing their multi bed rooms arose, group sessions that included them organically evolved (in this case, one patient in one of the rooms agreed to music therapy and then the other two patients invited themselves into the session, to the delight of the first patient). In a group situation they all participated in and expressed their enjoyment of music therapy.

Reasons for their initial refusals could have been due to: trying to avoid the “spotlight” from being on them; they didn’t anticipate how music could help; the notion of “therapy” not suiting their subculture of independently “getting on with it”, which is a quality arguably associated with people from rural Australia.

Reasons why I believed that music therapy would have been beneficial include: these individuals had a great love for music; they enjoy it; and it could recognise them as a person rather than react to them as a patient. Music therapy may have also re-humanised the ward/hospital; enhanced comfort; improved social interaction; alleviated boredom; and been a means of non-verbal self expression…. There seems to be a desire for patients to have these moments, to share their stories, to stay positive, to feel uplifted, and to detract the focus away from themselves and their treatment... There appears to be a need to “target” other patients so that patients who initially refuse individual sessions can experience music therapy indirectly through the ripple effect of community music therapy on the wards... is this the Australian way?

Connecting Theory and Practice

Journaling can be useful to reflect on and possibly resolve tensions experienced between one’s perceptions of theory and practice, as the following excerpt illustrates:

Table 2 is a journal excerpt which followed the above statement, as the MTS continued to work toward synthesizing her daily work with allied theoretical informants. As the Table illustrates, apparent disconnections can be revealed and articulated in the journal, and subsequently explored in peer and supervisor discussions, to facilitate further learning through reflection.

Self-Evaluation and Supervision

Journaling can allow one to self-evaluate and critique their practice through the assessment of thoughts and feelings around therapeutic involvement. This exploration can enable one to gain new perspectives and make meaning of experiences. The journal may also assist in guiding supervision and the reviewing of one’s progress, and assist one to consider alternate ways of proceeding in sessions. This example highlights the MTS’s evaluation of a patient’s emotion in a session, which was reviewed in supervision, enabling the opportunity for alternative therapeutic skills and perspectives to be considered:

After about 20 minutes I’d finished playing all the Strauss pieces on the flute and Peter appeared very relaxed and comfortable, and he had tears in his eyes. He put out his hand, with the drip inserted in it, to shake
mine to thank me…. Peter had rested his arm up over his head/face to “downplay” the tears. He was emotional, yet I believe it was appropriate for me to close the session without talking about his tears- the music had done it all.

Two weeks later after supervision:

How should we respond to a patient’s emotion? e.g., did the Strauss music in Peter’s music therapy session offer him an opportunity to be openly emotional? Or was a therapeutic potential missed because I did not comment on his tears and provide an opportunity for him to verbally reflect on their meaning? He did not appear to be struggling with the emotional reaction, and thus I did not provide an opportunity to discuss his tears, which I saw were a response to the music. I need to further consider what informs my intuitive decisions about whether to acknowledge patients’ emotions in sessions.

### Practice Development

Reflexive journaling can help one to develop insight, self-awareness, and analytical thinking. It can extend one’s practice knowledge by bringing greater therapeutic understandings into awareness. The following excerpt, written at a time when the MTS was working closely with palliative care patients, shows the MTS raising many questions. It has been included to highlight the constant process of trying to understand, critique, and develop one’s self as a music therapy practitioner:

