Navigating Uncertainty:

A Music-Based, Insight-Oriented, Online Group Process for Early Career Researchers During the Global Pandemic

Katrina Skewes McFerran [1*]

[1] The University of Melbourne, Australia
* k.mcferran@unimelb.edu.au

Abstract

This report describes a music-based, insight-oriented, online group program for supporting the wellbeing of early career researchers during the global pandemic. A substantial body of research illuminates the wellbeing challenges faced by university students, notably PhD researchers. This context, coupled with the author's significant experience and leadership roles within a tertiary research and teaching environment, and with a key responsibility for student wellbeing, led to the opportunity to conceive of a novel online program designed specifically for PhD researchers. Students were invited to engage in an 8 week, online group program, incorporating a range of theoretical perspectives and disciplinary approaches influenced by the author's specific experiences as a music therapist, Guided Imagery and Music (GIM) therapist, lecturer and transformational coach. The use of self-revealing storytelling, alongside guided, creative, experiential activities, with a strong emphasis on music listening was fundamental to supporting participants in recognising both the shared nature of the external conditions they were grappling with as early career researchers, as well as the internal barriers to personal flourishing that they might benefit from understanding. Evaluation of the group involved narrative feedback through participant self-report in week four of the program, with typical feedback including descriptions of how the group afforded reconnection with their research aspirations, perspective and insight into their current personal challenges and strategies for better supporting oneself. Although this program was created specifically to respond to unexpected conditions, some aspects may be useful for future program design.

Keywords: Guided Imagery and Music; online music group; early career researchers; global pandemic; flourishing

Introduction

The program reported on in this paper was designed rapidly during the desperate days of 2020 when my city moved towards extended lockdowns in response to the threat of the COVID-19 global pandemic. At the time, I was the Dean's delegate responsible for student wellbeing in my faculty. My role meant that I had been asked to facilitate several student forums to determine what students might need for their wellbeing during this time and as a result, I heard many PhD researchers describing the particular challenges they were facing. As part of the university-wide Mental Health Advisory Group, I also learned that the counselling service had seen an unprecedented level of mindfulness podcast downloads and pre-recorded programs around managing anxiety by postgraduates. I had been running a research project with colleagues and people from the disability sector investigating the practicability of online music therapy groups and there had been some interesting outcomes related to how accessible and safe it felt for participants (McFerran et al., 2022). I was simultaneously conducting another research project about the feasibility of Guided Imagery and Music (GIM) for university students, and that project had also transitioned online successfully (McFerran & Grocke, 2022). Finally, my large, university-wide music and health subject had also commenced online instead of face-to-face, incorporating an array of experiential activities with hundreds of students. I began to wonder if there might be some kind of support program I could offer.

However, as a music therapist, my work had privileged interactive methods such as improvisation and song writing, although my research had led to a greater interest in the music young people listen to. This had eventually led to my advanced training in GIM, since I wanted to incorporate the knowledge held in the practice wisdom and literature of those who used recorded music as fundamental to their practices. GIM is a transformational therapy that involves a music-centred exploration of consciousness, traditionally practised in a series of sessions for the resolution of life issues (Grocke & Moe, 2015). Although my practice as a music therapist had mostly been with young people, this had gradually extended to include young adults in university contexts. In addition, from 2019-2023, I was leading a masters coursework program in dance and drama therapy and had discovered a number of new methods through my colleagues in that teaching. I was also undertaking advanced training in transformational coaching after a decade of personal development work with an American company called Feminine Power, and ideas from that training were at the forefront of my thinking.

After some consideration, I decided that the conflation of all these experiences and positions afforded me the opportunity to conceive of a novel program designed for PhD researchers, which is the basis of this report. After introducing the program and participants, I will describe aspects of the program that felt different from my usual approach to practice that had been positioned within either music therapy or GIM, and of course, had been face to face rather than online.

Program Overview

The purpose of the "Navigating Uncertainty" program I designed was to support participants in recognising both the shared nature of the external conditions they were grappling with as early career researchers, as well as the internal barriers to personal flourishing that they might benefit from understanding. The goals emerged from week to week, but in retrospect can be seen as supporting graduate researchers by fostering clarity,

identifying resources, building courage and moving into an empowered position in regard to their research careers. All of this was in the context of a global pandemic, with a high proportion of international students either being trapped in home countries and wanting to get to Australia, or trapped in Australia and wanting to get home to their families. It was an unsettling time.

Participants in the program were all doing graduate research degrees enrolled at The University of Melbourne. It is a comprehensive research university with a vast number of disciplines grouped into eight faculties, listed in size order: Medicine Dentistry and Health Sciences, Science, Arts, Engineering and Information Technology, Fine Arts and Music, Architecture Building and Planning, Education and Law. I did not collect any information about the participants' age, gender, research focus or other identity markers. I was able to view their login names and had access to their email addresses. Most were associated with the university, however some registered with their Google Mail or other provider addresses, making it possible that other people joined the program, although more likely that they simply used a different login for the event.

The number of people who responded to this recruitment process is captured in Table 1 along with additional information about attendance. The actual numbers gradually decreased over the weeks with 235 people registering to participate and 166 who attended at least one session, meaning that 79 people never attended despite registering. People were not regular in their attendance during this tumultuous time and there was a core group of around 30 people who attended the majority of sessions. I considered stopping the sessions after 4 sessions and undertook evaluation, but the feedback led me to continue for the 8 weeks (details reported below).

Table 1. Session Attendance Numbers.

