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Finding Empathy Through Music Therapy Techniques in the Mist of Family Trauma:
An Autoethnography

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Abstract

Autoethnography involves rigorously describing personal experience and situating this by standing back, engaging in critique, and suggesting how the insights reached could be helpful to others. The author of this autoethnography (a music therapist and empathy researcher) sought to explore her own personal empathy struggles. A challenge in her family context that evoked experiences related to past trauma invited her into a process using music therapy techniques as she asked: How can the tools developed in her research on empathy help her make sense of this experience? How can these tools awaken more empathic responses to her child? How can going through this process give her greater insight into its potential use within music therapy sessions? By designing a series of experiences using receptive and active techniques, she explored how two empathy pathways (insightful empathy and relational empathy) could assist her in processing her thoughts and feelings as well as engaging in more other-centred empathy towards her child within the family situation of concern. The implications for drawing on such a process within a music therapy context are explored.

Keywords: empathy; trauma; self-care; autoethnography

> I tend to write about experiences that knock me for a loop and challenge the construction of meaning I have put together for myself. I write when my world falls apart or the meaning I have constructed for myself is in danger of doing so. (Ellis, 2004, p. 33)

Common conceptualisations of empathy as sharing in and understanding another's emotions primarily draw on individualistic, Western understandings of humans and

relationships. One person seeks to gain insight into another separate individual's inner world. This may be an inadequate understanding of the process if (a) we struggle or do not wish to assume that we can see into another person's inner world yet still want to empathise with them, or (b) we are operating within a relational worldview, where we are already relationally intertwined to begin with. We need other ways of thinking about empathy, too. In a recently published book, *Empathy pathways: A view from music therapy* (dos Santos, 2022), I explored the concept of empathy and how we can progress through specific steps within empathic engagements.

I proposed four empathy pathways. Firstly, insightful empathy entails purposefully sharing and understanding another's emotions. It includes the commonly explored facets of affective and cognitive empathy. Insightful empathy operates within an individualistic worldview where one person attempts to share in and understand what another is going through. It is premised upon the belief that gaining insight into another's inner emotional world is at least somewhat possible. Insightful empathy begins with a stance of receptive openness, followed by an awareness of the multifaceted aspects of the person one seeks to empathise with (how they are expressing emotions verbally, through embodied expressions, through musicking if we are in a session, and so on). We then attempt to share their emotion with them (not being unconsciously drawn in as we would in emotional contagion, but consciously stepping into the quality of their emotional experience with them as a separate person). The next phase (although these can occur simultaneously) involves attempting to understand the other person's emotions cognitively. Lastly, we need to consider what action is required. Is communicating our empathy sufficient, or is additional compassionate action necessary?

Secondly, translational empathy refers to a quality of presence in which a sense of "withness" is generated through a situated and productive process of emotion translation moves of expression and response. We are still operating within an individualistic worldview, but here we do not necessarily presume that we can (or should) see into another's inner emotional world. We purposefully avoid stepping into an unequal power relationship where we, as "the empathiser," seek to help the sufferer who needs our assistance and is less empowered. In translational empathy, we are open to being changed, too. If invited to engage, our stance is one of humbly honouring and respecting the other person's opacity (they are not transparent beings whom we can "see into"; they may have had very different life experiences, or they may be going through an event that we cannot comprehend). They are expressing emotions, and so are we. We attempt to make sense of one another's experiences, acknowledging that we do this through our own lenses. Our awareness is directed towards the emotion translation process playing out between us and how we are responding to it. We attempt to create a sense of "withness" ("I am here with you even if I do not fully understand what you are feeling"). The meaning of the emotion is negotiated within the translation process, and the response entails accompaniment (journeying alongside, being an ally, and affirming the person's power and expertise).

Thirdly, considering empathising assemblages involves territorialising an assemblage as mutually affectively response-able. We are now within a relational ontology where we see ourselves (and the world we are part of) as already always intertwined. Instead of considering emotions as qualities within individual humans, we are thinking about affects as sensations that flow between people and within spaces (e.g., the "atmosphere" in a room), and in terms of how we are affected by and affect one another and the spaces we are in. We are always creating and inhabiting territories that we experience in particular ways and that enable certain behaviours (a welcoming room may invite more open communication; a dark, cold room may invite retreat). An empathising assemblage is flexible, and all within it can influence others and be transformed. Our stance is now one of recognising relational interconnectedness; we can become more aware by tuning into and even mapping the relationships that are present. We explore what affects are present

here and how we are making meaning of them. Our response entails seeking to enhance everyone's ability to respond in mutually beneficial ways.

Lastly, relational empathy—as situated awareness of emotion co-storying—falls within a fully relational ontology in that we are exploring both how relationships form selves and how selves impact relationships. Whilst an individual self emerges from a relational foundation (e.g., I am a mother because of my relationship with my children), that emerging self also influences the relationship. Selves and relationships both matter and are ontologically irreducible (Kessler, 2019). Here, we can think of emotions as "stories" that unfold between us instead of as inner properties of discrete individuals. Rosaldo (1984) wrote, "Feelings are not substances to be discovered in our blood but social practices organised by stories that we both enact and tell" (p. 143). Though relational empathy, we seek to be more aware of the emotion stories that are playing out between us and find ways to create more generative emotion stories. Our stance entails recognising how selves emerge through relationships (and asking ourselves who we are becoming within the relationship we may be exploring). We become aware of how we are co-storying emotions (how we are performing our emotions, what emotion labels we are using, and how we are co-regulating). We can examine feelings and meanings by looking at story "layers." We all have story horizons (our emotional backgrounds that provide the context within which we make sense of current emotional stories); micro-stories are the emotional events; and collections and patterns of unfolding micro-stories shape story arcs. Regarding our response, we explore which emotion stories are generative (the ones we want to protect and grow) and which are destructive and need changing.

I wrote *Empathy pathways* with the goal of offering a helpful, user-friendly framework, not an abstract theoretical reflection. In my work and relationships, I often think about how to continue to find accessible ways to apply these ideas in practice.