<table>
<thead>
<tr>
<th>MTS’s perceptions of music therapy goals</th>
<th>Challenging clinical experiences</th>
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<tbody>
<tr>
<td>Insight-orientated work</td>
<td>Yet many patients appear to be using denial as a coping strategy, and unrealistic optimism is associated with good mental health (Taylor &amp; Brown, 1994).</td>
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<tr>
<td>Musically supported counselling &amp; validation</td>
<td>Yet patients have commented: “we don’t talk about it” and “we don’t cry”. What mandate do we have to offer therapy on the wards in this context?</td>
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<tr>
<td>Pain relief</td>
<td>Yet some patients in pain have not been able to tolerate music.</td>
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<tr>
<td>Improve connections with others</td>
<td>Yet there is a potential interrelationship between stress of patient and family (Cherny, 2004). A patient loved music but her mum didn’t see the point, thus distress in both was heightened.</td>
</tr>
<tr>
<td>Experiences of further self-awareness</td>
<td>Yet a patient said: “I don’t want to talk about me – just the music”.</td>
</tr>
<tr>
<td>Aesthetic experiences</td>
<td>Yet many people say “no” to the offer of music – even once their preferred music has been identified and discussed.</td>
</tr>
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Table 2: Connecting Theory and Practice
I haven’t felt emotionally drained or cried about the clinical work from placement – as an emotionally sensitive and empathic individual, I’m surprised by this. Is it because I’m aware of successfully holding the therapeutic space and maintaining personal and professional boundaries? Is it because I’m allowing time to reflect on the varied musically supported therapeutic relationships I am holding with patients and their families at the end of the patients’ lives? Is it because I’m able to assess and analyse my practice without the emotion because there is distance between myself and the moment as I reflect on it? Or is it because I find it positive and admirable that people are using me for uplifting moments and, through all their loss and grief, they want to use me to stay positive?

Understanding the Usefulness of Music Therapy

A journal can be beneficial to enable one to integrate spontaneous comments from others within the community, to more broadly understand the usefulness of music therapy in the clinical context. In the oncology placement, opportunities for patients, families, friends, and staff to experience live music were offered in the context of supportive therapeutic relationships, akin to Aasgaard’s (1999) description of musical environmental therapy. Aasgaard described how the provision of music therapy in open ward settings can enable all in the environment to help each other “experience hope, joy and beauty (p. 34). The following quotes recorded in the journal capture “moments” that illustrate other people’s perceptions about the impact of the music therapy program:

- I love the music. I wish I could throw away all the pills and just have music. (a doctor who danced and sang to the live music when visiting a 3 bed ward in which a music therapy session was occurring)

- You see a different side of the staff with music around, it must help them. (visitor who observed this doctor)

- You know when I ask my sister in a few months time, “What do you remember most about this place?” she’ll say the two lovely women who came and played music for us. (onlooker/visitor to the hospital)

- You have brought me a lot of comfort over the past few weeks…. Never underestimate what you do. (palliative care patient to the Registered Music Therapist [RMT] after a few music therapy sessions)

Discussion

The reflexive journal writing model exemplified in this paper may help MTSs who are transitioning toward RMT status, as well as extend the skills of RMTs in general. Justifying why it is important to develop a reflexive approach to practice, however, can be difficult, because it is through one’s personal experience of being reflexive that its importance becomes evident (Fook, 1996; Heath, 1998). This may help to explain the scant reference to journal writing in the music therapy literature. The remainder of this paper will discuss specific aspects of reflexive journal writing, including issues arising with different journal writing styles, and how journal writing can promote music therapy identity formation in students, and identity evolution in experienced music therapists.

Issues to Consider when Selecting a Reflexive Journal Writing Style

The process of reflexive journal writing will differ depending on the author’s purpose and preference. Reflexive journals can be used in research to extend thinking about how one’s presence affects the research process (Bruscia, 2005; Stige, 2002), for discussion triggers amongst colleagues (York, 2006), and for data collection from both research participants (Mandel, 2007; York, 2006) and clinician researchers (O’Callaghan,
Journals may also be written for personal debriefing (York, 2006) and to extend one's professional development, as a clinician or researcher. The journal may be textual (hard copy or computerized) and contain audio-visual media. Writing styles may include one or more of the following: (a) process recordings (O’Callaghan & Colegrove, 1996), in which session memories are written longitudinally; (b) “free association”, wherein any memories, thoughts and feelings entering one’s mind related to a selected phenomenon are written; (c) debriefing, wherein the emphasis is on feelings related to events which one wants to express and reflect on further; (d) or focused entries, wherein selected events, and thoughts and feelings associated with those events, are described in detail for a specific purpose (e.g., perceived session highlights that may contain learning opportunities, as outlined in this paper).