Session 1	133
Session 2	72
Session 3	68
Session 4	48
Session 5	45
Session 6	36
Session 7	29
Session 8	25

The program was run online using the standard Zoom platform since this was widely used in the university even before the pandemic, and most people were familiar with it. My research, teaching and GIM practice had all transitioned online from the beginning of 2020, and therefore I felt comfortable with using the share features of Zoom, including sharing audio and PowerPoints. I felt I could move fluidly between talking to camera, presenting slides and sharing sound without being too distracted by the technological demands. The sessions were not interactive, and I asked people to use the chat to communicate to me and others. I often asked people to share their thoughts or experiences and the chat was frequently active. I stayed in the Zoom meeting for 30 minutes after the formal session ended and made myself available for interactive discussion and dialogue. A small group of people often stayed behind, usually about a third of the people attending, and some people would turn on their videos and ask questions about the content or experientials. This dialogue was usually very positive, and people would gradually drift away leaving goodbye messages, often within 15-20 minutes.

The program structure comprised 2 x 4-week blocks with sessions that ran for 1 hour. The first four weeks introduced a range of techniques for personal self-discovery and the

second four weeks repeated some of the techniques, with new themes that built upon topics that emerged in the process. Table 2 provides a summary of these. Each session began with an acknowledgement of country and then an overview of key ideas that were going to be covered, as well as connections to material from previous weeks. Approximately half the time was spent on my verbal presentation, mostly at the beginning, and the rest was spent being guided through experientials that always involved some kind of music listening.

The use of music listening as the basis of insight-oriented activities was informed by receptive music therapy principles, which have been defined by McFerran & Grocke (2022) as "inward looking, where the benefit is gained from embodied experiences of deeper relaxation, or insight into life problems" (p. 12). Bruscia (2014) suggests that "the listening experience may be focused on physical, emotional, intellectual, aesthetic, or spiritual aspects of the music, and the client's responses are designed according to the therapeutic purpose of the experience" (pp. 134 - 135). Typically, in music therapy, the therapeutic purpose is usually connected to the needs that have been identified, either by the client, carers and/or the professional support team. Music listening is then considered an active ingredient used to achieve that purpose (McFerran & Grocke, 2022) and the selection of music that matches the purpose is critical, sometimes broadly classified along a continuum that includes supportive, re-educative and reconstructive foci (Summer, 2015). Although therapy goals were not developed for this program, it was designed in response to a broader need that had been identified and music was selected to match this influenced by Wärja and Bonde's (2014) taxonomy. In the early stages, supportive music was used to create a safe framework with security provided through the stable and predictable music. As the weeks progressed, greater depth was promoted using a mixture of supportive and challenging music, where security was provided at the beginning and ends of pieces, but within the piece, there may be changed mood, tempo, volume or higher intensity. By the second half of the series, more challenging music was selected which was sometimes powerful and dramatic and invited people to explore more complex issues.

Table 2. Session Outlines for Program.

Strategy		Arts-Based Experiential	Focus
1.	Reconnecting to Intentions: Repeated Listening for reconnecting to intentions and remembering what you are aligning with as your North Star	Nigel Westlake's Antarctica II: Wooden Ships	Why are you here? Reconnecting to your original intentions
2.	Pushing Through: Reviewing own motivational songs to identify what kinds of messages you are sending yourself and whether they are aligned with values	Hall of Fame This is Me: Greatest Showman	Connecting to dreams and aspirations as a way of navigating through difficulties
3.	What You Can't See: Using an array of creative strategies as a way of seeing barriers that are not visible to your conscious mind	Grieg: Cradle Song with Phenomenological Circling – imagining, drawing on paper, tablet or computer, writing a story about what you have drawn, giving it a title	Making barriers visible and recognising they exist both internally and externally, in the past and present

4.	MY Songs: Using your songs for identity work and noticing what parts of you are privileged and what is missing; thinking about the differences in music you would use for distraction and for doing insight-work	Looking through music to notice which artists, styles and memories are present there. Using music to distract from upsetting thoughts or to process them. Create a playlist for each – differently	Recognising that as needs and conditions change, so should your habits and it is important to revisit and use cognitive regulation strategies if needed to avoid unhealthy patterns
5.	Hero's Journey: Recognising the Hero's Journey that is required to complete a PhD and exploring where you are currently: Crossing the threshold; Surviving the ordeal, on the Road Back	Stage 1: Across the Stars Stage 2: Duel of the Fates Stage 3: Princess Leia's Theme (Williams, 1977; 1999; 2002) Accompanies imagery work using drawing or art making if desired	Learning to navigate uncertainty and embracing change. Perhaps being in control is only feasible in the ordinary world where the variables are familiar and can be somewhat managed
6.	Recognising Emotions: Using musical prompts to recognise different emotions, interpret their meaning and understand what we can learn from them	Observe how we feel emotions in our body, where we feel it, what imagery arises, and acknowledging all its different dimensions and intensities while listening to different musical pieces: Anxiety – Schoenberg Anger – Lisa Solokov Joy – Congratulations by Cliff Richards Guilt and Shame – Blues	Acknowledging emotions and how they influence our experience of the journey, and how they are better navigated in consciousness than repressed
7.	Hero's Journey 2: Connecting emotions to more detailed steps of the Hero's journey by developing a personal narrative	Narrative story telling – illustrated example provided and use of intermediate objects – props, fabrics, puppets/dolls, masks and other objects – to enact the unfolding drama. Prompt to create a video narrative of the story	(Re)telling your story in greater depth to identify mentors; tests allies and enemies; the central ordeal; the reward; the road back and resurrection. Weaving together increased awareness of a more complete explanation for current situation
8.	Closure: Gentle reflection and celebration using music and imagery to consolidate learnings and look forward	Why did I come? Porgy and Bess: Summertime What do I need? Arvo Pärt: Spiegel im Spiegal, Where am I going? Sculthorpe: Little Suite - Left Bank Waltz	Exploration and integration of what has become conscious during the past 7 weeks and what parts need to be celebrated as learnings that might benefit future career behaviours and decisions