Experiences That Can Decrease Our Empathy

A wide array of thoughts, attitudes, feelings and experiences can stifle empathy. It can become blocked when we think that the person we are trying to empathise with has acted unfairly (Singer et al., 2006) or that they are morally wrong and deserve punishment (Breithaupt, 2019). If an observer knows that the pain another person is enduring is for their own good (for example, from a medical procedure), then empathy for their pain reduces (Lamm et al., 2007). Humans seem more open to experiencing empathy for someone they think can change or is on a path to recovery (Breithaupt, 2019). Empathy towards a member of a perceived outgroup can be "rare and fragile" (Bruneau et al., 2017, p. 149). A person's past experiences with similar events can also negatively impact their empathy (Hein & Singer, 2008) ("I coped with that just fine, so why can't you?"). Empathy can also decrease when we are in a bad mood (Nelson, 2009).

Our empathy can be lowered by being in a position of power. With higher power, our inter-personal sensitivity seems to reduce (Pril, 2017), empathic accuracy decreases (Galinsky et al., 2008; Kraus et al., 2010), emotion recognition skills weaken (Kraus et al., 2010), perspective-taking becomes less effective (Galinsky et al., 2005), and capacities for mirroring reduce (Hogeveen et al., 2013). People holding higher power objectify others more frequently (Gruenfeld et al., 2008), engage in stereotyping (Fiske, 1993; Goodwin et al., 2000), and show fewer altruistic behaviours (Piff et al., 2012).

When we empathise with others, we may experience some of their distress. Empathising with another who is in distress involves moving towards that unpleasant feeling. However, humans are generally motivated to avoid distressing affect. As we come into contact with another person's distress when attempting to empathise with them, this can decrease ongoing empathic responses. Greater distress also tends to lead to self-focus rather than

other-focus, lowering one's ability for perspective-taking (López-Pérez et al., 2014; Maibom, 2017). We might avoid empathising if we deem the cost too high (Cialdini et al., 1997). If the suffering of another is severe, we may not even wish to imagine what they are going through (Frie, 2010). If we are working with many suffering people, we may respond with a targeted decrease of empathy to prevent the work from becoming too overwhelming. We can engage in empathy avoidance by distracting ourselves from the situation or convincing ourselves (for example, by using belief in a just world) that the person somehow deserved what happened to them (Zaki, 2014). Hodges and Biswas-Diener (2007) coined the term "exposure control" when they observed how humans decide whether to place themselves in or out of situations where empathy may be required. It appears that we frequently make choices about empathic engagements even before entering an encounter where our empathy will be called on.

Another strategy that humans use to make distressing feelings cease (in the other and ourselves) can be to enter into the other person's experience with the desire to "take over" (to guide, help or rescue them), therefore delegitimising their experience or ownership thereof (Yinger, 2016). Pathological altruism refers to tendencies or behaviours that involve an implied or stated motivation to promote another's welfare, but instead of doing so, the result involves negative consequences for the other person (Oakley et al., 2012). An example is co-dependency. Empathy-based guilt can also drive pathological altruism (O'Connor et al., 2012).

The Essential Role of Emotion Regulation for Empathy

Emotion regulation is crucial for managing difficult feelings that may be evoked in us as we empathise with another (Paden, 2018). When emotion regulation is low, we will experience more distress in situations where we are called on to empathise with another's distress (Spinrad & Eisenberg, 2009). Emotion regulation includes paying attention to our emotions, managing the intensity and duration of emotional arousal, and transforming the nature and meaning of our feeling states when faced with distressing or stressful events (Thompson, 1994). A mindfulness strategy that has been offered to assist with emotion regulation uses the "RAIN" acronym (Brach, 2003): (R)—recognising what is happening and consciously acknowledging one's thoughts, feelings, and behaviours; (A)—allowing these to be there with no judgment; (I)—drawing on one's curiosity to explore what one is experiencing; and (N)—this is referred to by some authors as "non-identification" (not fusing one's sense of self with what one is thinking or feeling in the moment) (Ellis et al., 2018) or "nurture" (King, 2018) (treating oneself with appreciation and kindness).

A range of challenges may negatively impact our emotion regulation capabilities, for example, insufficient sleep (Palmer & Alfano, 2017) or being in the menstrual phase of one's cycle (Wu et al., 2014). Mental health challenges can also negatively impact emotion regulation abilities. Posttraumatic stress disorder (PTSD), for example, has been associated with difficulties in effectively regulating emotional states such as guilt, shame, and anger (McLean & Foa, 2017). Ehring and Quack (2010) found that increased levels of PTSD symptoms were related to reductions in awareness and clarity of emotions, lower acceptance of negative emotions, higher levels of avoidance, greater emotion suppression, more difficulties in goal-directed behaviour when distressed, greater impulse control difficulties, and impaired use of emotion regulation strategies.

Parenting a Child with a Mental Illness

As Trondalen (2015) wrote, "The music therapist is also a person with a private life, be it as a mother, partner, daughter, caretaker, etc. that influences her mental and physical

status" (p. 937). A few years ago, I found myself in an intense season of parenting as one of my children navigated a severe mental illness that emerged with sudden ferocity after a lifetime of stability. One of the psychiatrists in the healthcare team treating this child and engaging with us as a family proposed that I had developed PTSD due to certain extreme events that happened during this season. I have subsequently benefited greatly from Guided Imagery and Music (GIM) sessions, by taking medication, and being supported by those close to me. I have had a good process of recovery. However, now and then, a trauma response appears and demands my attention.

A whole family is impacted when a child has a mental illness, and the emergence of a mental health challenge can be a turning point in the life of a family (Harden, 2005b). Parenting a child with a mental illness can be perceived as threatening, and difficult emotions such as helplessness and anger may arise (Mazure & Mickle, 2018). Parents may experience personal suffering through stress, worry, fear, sadness, exhaustion, and even chronic sorrow (Richardson et al., 2011). They may also encounter contradictory and ambivalent thoughts and feelings (love *and* anger; self-compassion *and* guilt; understanding *and* blame) (Richardson et al., 2013). A common theme arising in the literature relating to parents' experiences caring for a child with a mental illness is loss (for example, of the child one used to know and the life one used to have) and the grief response to this loss. This grief can feel endless and complicated. Prolonged grief can lower physical and psychological well-being (Godress et al., 2005).