When considering a journal’s purpose and writing style, it is important to reflect on the time and energy that one has available for the process. For example, the process recording, free association, and debriefing style used in O’Callaghan’s (2005) earlier described research was tiring. About three hours was spent after each day of clinical practice writing the journal, as well as at other times when memories and thoughts emerged, such as on weekends and overnight.

Journals may be written for private use or requested by educators as a training requirement (Landeen, Byrne, & Brown, 1995). A concern here is that student writing is potentially affected by one’s desire to receive a high grade. A supervisor may read their student’s journal as a way of monitoring their development and identifying areas that may need further consideration. This, however, may in turn affect the way that students write their journals and could potentially block their creative streams of consciousness. The second author requests that students at least provide process recordings of some sessions for use in supervision. Students are informed, however, that journals incorporating their session descriptions, and free associations, debriefing, or focussed entries, are preferable. As already evident, this MTS author elected the focussed journal writing style and elected to share the journal with the supervisor (second author). (The MTS’s choice of this less time consuming journal writing style was necessary in order for her to fulfil other academic and personal commitments.) It is suggested, however, that students should be able to censor selected entries of self-inquiry in their diaries from supervisors, at their behest, to promote freedom of writing and self-critique.

The ethics of keeping a journal that contains patient identifying material should be seriously considered. Pseudonyms should be used and the journal kept in a safe place. We believe that extracts should not be shared in public unless they have been de-identified or permission is received from those involved in their creation. When writing a journal which will be used as data in research, one should ask the relevant ethics committee whether formal approval is needed. O’Callaghan (2005) did not need permission from the Hospital’s Clinical Research and Ethics Committee when conducting her study in 1999, although they were informed of its nature. However, as ethics guidelines change over time in health care settings, it is suggested that researchers check requirements before collecting journal data.

Finally, clinical reflexive journaling can promote and help students and Registered Music Therapists (RMT) to develop and consolidate their identities as authentic therapists. Each music therapist brings to the practice context an amalgam of life experiences which shape the lens through which their professional knowledge and clinical experience is viewed. As one internally and externally dialogues their thoughts about clinical experiences, with peer and theoretical perspectives, one develops a professionally informed approach. This can enable one to creatively adapt to the often unexpected situations characteristic of therapies dependent on the human relationship. Furthermore, as the reflexive clinician’s practice wisdom develops, their contributions to music therapy discourse will also enrich our discipline.

REFLEXIVE JOURNAL WRITING
Conclusion

This paper provides support for the usefulness of reflexive journal writing for MTS and RMT clinical practice development. The need for reflection on practice and the utility of journal writing to enhance reflexivity was discussed. A model of reflexive journal writing for MTSs was presented, outlining the process of descriptive journal writing, extending self-critiquing and understanding, integration of new insights into practice, and reflexive evaluation. Five key benefits of this method were stated with illustrations from the MTS’s clinical reflexive journal. Issues to consider when selecting a reflexive journal writing style were detailed, and the contribution that such journaling can make to one’s professional identity development was mentioned.

Access to supervision from supervisors, university teaching staff, and fellow MTS peers may be reduced on completion of a music therapy training course. Additionally, individuals may find themselves working in isolation. While self-reflection can be a valuable tool to help new graduate practitioners fill this void (Zwiers & Morrisette, 1999) it does not, however, negate the need for ongoing professional supervision. The process of reflexive journaling and subsequent analysis on completion of a music therapy training course, however, can be used to renew, generate, and consolidate understandings of oneself and music therapy. It is hoped that the usefulness of reflexive journal writing illustrated in this paper inspires other students and RMTs to explore its utility in varying contexts, as we continue our quest to improve people’s lives through music.

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