The selection of music predominantly from the Western Classical Canon was informed by the studies of Helen Bonny (Bonny, 1976) and subsequent leaders in the Bonny Method of Guided Imagery and Music that have influenced my understanding (Bruscia & Grocke, 2002; Goldberg, 1995; Grocke, 2019; McKinney & Honig, 2017; Summer, 2015). Bonny

and her successors were musicians trained in the performance of western classical music and were able to draw on their intimate knowledge of the genres contained within it to create programs for specific purposes, such as nurturing, exploration, peak experiences and many more (Bruscia & Grocke, 2002). They also argued that classical western music has particular qualities that promote creative imagery, memories, emotions or kinaesthetic responses. Chenoweth (2009) makes a more carefully located argument for the value of western classical music, acknowledging that many feel alienated by the assumption of universality and associate this genre of music with elitism. Nonetheless, Chenoweth argues that "it has been a remarkably adventurous, ambitious, eclectic, influential, and well-documented phenomenon" (Chenoweth, 2009, p. 130). Although this program was not considered to be a GIM program of any adaptation, the music selections were influenced by my intimate knowledge of the GIM repertoire.

I believe that my GIM training has deepened my practices in receptive music therapy. I have learned how to better appropriate the affordances of the music to create space and shape for people's imaginations to reveal an idea that was not available to their conscious mind. The online participants were encouraged to surrender to the music, which Blom (2017) describes as opening possibilities for transcending everyday thoughts and connecting to a more unconscious wisdom. In some sessions they were then invited to listen to one piece of music repeatedly, drawing on Scott-Moncrieff's (2019) idea that repeated music listening illuminates implicit knowing which can hold solutions to people's confusion. In different sessions participants were guided to focus on a particular prompt such as "identifying resources" or "life purpose," and then asked to notice what the music might suggest to them in this state. In this program, the focus was on their careers and identifying barriers and enablers that they might not be consciously aware of. Table 2 shows the sequence by which ideas were introduced, demonstrating how the ideas built upon one another. For example, in Weeks 5 and 7, Joseph Campbell's (1990) meta myth of the *Hero's Journey* was used as a dramatic structure through which participants might identify what stage of the journey they were in currently. This myth has been described as a map for navigating trials and challenges (Williams, 2019) and was introduced after participants had developed some insights into their own journey so that they could begin to piece things together and to see their life as both similar to others, but also unique. Three pieces of music from the Star Wars movies (Williams, 1977; 1999; 2002) were used to structure their reflections in Week 5, representing the three stages of the journey, and then intermediary objects were introduced In Week 7 to enact a more detailed exploration of the steps of the heroic journey.

In these ways, the program drew strongly on my practice experience as a music therapist. However, in other ways the program was different to the way I would normally practice. In the following sections I will highlight those areas that felt influenced by my transformational coaching training, my experience as a supervisor of graduate researchers, as a university academic, and my understanding of the context, rather than the individual situation of each person.

Recruiting Participants

I reflected on how to describe the program to potential participants for some time. The descriptions provided by the early career researchers in discussions suggested that the words *uncertain* and *stressed* may be recognisable to the current experiences of the early career researchers for whom I was designing the program. I also felt it was important to highlight the contextual influences at play and to note strategies people may have already tried. I wanted to conclude by articulating a solution that could lead to survival, discovery of new capacities, and flourishing. The reference to new capacities was related to

developing self-insights, and the removal of hidden barriers referred to unconscious barriers that limited flourishing. The short version of the text that was distributed to student groups through university channels such as the graduate student union and faculty newsletters read as follows:

> Feeling uncertain and stressed about whether you are 'good enough' to succeed in your graduate research? The university can be an extremely competitive environment, with high expectations requiring enormous commitment and resources. Working harder and longer doesn't always address the sense of pressure or constant self-questioning that leads to feelings of lethargy, despair and harsh self-critique. But creative strategies can help. Professor Katrina McFerran is delivering a free, 8-week program with more depth and detail about creative strategies to gain clarity about your future and confidence about your current situation. Each week will focus on providing information and practice opportunities to work with creative strategies that provide a foundation for perceiving new possibilities, rediscovering hidden capabilities, and transcending barriers to full flourishing.

One of the distinctions I have observed between describing therapy and describing transformational processes to potential participants, is the difference between describing the goal or the outcome. Although I have never read a direction about it, in my experience therapists place a strong emphasis on developing and communicating goals, both in the expert model and more collaboratively in participatory programs. I suspect this may be related to the intended audience for the information. For clinical music therapy, the audience is usually the multidisciplinary team or other carers, often within a system that is referral based. The goals say what we are going to work on. When recruiting participants from within a coaching paradigm, people are less interested in descriptions of what they are going to do in a program and more interested in the results. Being able to clearly articulate the desired results that people wish to achieve allows them to identify whether they choose to participate, or not. In addition to my recruitment materials and the introductory seminar I ran before the program (attended by 445 people), I focused on this, as well as in the first half of each session. I reinforced the results that could be achieved and the self-direction that would be required to do so. I shared stories that illuminated my understanding of their situation in order to illustrate that I was directing the program towards the results they wanted to achieve. The intention was to reinforce the need for their agency in achieving the results.