Karp and Tanarugsachock (2000) highlighted the following: "To genuinely care for another person presumes efforts to empathise with them, to feel what they feel, to try to see the world from their standpoint, and to take their role" (p. 13). From the start of the mental illness journey, healthy family members may struggle to accurately take the perspective of their family member who is in crisis. This difficulty can feel "dramatically magnified…if one has never experienced the intense isolation, the hopelessness and despair of depression, the feelings of grandiosity during hypomania, or the terror accompanying paranoid delusions.…Reality is not the same" (p. 14).

Muhlbauer (2002) identified phases of a family's journey as they navigate the mental illness of one of their members. She conducted 26 interviews, and 21 participants were parents of children/youth with a mental illness. The first phase Muhlbauer identified was "development of awareness: storm warnings" (p. 1082). Here, caregivers recognise there is a problem; there is increasing concern; and efforts to seek assistance are often escalating but unsuccessful. She termed the second phase "crisis: confronting the storm." This is characterised by problems escalating beyond a family's ability to cope; sudden confrontation with the mental healthcare system (often via an emergency room admission); a proposed diagnosis; enormous emotional distress; challenges in communicating with healthcare providers; and financial worries. Crisis episodes during this phase are experienced as terrifying and traumatic. Muhlbauer called the third phase, a "cycle of instability and recurrent crises: adrift on perilous seas," where family members have become painfully aware of the chronic nature of the trajectory. This phase may be years in length and is characterised by recurrent crises and instability; loss, grief and anger; searching for knowledge, explanations and treatment; increasing financial struggles and difficulties with insurance; occasional experiences of helpful new treatments; dissatisfaction with mental healthcare providers and services; and challenges related to stigma. The fourth phase, "movement toward stability: realigning the internal compass," entails significant changes in caregivers' values, thoughts and behaviours. They find ways of regaining some control while acknowledging limits; managing feelings of helplessness and guilt; changing their expectations and perceptions; struggling with boundary setting and ethical dilemmas around, for example, independence and control, privacy and freedom; and they find workable techniques for symptom management. The fifth phase is the "continuum of stability: mastering navigational skills." Here, caregivers further

develop their expertise in workable care patterns and assist their family members in managing their symptoms. They draw on a range of support systems. In phase six, "growth and advocacy: sailing existential seas," a greater sense of self-empowerment develops as caregivers realise they can indeed manage situations they did not previously think they were capable of. Participants who had reached this phase in Muhlbauer's study could articulate their strengths, growth, and capacity to find meaning within the journey. I felt like I was looking in a mirror when I read this research. The metaphor of the storm at sea perfectly encapsulated my experience. When I encountered the article, I was still in the third phase—the cycle of instability and recurrent crises: adrift on perilous seas—but Muhlbauer's articulation of these phases reassured me and gave me hope for my and my family's posttraumatic growth.

As I have studied empathy over several years (dos Santos, 2018, 2019, 2020), I have been constantly drawn to lean deeply into exploring times when empathy has been hard for me. I have never wanted to present insights on empathy as an expert who has this feature of human life "all worked out." I want to be part of conversations as we explore empathy together. A situation in which empathy felt difficult inspired this paper. Another one of my teenage children became very ill and required hospitalisation. The hospital this teenager was admitted to was one of the ones where we had taken my other child who had a mental health crisis for assistance. Walking into an emergency unit of one of these hospitals that featured in that journey is still a challenging experience for me as I have vivid flashbacks of the events from that time and the fear I experienced then.

This second teenager's current hospitalisation due to physical illness resulted in them missing out on an important event they had prepared for with significant time and energy and their entire passionate investment. Missing this event also had potentially negative consequences for some of their longer-term performance goals. During this teenager's hospitalisation, I felt an underlying sense of anxiety and worry daily. This was due, in part, to their health status, but it evolved into an acute sense of fear when it became apparent that this teenager would miss out on the event described above, and I witnessed their intense disappointment. Rationally, I knew that this teenager was resilient, had bounced back from previous setbacks, and was able to experience their feelings, knowing that these would pass. This event, while disappointing, was not a crisis. And yet, my body decided it was. I was primarily aware of my own physiological experiences of nausea, a tight chest, fast heart rate, and tense muscles.

I chose to sit in these feelings mindfully and with curiosity. I wondered why I felt so afraid. Initially, I did not know. To think clearly felt difficult. As I stayed in a curious stance, I realised that I was having a trauma response. After previous experiences with my other child, I now had an irrational (rational?) fear that a child who is sad can very quickly unravel in unpredictable, frightening, and dangerous ways. The past and present were becoming intertwined. I was becoming entangled in these experiences, and it was throttling my empathy. I could not clearly access a present experience of empathy for this currently-disappointed child because I was immersed in the mist of a trauma response related to my previous experiences with my other child.

Empathy is a core component of sensitive and positive parenting (Gonzalez & Rodriguez, 2021). It fosters a sense of safety and acceptance and develops a child's sense of self (Simonič, 2015). Empathic parenting enhances the attachment relationship (Stern et al., 2015; Waters et al., 2010). Parental empathy supports a child's social adaptation throughout their life, and empathic parents nurture empathy in their children (Abraham et al., 2018) as well as emotion regulation (Waters et al., 2010) and prosocial responding (Strayer & Roberts, 2004).

I wanted to gain perspective and be in the present moment. I wanted to step out of my intense feelings so that I could be fully present in a vitally empathic way for my currently ill and disappointed teenager. So, I tried to remind my body that I was safe, that we were

all safe. I breathed in for 3, held for 4, out for 5…I tried to think logically through the situation and bring my awareness to rational explanations of the present situation…but none of this worked.

I Have Some Tools, So Let Me Use Them…

As I tried to empathise with my teenager in the mist of my own difficult feelings, I decided to use the tools presented in *Empathy pathways* to structure a process for myself that could help me navigate this. Being a music therapist and researcher, it felt natural to write down some questions that could serve as guidelines for this process:

- How can the tools from *Empathy pathways* help me make sense of this experience?
- How can these tools help me respond more empathically to my child?
- How can going through this process offer insight into its potential use within music therapy?

Autoethnography

Nadia Bolz Weber encouraged writers to share "from your scars, not your open wounds" (https://www.instagram.com/p/BREHXZ5h5ly/). While trauma may leave some wounds that still burst open even when one thinks they have healed, my journey of recovery over time has brought me to a place where I can notice moments or seasons of difficulty and then work productively with them. Autoethnography offered a framework for writing about this experience. This is an approach that itself has been described as a "transformative research method because it changes time, requires vulnerability, fosters empathy, embodies creativity and innovation, eliminates boundaries, honours subjectivity, and provides therapeutic benefits" (Custer, 2014, p. 1). In an autoethnography, we rigorously reflect on and describe personal experience *and* we situate this by standing back, engaging in critique, and suggesting how the insights we reach might be helpful in some way to others.

Adams et al. (2017) described several purposes of autoethnography. Firstly, autoethnographers challenge dominant and harmful scripts and stories. When writing this manuscript and documenting my experiences, I sought to challenge the notion that parents should always be able to empathise with their children naturally and that they are somehow flawed if they struggle to do so. Adams and Manning (2015) examined the use of autoethnographies within family research. We need more research that explores daily life experiences in family contexts, particularly studies that make these experiences come alive. Researchers can write against the status quo by addressing assumptions, misperceptions and harmful generalisations about family life. I also challenge the idea that therapists always "have it all together" (as discussed in the book *The Myth of the Untroubled Therapist* by Adams [2014]). In this book, Adams writes,

> We have little faith that our human frailties will be valued rather than judged…The very thing we aim to extend to our patients and clients, we often fear will not be extended towards us when facing depression, physical disability and pain, marital strife, alcoholism, a partner or child's mental illness, financial difficulties or any other emotional crisis that we may have to face in our lives. (p. 8)

Secondly, autoethnographers articulate insider knowledge, which in this case relates to my insider knowledge as a parent, as a music therapist, as a mother who brings music therapy knowledge to my parenting, and as a music therapist who finds that experiences of parenting greatly enrich my music therapy work. Thirdly, an autoethnographer reveals

how they are implicated in their work. They describe how they produced their story, what motivations led to the study, and what emotions were at play as they wrote. They do this to legitimise their narrative and experiential account. The current paper takes you as the reader through my thinking steps: as I noticed what I was struggling with; as I designed a process for myself; what the outcome of that was for me; and how I used ideas from literature to assist me in making sense of my experience. Fourthly, autoethnographers value moments of everyday life, which often cannot be captured in more conventional research forms. This paper presents an account of a week in my life (against a backdrop of years of struggle). The week in question was a small—some might say relatively insignificant—moment in time. However, it was meaningful for me, and it may hold meaning for others who are also navigating the "everyday" moments in a trauma recovery journey.

Lastly, an autoethnographer seeks to create a text that can be accessed by audiences broader than only academics. Whilst I do hope that academics and music therapists read this paper, I have documented my steps in a way that is as "user-friendly" as possible, including the musical pieces I worked with and showing the images I created. I hope this can be helpful for a range of people seeking guidelines for what a meaningful, arts-based process of personal exploration might look like.

Trying Out Two Pathways

I began by looking at the overviews of each empathy pathway (insightful empathy, translational empathy, empathising assemblages, and relational empathy). I selected insightful empathy because I was struggling to push through my own feelings to empathise with my child, and I knew that there were tools to deal with that specifically within that pathway. As mentioned at the start of this paper, insightful empathy—purposefully sharing and understanding another's emotions—involves a stance of receptivity (openness to engage empathically); awareness through perceiving the other person in multifaceted ways (as an embodied being, a person in context, a person who is separate from me); feeling (sharing the other person's emotions intentionally as opposed to unconsciously "catching" their feelings); meaning (attempting to understand their feelings); and response (through communicating empathy appropriately and determining whether additional compassionate action may be required).

I also chose relational empathy because it offers a way of thinking about how we are in emotion stories together, instead of focusing on my own "inner" emotions (in which I felt stuck). When exploring relational empathy—situated awareness of emotion co-storying— we examine how emotion stories unfold between us. When we become aware of how they are unfolding, then we are engaging in relational empathy. We can ask: "What story are we in together right now?"; "How might we change this story?"; "How are we co-storying?"; as well as "What part may I be playing in this story?"

At the back of the book *Empathy Pathways*, I included worksheets for music therapists to use as they reflected on their own and their clients' empathy. I decided to use the prompts within these worksheets to guide my own reflection on my experience with my disappointed teenager (rewording these in relation to my teenager and myself as a parent instead of through the lens of a client and therapist).

Phase One

Insightful empathy

Step one

As I read through the prompts within each of the "stepping stones" for insightful empathy, the following ones specifically resonated with me (as shown in Table 1).

Table 1. Insightful empathy prompts.

STANCE Receptivity	How self-aware am I? What's going on inside of me at the moment?
	Am I exercising non-judgment?
	How courageous do I feel to lean into my child's experience?
	What's my personal capacity like at present?
	Am I paying full attention? Am I fully present to my child and their experience?
AWARENESS Multifaceted perceiving	What emotion(s) is my child experiencing in this situation?
	What appears to be important about the context?
	What am I noticing about any relevant unconscious dynamics?
	What am I noticing about their embodied expressions?
	What shared sense of reality is grounding us (intersubjectivity)?
	How am I listening (or not listening)?
	Am I experiencing "blurring" between myself and my child, or am I maintaining a separate sense of self?
FEELING Sharing emotions	Do my feelings stem from my own context?
	Am I experiencing emotional contagion?
	How am I experiencing embodied resonance?
	How accurate is my empathy?
MEANING Understanding emotions	What do I know about my child?
	Which of my own experiences may be helpful to draw on to understand my child's emotions?
	What other information could I draw on to help me understand my child's emotions?
	How am I processing complex emotional expressions?
RESPONSE Responding with action	(How am I currently responding?) *This is not one of the listed questions but I felt I needed to start here*
	Is an expression of empathy sufficient in this moment?
	If more is needed, what compassionate action is required?
	When I share in my child's emotions, do I sometimes respond in ways that could cause some harm?
	How do I step out of the empathic encounter afterwards?
	Do I show compassion towards myself?

As I dwelled with these questions, I journaled my responses. See Figure 1 for some examples of these pages. (I have used "they" as opposed to "he" or "she" when referring to my children in the journal responses included in the article as part of protecting their privacy.) When I finished, I read through everything I had written and drew yellow stars next to the insights that glowed particularly brightly for me.