Challenges of University Environments

There is a range of literature describing the wellbeing challenges faced by university students (Browne, 2017; Larcombe et al., 2016; Sanci, 2020) and PhD researchers have featured in several recent studies where authors have made reference to the imposter syndrome (Cope-Watson & Betts, 2010; Nori et al., 2020; Perez, 2020). This concept was coined in the 1960s but has reached prominence in the last decade according to a systematic review conducted by public health researchers, Bravata and colleagues (2020b). They define it as "a condition that describes high-achieving individuals who, despite their objective successes, fail to internalize their accomplishments and have persistent self-doubt and fear of being exposed as a fraud or imposter" (Bravata et al., 2020b, p. 1252). The imposter syndrome is not a diagnosis, but these authors wish it to become one, particularly because it often co-exists with depression and anxiety (Bravata et al., 2020b). However, most people with lived experience identify with the Imposter Syndrome at an uncomfortable but not pathological level. Two women doctoral students who researched their own lived experience described it as "characterized by an inability to internalize academic success" (Cope-Watson & Betts, 2010). Other authors have used the language of

feeling inferior (Nori et al., 2020) or that they don't belong because of their lack of true ability (Ivie & Ephraim, 2009). These ideas correlate strongly with the feelings described by graduate researchers in the student forums I hosted, as well as my ongoing experience with the 25 creative arts therapy PhD researchers I have supervised to completion. These feelings were worsened by the pandemic and lockdown conditions, as Bravata et al.'s commentary article (2020a) suggested may occur, but they were not new feelings or experiences.

A more contextually sensitive understanding than the imposter syndrome (which in typical psychological fashion locates the problem within the individual and their perception of their environment), is the recognition that external conditions can be oppressive. The university where I work is currently the leading research academy in our country, ranked #34 globally in the Times Higher Education World Rankings (Times Higher Education, 2023). This is appealing to people pursuing PhD studies because of the flourishing research culture and inspiring supervisors. However, it is also intimidating and competitive for the same reasons and many people who have been the highest scoring student in previous university studies suddenly find themselves being ranked against people of similar capacities. This comparison is not always comforting, and when combined with receiving rigorous feedback from supervisors and journal reviewers about writing ability and quality of ideas, plus the pressures of meeting progress expectations within the PhD, it can be exhausting.

In addition, critical theorists also remind us that people with different identities have different experiences of external conditions such as these. Crenshaw's (2006) intersectional identity theories illuminate that marginalised people face additional barriers that multiply exponentially. This was likely compounded by the pandemic conditions in this study which meant schools and child-care centres were closed, with research suggesting that the higher burden of domestic load would be shouldered by women compared to men (Zamarro & Prados 2021). For example, being a mother and person of colour in a white colonised culture such as Australia results in numerous biases that are not experienced by a local white man in the same conditions. Not surprisingly, the number of participants in the program who were either women or international students, or both, appeared to be high (based on the names of people registered as demographic data was not collected).

Emphasising External Conditions as well as Personal Experiences

This acknowledgement of context, and diverse experiences of those conditions, also contrasts sharply with the trends in psychology that locate the cause of problems internally. This has been critiqued for several decades, as Rose (2001) brilliantly describes:

> Therapies take problems that are the consequence of the damage wrought by social and political disadvantage, by familial and sexual pathologies, by cultural or ethnic discrimination or oppression, and construe them, intentionally or unintentionally, as private, individual difficulties amenable to solutions by working upon the damaged individual rather than the things doing the damage. (Rose, 2001, para. 10)

Rose builds on a long tradition of social critique of what he calls the therapeutic sciences. Another example is Foucault's (1961/2001) critique of Madness, which suggests that what is considered mental ill health is constructed by reaching a consensus about what is normal and then making others defective. A similar critique has come from critical psychology scholars who also question the assumption that the source of an individual's problems are located within themselves and need to be described to another to bring about relief (Parker, 2007). This is particularly relevant in the current project, where participants were not

referred to participate within a health context, but rather, self-nominated to join the program in order to grapple with a challenge they were facing. Although research into the mental health of PhD researchers suggests that several of them may have also been diagnosed with mental ill health (Delderfield et al., 2020; Naumann et al., 2022), this was not the participant's focus and therefore it was important not to pathologise their attempts at self-care.

As evidenced in the recruitment information, this contextual awareness was strongly emphasised throughout the program. Rather than asking people to share their own experiences as would be typical in an interactive therapy or support group, I used storytelling to emphasise how different people experience the oppressive university conditions. This served the purpose of being able to point to intersectional factors without delivering a theoretical lecture, and importantly, enabled people in the program to identify with the main characters. For example, I used the following story in the first week.

> I can tell you that Priscilla had already done everything within her power to work harder and more efficiently. She had moved from India to do her PhD in Engineering and had always been top of her class in previous studies. But somehow, she didn't feel this was enough in her PhD studies. So, she completed a number of academic skill development programs about managing workload, having difficult conversations, taking notes efficiently, how to maximise your memory, and strategies for improving your academic writing. And she also recognised that her increasing anxiety levels were not helping, so started working with a psychologist to address emotion regulation, with a focus on behavioural changes like reducing procrastination and distracting herself from worrying thoughts – the kind of work that is typical of CBT and DBT. Other people I've worked with have used mindfulness and meditation as a way of taking their mind off their worries. And these things had helped. She felt supported. Her performance had improved. She wasn't missing as many deadlines. But somehow, the underlying sense of insecurity and concern was not moving. She still felt stressed and disconnected from her peers and unable to contribute to her full potential.