Figure 1. Examples of the pages of journaling in response to the insightful empathy prompts.
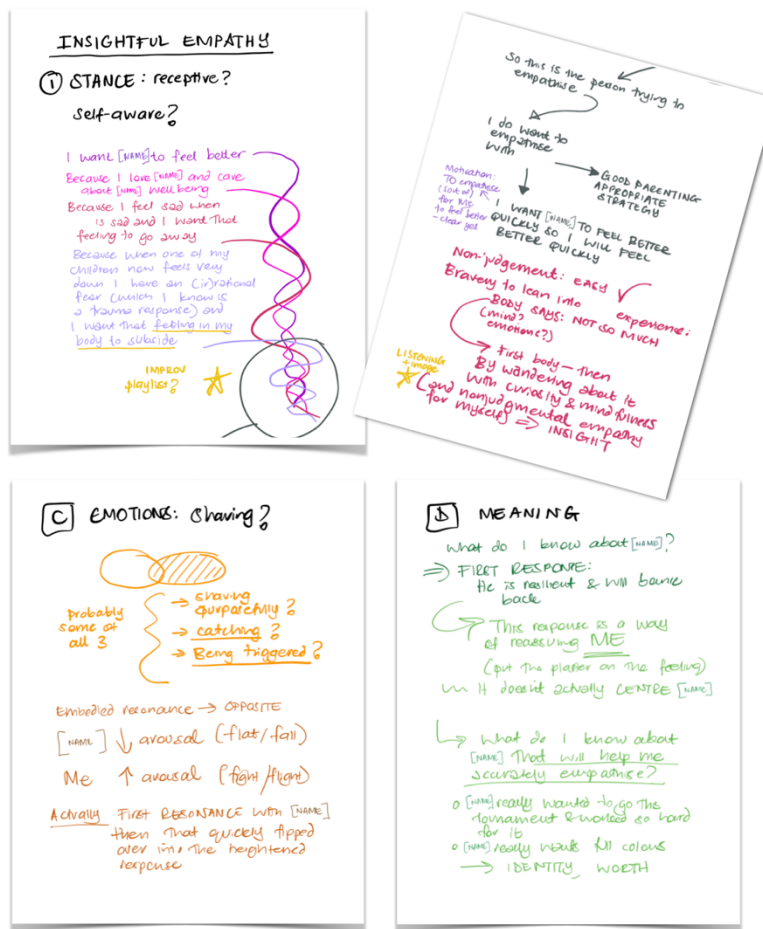
Step two

While insights emerged for me through writing reflections on each question, I looked again at the points I had highlighted with a yellow star and thought about how I could deepen my exploration. Drawing on the receptive and active strategies that Carol Lotter and I developed and use in our work and teaching (dos Santos & Lotter, 2017), I selected specific music therapy-informed techniques to explore each highlighted point further (these are listed in Table 2). In addition to expressing insights we already hold, the arts "speak back to us," offering us new insights. As DeNora (2004) explained, music offers building blocks of subjectivity. When listening to music, one may realise, "Oh! Yes. *This* is how I feel." Including nonverbal, arts-based processes in trauma recovery can be considered as part of Bessel van der Kolk's (2014) description of a "bottom-up" approach that allows the body to have experiences that deeply and viscerally contradict the helplessness and collapse of trauma (instead of only approaching these through verbal processing).

Selecting pieces of music to use for each of the receptive techniques was an important step in itself. As I explored potential pieces for each area of reflection, I had a visceral reaction of "Yes, this is the one" or "No, that doesn't fit." That gave me additional insight. For example, when exploring pieces, I listened to *Einaudi: I Giorni* by Ludovico Einaudi as an option for working with how my generalised theories had been shattered during the traumatic events I had been through previously. I was looking for a piece with some dynamic energy (to capture the sense of "shattering"), but when this piece started, it reminded me that loss and sadness are still a vivid part of the process and that these feelings are still closely present for me.

Table 2 shows the prompts I reflected on, a summary of the main insights that emerged

for me while journaling responses to these prompts, techniques that I thought I could use to deepen these reflections, and specific pieces I thought I could use within receptive techniques.

Table 2. Creating techniques to explore the insightful empathy prompts more deeply.

Insightful empathy prompts		Insights that emerged from initial journalling	Ideas for how to deepen these reflections	Pieces of music I selected
				When I began, I felt I needed a piece to centre myself before commencing the reflections so I selected At the end of the day Jacob Karlzon (I felt I needed to listen to this twice, so I did)
STANCE Receptivity	How self-aware am I? What's going on inside of me at the moment?	I have complex and competing sources of emotions and motivations for wanting my child to feel better	1. Listening to a piece of music that holds that complexity and creating an image on a page that reflects what arises for me	*String quartet no.8 in C minor, Op. 110: III. Allegretto* by Shostakovich, performed by Eder Quartet
	How courageous do I feel to lean into my child's experience?	Needing to grounding myself and exercise self-compassionate mindfulness because this step feels hard	2. Listening to a nurturing piece that helps me feel grounded and calm (When I got to this point I felt I needed to move to this piece and so I did)	*Underwood* by Ludivico Einaudi
	Am I paying full attention? Am I fully present to my child and their experience?	A sense of panic seems to overtake my ability to be fully present with my child	3. Listening to a piece that reflects this sense of panic and responding through art or free writing	*Legions (War)* by Zoe Keating
AWARENESS Multifaceted perceiving	What shared sense of reality is grounding us (intersubjectivity)? How am I listening (or not listening)?	It is unpleasant to be sick. It is unpleasant to feel a lack of control. I realise that I'm listening to gain a better sense of what my child is feeling so that I can control what feels uncertain and frightening	4.1. Selecting and reflecting on a symbol that represents this need for control. 4.2. Listening to a piece of music while holding this symbol in my mind and seeing it transform in any way	*Transformation* by Peter Kater and Carlos Nakai
MEANING Understanding emotions	What generalised theories am I using?	I had generalised theories about how the world worked, how parenting worked and how children develop when they are in	5.1. Create a symbol out of clay. 5.2. Listening to a piece of music that reflects the chaos of the traumatic event, explore visually what happened to that	*Sade* by James Moore and *Einaudi: I Giorni* by Ludovico Einaudi

Insightful empathy prompts		Insights that emerged from initial journalling	Ideas for how to deepen these reflections	Pieces of music I selected
		loving environments. These were blown apart during the traumatic past season.	symbol (of my generalised theories)	
RESPONSE Responding with action	(How am I currently responding?) *This is not one of the listed questions but I felt I needed to start here*	With a combination of a sense of paralysis and also of trying to stop the unpleasant feeling within *me* by trying to "fix" the situation (and "fix" my child).	6. Be mindful and present to what this feeling is. Listen to the sound of the terror that is whispering to me through listening to a piece of music that expresses that and doing some free writing. 7. Tuning in to what my current responses are through listening to a piece that captures that and writing down my responses with self-compassion. (When I did this I felt I rather needed to move and so I did that).	*Atmospheres* by Gyorgy Ligeti *Running* by Jacob Karlzon
	If more is needed, what compassionate action is required?	I need to find a way to feel grounded and safe so that I can respond wisely. How can I access that?	8. Piano improvisation using the Analytical Music Therapy playing rule/theme of wholeness	
	When I share in my child's emotions, do I sometimes respond in ways that could cause some harm?			

The experience I created for myself was not a therapy process; it was a personal journey of solo exploration. However, I did draw on my knowledge as a music therapist to structure an experience that I knew could invite the kind of exploration I sought. Whilst I was experiencing difficult thoughts and emotions, I was far enough into my healing journey, and I knew I had the psychological strength, resilience, and insight to open myself to what the process might bring me. This was an essential consideration, seeing as I did not have the presence of a containing therapist with me. I spent about three hours going through the techniques listed in the table and immersing myself in the experience. I did this in a private, quiet, comfortable space in my home where I was uninterrupted.

Step three

I looked through the images I drew while listening to the pieces images (see Figure 2 for some examples), the notes I wrote on the experiences, and I listened to the recording of the piano improvisation I played (https://drive.google.com/file/d/1Er8yWhZZEWeZ5dVik4nB_2TWoYDjoQjQ/view?usp=share_link).

Figure 2. Examples of images created during the insightful empathy exploration.

I made additional notes about the "take-away" insights I was left with most prominently after the process. While my body had felt like it was getting in the way of empathy (the physiological response that had been triggered felt immune to logical thinking and simple breathwork), during this process I saw how the *music* facilitated and contained a process of being in my body that calmed my sympathetic nervous system and activated my parasympathetic nervous system. I felt grounded, which then offered me some agency, including choices about how to enter into empathy with my teenager, feeling as if the "noise" had been turned down. This arts-based experience enabled me to engage in emotion regulation, which sharply stood out to me as the core problem I was experiencing. I connected to my capacity for self-care and kindness, which felt nurturing. I realised that this strategy was not one I had been focusing on in the current situation. The internal discomfort had blocked out that insight. I reminded myself that I can stay with and learn from and through difficult feelings to encourage the growth of my empathy (my approach does not just have to be one of trying to escape the difficult feelings). I realised that I needed to find a sense of spaciousness (through walking, nature, breathing, music). An awareness emerged very clearly that my generalised theories (and the theories that underpin them, and the ones that underpin those…) had been shattered, such as predictability, safety, cause-and-effect notions of parenting: "we love and care for our children and then everything should work out relatively okay." My current difficult feelings stemmed from the rubble that was left when those fundamental core beliefs were destroyed. I had not had that insight so vividly before this process. This process also reassured me that I can honour the difficulties I went through in the past, even as I have made great strides in my healing journey. I can "survive" returning to those thoughts and feelings when I need to. My experience at the end of the process was of having clean, clear oxygen flowing within me as I now had the internal headspace and "heartspace" to be present for someone else.

Relational Empathy

Step one

At this stage, I turned my attention towards relational empathy to explore what this pathway might offer me in my quest. I reviewed all the questions on relational empathy in the worksheets (again reframing them in relation to myself as a parent and my teenager instead of through the lens of therapist and client). Table 3 lists the prompts that stood out to me as relevant to my current situation.

Table 3. Relational empathy prompts.

STANCE Selfing through relationships *and* AWARENESS How are emotions unfolding as stories between us?	How am I selfing here? How is my child selfing with me?
	How do we tend to do emotions here?
	How are we are "in" this emotion at the moment?
FEELING Emotions as co-storying *and* MEANING Layers of co-storying	EMOTION MICRO-STORY/STORIES What's this story about? What's the setting of this emotion story? What are the events in this story? How are we telling this story? How are we reflecting on this story?
	What story horizons are playing a role in our interactions? What stories have we brought with us?
RESPONSE Affirming and changing emotion stories	What emotion stories do we want?
	What emotion stories do we want to change?

I journaled my responses to these questions and drew yellow stars next to the insights that particularly resonated.

Step two

Again, I looked at each point I had emphasised with a yellow star and thought about how to deepen my reflections. Table 4 shows the prompts I reflected on, a summary of the main insights that emerged for me while journaling responses to these prompts, techniques that I thought I could use to deepen these reflections, and specific pieces I thought I could use within the receptive techniques.

Table 4. Creating techniques to explore relational empathy prompts more deeply.

| Relational empathy prompts		Insights that emerged from initial journalling	Ideas for how to deepen these reflections	Pieces of music I selected
				When I began I felt again that I needed a piece to centre myself before commencing the reflections so I listened again (once) to At the end of the day by Jacob Karlzon
STANCE Selfing through	How am I selfing here? How is my	I am selfing in relation to tapping into the need for	1. Listening to a piece of music while moving as I embody these	*Between us* by Jacob Karlzon