Self-Disclosure

Another aspect of storytelling that I employed to demonstrate how it was possible to flourish in these conditions was to integrate my own story of survival, despite challenges. This contradicted my training as a therapist, which emphasises maintaining clear boundaries (Fronek et al., 2009) and traditionally prohibits personal disclosures in order to maintain focus on the client and avoid complicating unconscious dynamics (Levitt et al., 2016). However, my critical perspective suggested that maintaining an expert, hierarchical position serves to benefit the maintenance of the status quo which locates some as superior to others (Thomas & Norris, 2021). This perspective has been increasingly represented in the literature since the 1960s, where the challenge to maintaining a distance in favour of enhancing safe intimacy in relationships has been promoted for a range of reasons, including technological influences, trends toward self-disclosure in society and research (Farber, 2006). Some research has demonstrated better outcomes associated with self-disclosure, particularly when it is used for conveying similarities and humanising the therapist (Levitt et al., 2016). Others have suggested that disclosing feelings was positively related to clients rating the therapeutic relationship as real (Pinto-Coelho et al., 2016).[1] The judicious use of self-disclosure was even recommended on the basis of a qualitative meta-analysis, quoting improvements in mental health, helpfulness of therapy and enhanced therapeutic relationships (Hill et al., 2018).

In this program, the use of self-revealing storytelling acted as a substitute for the kind of

---

[1] Please note this article has been retracted so read with caution.

personal connection that could be built in a face-to-face encounter through eye contact, listening and reflective body language. It served the purpose of building trust with the large number of participants in the online groups because they could identify with me as an insider to the phenomenon being discussed. The first time I chose to share a story, I prefaced it by explaining that I was about to share something from my experience but that I would not overindulge and had a good understanding of why I was sharing this, both as a psychotherapist and a qualitative researcher. There were many dimensions to my story that might connect with group participants, from my arrival at the university having studied music by correspondence in a small country town, only to realise that many others in the Bachelor of Music were extremely competent musicians; through to the early years of my academic career, that did not go exactly as planned.

> For example, after I finally got my tenured position, I immediately got pregnant after years of trying unsuccessfully. Two babies, still working half time, the pre-school years were not smooth or easy. To make things more complex, I finally came to the decision that my marriage was not the right container for my future, got divorced, moved houses, and realised I couldn't take up overseas opportunities and I would be here for the next 15 years because my children needed to be in proximity of both their Dad and me…

This disclosure was followed by an explanation of why I had spent so much time discovering the best ways to flourish in academia. Not only did I have a professional interest in practising and researching the value of music therapy, but I had also used my research skills to investigate different strategies through reading, experimenting, and developing novel approaches; identifying which ones were more or less helpful. My offer to participants was to share what had worked for me and to encourage them to discover what might work for them.

Managing Safety

During the program, I asked people to manage their own safety. As the sessions progressed and the work became more insight oriented, I would ask people to consider whether they were feeling safe enough to do the experientials. I made explicit reference to the ways that the exercises might connect to unconscious material and if anyone was sitting with trauma, that it might be triggered. I emphasised that I was relying on people to self-identify whether it felt right to engage with the materials and to adjust if it did not feel right. This included leaving the zoom meeting, keeping their eyes open, intentionally not engaging their imaginations or other strategies that they knew worked for them. I explained that people had self-nominated to participate and that I trusted they were able to self-manage.

  This contrasts with traditional psychotherapeutic ideas within the expert model where safety is managed through therapists' decision making and environmental control. Although safety is largely undefined in the music therapy literature (Lai et al., 2020), general concepts such as having a safe place to address issues is considered critical (Allison & Rossouw, 2013) and the assumption is that this is a room managed by the therapist that cannot be interrupted. The professional relationship between the therapist and the client is also considered to be essential (Siegel & Hilsenroth, 2013) whereas in this program, I was not aware of people's names and faces. A commitment to long term process is also considered important for providing safety, but university students are less likely to engage with and adhere to long-term psychotherapeutic regimens and typically only engage in therapy for a short time, often attending only one or two sessions (Hopkins et al., 2017). We have explored this through a single session art therapy program for students in our faculty previously (Wilson, 2021) and discovered that students demonstrated high levels of agency in managing their own trauma. This was based on solution-focused frameworks

that are thought to empower people to operationalise their own solutions rather than traditional models that assume therapists need to be protective (Lethem, 2002). Therefore, safety was an important consideration, but responsibility for safety was treated differently in the context of this program with early career researchers.

Evaluation

The program focused on self-empowerment through increased insight into the combination of external and internal barriers to personal flourishing that are typical in a research university setting. The insight-orientation was influenced by psychodynamic understandings of the unconscious that are usually linked back to the ideas of Freud (Trosman, 2013). More directly, this focus was informed by Jung's strategies that use active imagination, which have continued to be influential in the creative arts therapies (Chodorow & Jung, 2015). These kinds of processes are best evaluated by participant self-report and therefore narrative feedback was solicited via email. I chose to do this thoroughly at the end of Week 4 as attendance numbers dwindled and I considered how to proceed. The evaluation request was structured differently depending on how many sessions each person had attended, so that each person received an email saying how many sessions they had attended and asking for more feedback about why they chose not to attend if that was low. I was not familiar with other tools for gathering feedback and so I chose to use emails, which meant that people were identifiable. In retrospect, this may have skewed the answers toward the positive, but I believed that people might appreciate the opportunity to contribute to the content and structure and asked from a position of being interested in that.

I asked a number of questions to probe reasons for disengagement or invite further feedback:

> I have also assumed you are struggling with some kind of uncertainty as you progress. My preparatory research suggested this would include things like not feeling good enough, questioning whether you are doing the right thing, and if you want this anymore. Is that true for you? I would love to know if this focus was right.

Some illustrative answers include:

- I have never felt like a "proper" student nor a "proper" early career researcher and now more than ever am questioning if I have done the right thing in terms of a career pathway.
- I have felt myself getting frustrated – with everything – and getting myself into a rumination pattern over it all that is not really helpful.
- I am struggling with the uncertainty of what's ahead – not just because of the Covid time.

> Can you tell me what worked for you? And if you don't mind, I would also learn a lot from hearing about what you hoped for but haven't yet received. What didn't work for you and what do you need more of?