Relational empathy prompts		Insights that emerged from initial journalling	Ideas for how to deepen these reflections		Pieces of music I selected
relationships and AWARENESS How are emotions unfolding as stories between us?	child selfing with me?	achievement and performance. I am becoming fearful and wanting to hold tight and fix.		processes of selfing	
	How do we tend to do emotions here?	Our usual tendencies for doing emotions together are supportive and nurturing.	2.1.	Selecting a symbol to represent how we usually engage in emotion stories together	*Bisso Baba* by Richard Bona
			2.2.	Listening to a piece of music while holding that symbol in mind and seeing if it transforms in any way	
FEELING Emotions as co-storying and MEANING Layers of co-storying	What story horizons are playing a role in our interactions? What stories have we brought with us?	I became acutely aware of the distinction between "that" story (the previous trauma story) and "this" story (the one I was experiencing with this child in the here and now.	3.	Writing a dialogue between the two different stories while listening to a piece with two clear instrumental voices (a musical dialogue)	*Cinema Paradiso* by Chris Botti
		I wondered how I could become more present to "this story"	4.	Listening to a piece while being mindful and curious, along with intention breathing	*I could almost feel you* by Owsey
		How might threat and a lack of safety be part of the story that we are both in?	5.	Listening to a piece of music that expresses this while creating an image	*Nilha* by Jacob Karlzon
		How could I explore the fullness of "this" story in an integrated	6.	Listening to a piece of music that expresses this while creating an image	*Pini Di Roma* by Respighi, performed by Eugene Ormandy and the Philadelphia orchestra

I spent about two and a half hours going through the techniques listed in Table 4 and immersing myself in the experience. Again, I did this in a private, quiet, comfortable space in my home where I was still uninterrupted.

Step three

After completing the processes, I looked through the images and symbols I drew and created while listening to the music (see Figure 3 for some examples) and read through the notes I wrote during the experiences. I then wrote additional notes about the "take-away" insights I was left with most prominently.

Figure 3. Examples of images created during the relational empathy exploration.
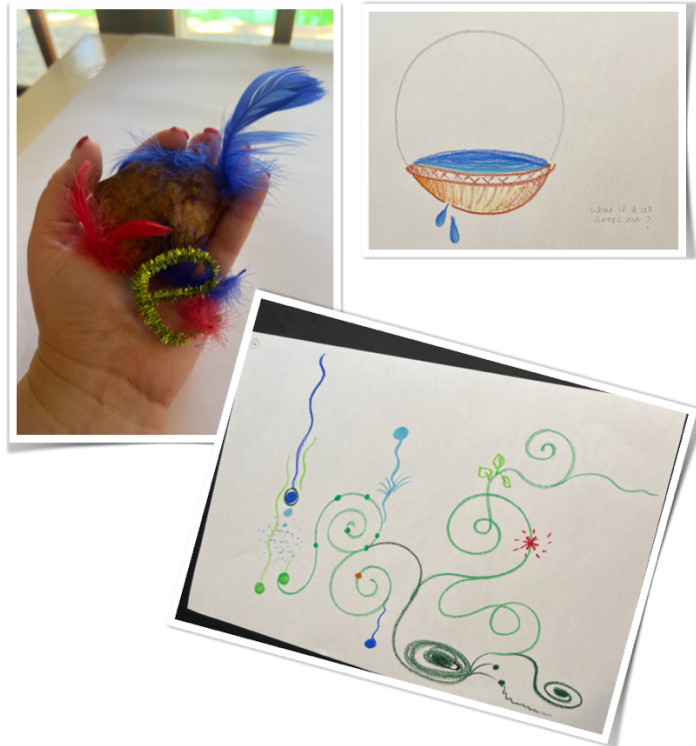
As I looked at emotions as stories (and the process as co-storying), I found genuine celebration, life and playfulness amid a difficult situation. Resources and areas of gratitude also stood out to me in the current situation that I had not been reflecting on before. I gained a more integrated and fuller perspective on the situation and experienced this in a more emotionally integrated way. Climbing into embodied processing also gave me insights I had yet to have access to when only contemplating these issues cognitively. Purposefully giving myself the time and space to explore (and to explore these matters in this way) fuelled my creative curiosity, which felt very different to the state of tight stuckness I had been in before doing so. I gained the insight that *this* story (the current one with the current teenager of concern) has the right to be its own story (not tainted by, eaten up by, and silenced by "that" story related to the previous situation with my other child). I gained respect for this story and realised that I need to be a respectful witness to this story. Not only did I gain that as a necessary insight for moving forward, but I was already being a respectful witness to this story by engaging in this process. In other words, I was not putting pressure on myself regarding what I "should" be doing; I was already genuinely doing it (and enjoying it).

One of my ongoing areas of inquiry is how to work with the different empathy pathways: is it most helpful to select one in a given situation, or can we integrate insights from different pathways (given that they are grounded in different worldviews)? By using two empathy pathways here—insightful and relational—I could triangulate the experience, exploring it from different angles, each offering its own affordances of clarity. I could also embrace the fullness of myself and my teenager, our relationship, and our history.

Phase Two

When I reached the end of the processes explained in the previous sections, I literally felt like the mist had cleared. It starkly contrasted how I felt at the start of the experience. I had dwelled with, honoured, and listened to my difficult emotions and given them the space and time they needed, and then they could leave. As I engaged with my disappointed

teenager later in the day, I felt I could be fully present. Insights emerged in my mind that I had not considered before, helpful questions appeared in my attention that I could ask, and I could listen to their account of their feelings with patience and an open mind.