Typical feedback included:

- I was able to reconnect with some of the aspirations I had when starting out my PhD.
- It really helped me remember the joy of what I'm doing.
- Space to gain some perspective and insight into what's going on for me.
- Learn more about how I could better support myself with my studies as I try to

juggle many things.

I also asked for feedback about the structure and any other dimensions of the program, with several people pointing to the value of interdisciplinary and authentic connection with the facilitator and others. This was particularly interesting given the limited dialogue that that had been incorporated.

- Great to be part of a group of people who I got a sense were just like me—this is not something that is a part of my university experience outside of these sessions—at least it's not something that people readily speak about.
- Your presence and your human-to-human acknowledgement in an incredibly empathetic way was very soothing and healing to a nervous system under extreme duress.
- It has been really helpful for me to take part in this group program with other PhD students from the same university. I have enjoyed the program, and although I have found the process of "getting out of my head / the analytical/critical mind" and into my imagination challenging.
- Thank you for offering this course and for creating a space where we can reflect, feel nurtured and supported.

Participants frequently used the chat to send private messages, often at the beginning and end of sessions and this was often evaluative in nature, although skewed towards the positive. Feedback was identifiable in all cases, since email was used for longer requests as it felt more intimate than using a survey tool. Again, this will have skewed results positively.

Conclusion

This music-based, insight-oriented, online group program appeared to meet the needs of a sub-group of PhD researchers during a period of great uncertainty. The use of creative strategies provided an alternative to other programs that were available, and which largely focused on cognitive strategies. The program was influenced by a range of theoretical perspectives, disciplinary approaches, and my specific experiences as a music therapist, GIM therapist, lecturer and transformational coach. Music listening was fundamental to the experience for participants and was my greatest resource in designing the program. I resonate with Kenny's description of its affordances:

> Music is a resource pool. It contains many things – images, patterns, mood suggestions, textures, feelings, processes. If selected, created and used with respect and wisdom, the clients will hear what they need to hear in the music, and use the ritual as a supportive context. (Kenny, 1982, p. 5)

Although this program was created specifically to respond to unexpected conditions, some aspects may be useful for future program design. The integration of different training backgrounds felt particularly novel, since I would usually work within one modality or another, but not at once. One study in the music therapy literature suggests that including multiple creative modalities within sessions might diminish the quality of programming (Gold et al., 2007). However, when professionals have training in different approaches, the outcomes might be better. In addition, the success of online programs is increasingly recognised, following the enormous influx that resulted from the recent global pandemic and this program provides further support. This combines well with the increasing attention being paid to the personal development needs of university students, and my experience suggests this is important. Graduate researcher wellbeing is particularly low in

many universities (Larcombe et al., 2016; Stallman & Shochet, 2009) and the challenging conditions do appear to warrant specific support programming (Egan et al., 2022; Fernandez et al., 2016). My approach utilised the musical, therapeutic, coaching, and lecturing skills I had, but others could use different activities within the same structure if the outcomes were of interest.

This report documents a novel program that was contextually sensitive as well as emphasising the value of personal insight and self-understanding. This did not suit all those who responded to the call out in the initial recruitment stage, and the decreasing numbers suggest that graduate researchers were able to self-select for the depth of process they were interested in. For the approximately 10% of people who attended regularly, the benefits reported were powerful. This was palpable in the chat messages and emails received from participants, as well as visible in those who had their videos on during the Zoom meetings. The times were very difficult, and I was personally buoyed by having the opportunity to feel connected in such a creative and meaningful way on a weekly basis. In fact, I frequently considered whether I benefited most from the opportunity. Being able to facilitate creative, insight-oriented experiences online while being housebound and surrounded by anxiety in the community is not something I would have considered without the pandemic conditions. However, I have since run a number of online groups where I follow similar principles and have found the experience to resonate with other groups of university students. This program report might therefore be useful for other facilitators.

About the Author

Dr Katrina Skewes McFerran is Professor of Music Therapy and Director of the Creative Arts and Music Therapy Research Unit at The University of Melbourne. She specialises in music and youth wellbeing, has published 6 books, more than 100 journal articles and presented globally on this topic. Kat has created a Massive Open Online Course with Coursera called "How Music Can Change Your Life" and has authored a TedX talk on "Returning from the Darkside with Music."

References

Allison, K. L., & Rossouw, P. J. (2013). The therapeutic alliance: Exploring the concept of "safety" from a neuropsychotherapeutic perspective. *International Journal of Neuropsychotherapy, 1*(1), 21–29.

Blom, K. M. (2017). The process of surrender: A psychotherapist's homecoming. *Approaches: An interdisciplinary journal of music therapy, 9*(2), 267–274. https://research.ebsco.com/linkprocessor/plink?id=c3e5a21a-25ab-3c59-9ba0-1afa513684c1

Bonny, H. L. (1976). *Music and psychotherapy: A handbook and guide accompanied by eight music tapes to be used by practitioners of Guided Imagery and Music* [Unpublished Doctoral dissertation], Union of Experimenting Colleges and Universities.

Bravata, D. M., Madhusudhan, D. K., Boroff, M., & Cokley, K. O. (2020a). Commentary: Prevalence, predictors, and treatment of imposter syndrome: A systematic review. *Journal of Mental Health & Clinical Psychology, 4*(3). https://doi.org/10.29245/2578-2959/2020/3.1207

Bravata, D. M., Watts, S. A., Keefer, A. L., Madhusudhan, D. K., Taylor, K. T., Clark, D. M., Nelson, R. S., Cokley, K. O., & Hagg, H. K. (2020). Prevalence, predictors, and

treatment of impostor syndrome: A systematic review. *Journal of General Internal Medicine, 35*(4), 1252–1275. https://doi.org/10.1007/s11606-019-05364-1

Browne, V. (2017). Under the radar: The mental health of Australian university students. *The Australian and New Zealand Student Services Association, 25*, 51–62. https://doi.org/10.30688/janzssa.2017.16

Bruscia, K. E. (2014). *Defining music therapy*. Barcelona Publishers.

Bruscia, K. E., & Grocke, D. E. (Eds.). (2002). *Guided Imagery and Music: The Bonny Method and beyond*. Barcelona Publishers.

Campbell, J. (2014). *The hero's journey: Joseph Campbell on his life and work* (P. Cousineau, Ed.). New World Library. https://link.gale.com/apps/doc/A734452869/AONE?u=unimelb&sid=ebsco&xid=a9286589 (Original work published 1990)

Chenoweth, J. (2009). An outsider's guide to classical music: Teaching the Western Canon as "Other." *College Music Symposium, 49*, 129.

Chodorow, J., & Jung, C. (2015). *Jung on active imagination*. Princeton University Press.

Cope-Watson, G., & Betts, A. S. (2010). Confronting otherness: An e-conversation between doctoral students living with the Imposter Syndrome. *Canadian Journal for New Scholars in Education/Revue canadienne des jeunes chercheures et chercheurs en éducation, 3*(1). https://journalhosting.ucalgary.ca/index.php/cjnse/article/view/30474

Crenshaw, K. C. (2006). Intersectionality, identity politics and violence against women of color. *Kvinder, Køn & Forskning, 2–3*. https://doi.org/10.7146/kkf.v0i2-3.28090

Delderfield, R., Ndoma-Egba, M., Riches-Suman, K., & Boyne, J. (2020). A learning development-faculty collaborative exploration of postgraduate research student mental health in a UK university. *Journal of Learning Development in Higher Education, 18*. https://doi.org/10.47408/jldhe.vi18.571

Egan, H., O'Hara, M., Cook, A., & Mantzios, M. (2022) Mindfulness, self-compassion, resiliency and wellbeing in higher education: A recipe to increase academic performance. *Journal of Further and Higher Education, 46*(3), 301–311. https://doi.org/10.1080/0309877X.2021.1912306

Farber, B. A. (2006). *Self-disclosure in psychotherapy*. Guilford Press.

Fernandez, A., Howse, E., Rubio-Valera, M., Thorncraft, K., Noone, J., Luu, X., Veness, B., Leech, M., Llewellyn, G., & Salvador-Carulla, L. (2016). Setting-based interventions to promote mental health at the university: A systematic review. *International Journal of Public Health, 61*(7), 797–807. https://doi.org/10.1007/s00038-016-0846-4

Foucault, M. (1961/2001). *Madness and civilization*. Routledge.

Fronek, P., Kendall., M., Ungerer, G., Malt., J., Eugarde., & Geraghty, T. (2009). Towards healthy professional-client relationships: The value of an interprofessional training course. *Journal of Interprofessional Care, 23*(1), 16–29. https://doi.org/10.1080/13561820802491006

Gold, C., Wigram, T., & Voracek, M. (2007). Effectiveness of music therapy for children and adolescents with psychopathology: A quasi-experimental study. *Psychotherapy Research, 17*(3), 292–300. https://doi.org/10.1080/10503300600607886

Goldberg, F. (1995). The Bonny Method of Guided Imagery and Music. In T. Wigram, B. Saperston, & R. West (Eds.), *The art and science of music therapy: A handbook* (pp. 112–

128). Routledge.

Grocke, D. E. (Ed.). (2019). *Guided Imagery and Music: The Bonny Method and beyond* (2nd ed.). Barcelona publishers.

Grocke, D. & Moe, T. (Eds.). (2015). *Guided Imagery & Music (GIM) and music imagery methods for individual and group therapy.* Jessica Kingsley Publishers.

Hill, C. E., Knox, S., & Pinto-Coelho, K. G. (2018). Therapist self-disclosure and immediacy: A qualitative meta-analysis. *Psychotherapy*, *55*(4), 445. https://doi.org/10.1037/pst0000182

Hopkins, L., Lee, S., McGrane, T., & Barbara-May, R. (2017). Single session family therapy in youth mental health: Can it help? *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, *25*(2), 108–111. https://doi.org/10.1177/1039856216658807

Ivie, R., & Ephraim, A. (2009). Mentoring and the imposter syndrome in astronomy graduate students. In A. L. Kinney, D. Khachadourian, P. S. Millar & C. N. Hartman (Eds.), *Women in Astronomy and Space Science: Meeting the challenges of an increasingly diverse workforce. Women in Astronomy and Space Science Conference*, (pp. 24–35). The University of Maryland.

Kenny, C. (1982). *The mythic artery: The magic of music therapy*. Ridgeview.

Lai, H. -I. C., Thompson, G., & McFerran, K. (2020). Examining how music therapists describe providing safety for children and adolescents who have had traumatic experiences: A Critical interpretive synthesis. *Australian Counselling Research Journal*, 14(2), 1–11. http://hdl.handle.net/11343/267643

Larcombe, W., Finch, S., Sore, R., Murray, C. M., Kentish, S., Mulder, R. A., Lee-Stecum, P., Baik, C.,Tokatlidis, O., & Williams, D. A. (2016). Prevalence and socio-demographic correlates of psychological distress among students at an Australian university. *Studies in Higher Education, 41*(6), 1074–1091. https://doi.org/10.1080/03075079.2014.966072

Lethem, J. (2002). Brief Solution Focused Therapy. *Child and Adolescent Mental Health, 7*, 189–192. https://doi.org/10.1111/1475-3588.00033

Levitt, H. M., Minami, T., Greenspan, S. B., Puckett, J. A., Henretty, J. R., Reich, C. M., & Berman, J. S. (2016). How therapist self-disclosure relates to alliance and outcomes: A naturalistic study. *Counselling Psychology Quarterly*, *29*(1), 7–28. https://doi.org/10.1080/09515070.2015.1090396

McFerran, K. S., & Grocke, D. E. (2022). Brief online Guided Imagery and Music (GIM) sessions for university students: Urgency and surrender. *Approaches: An Interdisciplinary Journal of Music Therapy*, Advance online publication. https://approaches.gr/mcferran-a20220728/

McFerran, K., Skinner, A., Hall, T., & Thompson, G. (2022). Structure, agency and community: Using online music gatherings to support social inclusion for people with disabilities in Australia during the COVID-19 pandemic. *Nordic Journal of Music Therapy*, *31*(3), 259–272. https://doi.org/10.1080/08098131.2021.2008474

McKinney, C. H., & Honig, T. J. (2017). Health outcomes of a series of Bonny Method of Guided Imagery and Music sessions: A systematic review. *Journal of Music Therapy*, *54*(1), 1–34. https://doi.org/10.1093/jmt/thw016

Naumann, S., Matyjek, M., Bögl, K., & Dziobek, I. (2022). Doctoral researchers' mental health and PhD training satisfaction during the German COVID-19 lockdown: Results

from an international research sample. *Scientific Reports, 12*, 22176. https://www.nature.com/articles/s41598-022-26601-4

Nori, H., Peura, M. H., & Jauhiainen, A. (2020). From imposter syndrome to heroic tales: Doctoral students' backgrounds, study aims, and experiences. *International Journal of Doctoral Studies, 15*, 517. https://doi.org/10.28945/4637

Parker, I. (2007). Critical Psychology: What it is and what it is not. *Social and Personality Psychology Compass, 1*(1), 1–15. https://doi.org/10.1111/j.1751-9004.2007.00008.x

Perez, C. (2020). *Caring for the whole self: Analyzing the relationship between graduate students' involvement on campus and the onset of imposter syndrome.* [Master's thesis, The University of San Diego]. Digital University of Santiago. https://digital.sandiego.edu/soles-mahel-action/51

Pinto-Coelho, K. G., Hill, C. E., & Kivlighan Jr, D. M. (2016). Therapist self-disclosure in psychodynamic psychotherapy: A mixed methods investigation. *Counselling Psychology Quarterly, 29*(1), 29–52. https://doi.org/10.1080/09515070.2015.1072496

Rose, N. (2001). *Power in therapy: Techne and ethos.* Academy for the Psychoanlytic Arts. https://academyanalyticarts.org/rose-power-in-therapy

Sanci, L. (2020). *Towards a health promoting university: Enhancing the student experience and academic outcomes* [Summary report]. The University of Melbourne. https://medicine.unimelb.edu.au/_data/assets/pdf_file/0008/3513284/TowardsHealthPromotingUniversity_SummaryReport2020.pdf

Scott-Moncrieff, S. (2019). *Listening deeply: Using music and imagery in self-care.* [Conference Presentation]. Music and Imagery Association of Australia Conference, Melbourne, Australia.

Siegel, D. F., & Hilsenroth, M. J. (2013). Process and technique factors associated with patient ratings of session safety during psychodynamic psychotherapy. *American Journal of Psychotherapy, 67*(3), 257–276. https://doi.org/10.1176/appi.psychotherapy.2013.67.3.257

Stallman, H. M., & Shochet, I. (2009). Prevalence of mental health problems in Australian university health services. *Australian Psychologist, 44*(2), 122–127. https://doi.org/10.1080/00050060902733727

Summer, L. (2015). The journey of GIM training from self-exploration to a continuum of clinical practice. In D. Grocke & T. Moe (Eds.), *Guided Imagery & Music (GIM) and music imagery methods for individual and group therapy* (pp. 339–348). Jessica Kingsley Publishers.

Times Higher Education. (2023). *World University Rankings 2023.* https://www.timeshighereducation.com/world-university-rankings/2023/world-ranking#!/page/1/length/25/sort_by/rank/sort_order/asc/cols/stats

Thomas, N., & Norris, M. S. (2021). "Who you mean 'we?'" Confronting professional notions of "belonging" in music therapy. *Journal of Music Therapy, 58*(1), 5–11. https://doi.org/10.1093/jmt/thaa024

Trosman, H. (2013). *Freud and the imaginative world.* Routledge.

Wärja, M., & Bonde, L. O. (2014). Music as co-therapist: Towards a taxonomy of music in therapeutic music and imagery work. *Music and Medicine, 6*(2), 16–27. https://doi.org/10.47513/mmd.v6i2.175

Williams, C. (2019). The hero's journey: A mudmap for change. *Journal of Humanistic*

Psychology, 59(4), 522–539. https://doi.org/10.1177/0022167817705499

Williams, J. (1977). Princess Leia's Theme [Track]. On *Star Wars: Episode IV: A New Hope.* Sony Classical.

Williams, J. (1999). Duel of the Fates [Track]. On *Star Wars: Episode I – The Phantom Menace*. Sony Classical.

Williams, J. (2002). Across the Stars [Track]. On *Star Wars Episode II: Attack of the Clones*. Sony Classical.

Wilson, E. (2021). Novel solutions to student problems: A phenomenological exploration of a single session approach to art therapy with creative arts university students. *Frontiers in Psychology 11*, 600214. https://doi.org./10.3389/fpsyg.2020.600214

Zamarro, G., & Prados, M. J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. *Review of Economics of the Household, 19*(1), 11–40. https://doi.org/10.1007/s11150-020-09534-7