I realised that the process I had worked through in phase one had primarily involved self-reflection because my emotional state was calling loudly for attention. I needed to focus on my own experience first in order to create the necessary internal space to centre my attention on my teenager (for insightful empathy) and to be able to reflect on the emotion co-storying process in a more balanced way (for relational empathy). Now that I could access an other-centred empathic response, I decided to return to the prompts and write one last round of responses to them, as shown in Figures 4 and 5. I could now empathise with my teenager with clarity.
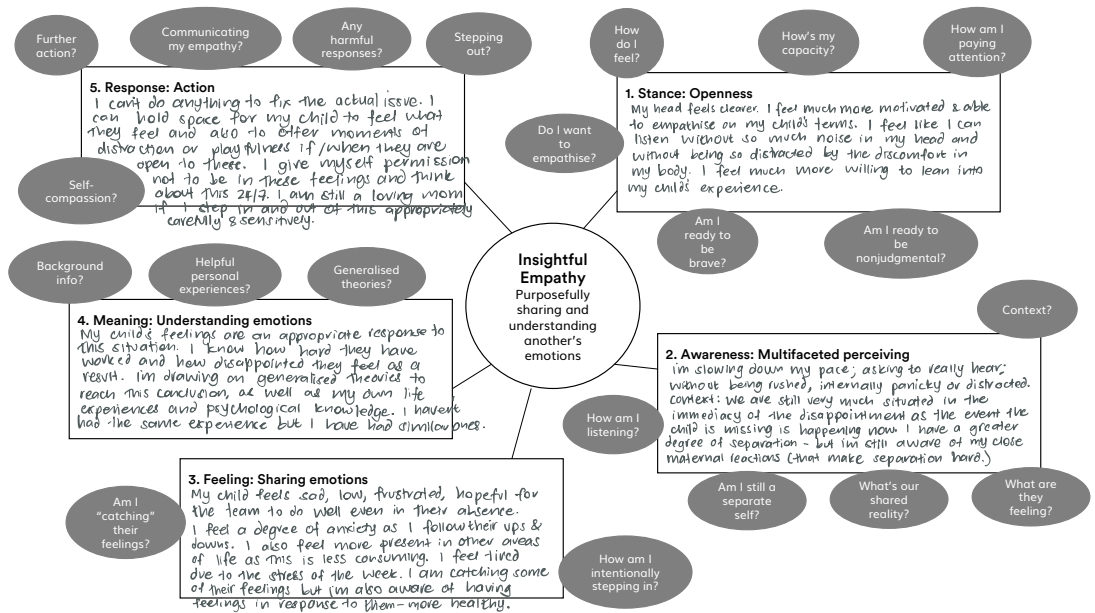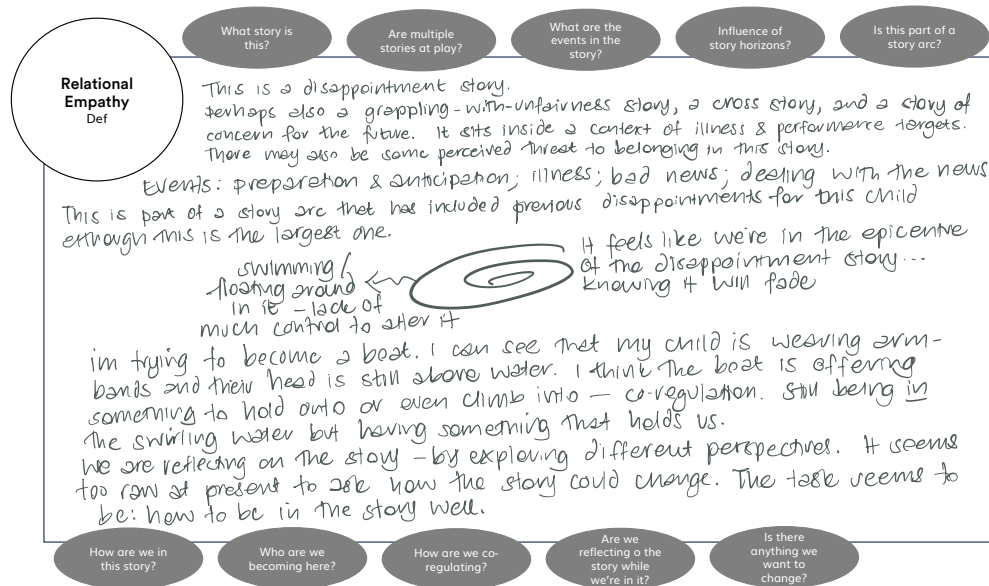
Figure 4. Insightful empathy: second-round reflections.

Figure 5. Relational empathy: second-round reflections.

Clinical Implications for Music Therapists

As music therapists, the clinical techniques we hold in our hands are treasure chests for our work with clients. By taking myself through a range of music therapy-informed techniques, I gained a freshly vivid personal conviction regarding their usefulness for processing difficult thoughts and emotions. In addition to offering these to our clients, our techniques are rich resources for assisting *us* in our self-care practices and personal growth. Setting aside the time to intentionally work with them as we face the challenges life presents us can be invaluable.

The process I described in this paper took several hours to complete. We often do not have this amount of time available to us. On the one hand, it can be helpful to examine all four empathy pathways (and the "stepping stones" within each: stance, awareness, feeling, meaning, and response) to see which one(s) afford the kind of processing that is most helpful within the situation one seeks to investigate. On the other hand, each aspect (e.g., simply exploring whether one feels openly receptive to engage in insightful empathy or what might be standing in the way) offers deep reflective material that can serve as a meaningfully explorative process in and of itself. The material referred to in this paper is a "buffet" that can be drawn upon as one sees fit and according to one's capacity. Just as we can choose one (or a few) aspects within an empathy pathway to explore in our own self-reflection, a client may also elect one that feels meaningful or that they are currently struggling with. This already promotes some insight (What questions are jumping out at me? What seems meaningful? What is speaking to me? What is calling me to explore it?).

As we engage in our own personal exploration, we may gain insight into some of our clients' experiences. By delving into my experiences of navigating a trauma journey, I could deepen my empathic insights into how clients struggling with similar issues may use these techniques in music therapy sessions. Some authors, such as Nordgren et al. (2011), argue that it is more difficult to understand another person's emotional experience if one has not been in a similar situation. Participants in their study who had never been exposed to social exclusion underestimated the social pain of socially excluded people. When one "relives" one's own similar past experiences, this can enhance appreciation of another's experience as long as one remains focused on the other person (rather than centring one's own remembered situation) (Ratcliffe, 2012). As Redmond (2018) stated, using one's past emotional experiences to understand another person's is most beneficial when one's self-concept is clear and adequate, as this helps one recognise the similarities and differences between the other's experiences and one's own.

In the context of music therapy practice specifically, Suzanne Sorel (2010) described her work with Elliot, an autistic boy, and Carly, his mother. As a mother of two sons, Suzanne empathised with Carly's experiences. She described how parenting offered her insights she did not possess before becoming a mother and felt closer to her clients' parents' experiences. Jin Hyung Lee (2016) explored the experiences of five music therapists who had survived cancer and worked with patients in hospice or hospital. These participants described how they could tap into "lived empathy" (p. 12) due to "really knowing what it's like to be there" (p. 12).

Reflexivity is a central task for music therapists and researchers (Bruscia, 2015). As music therapists, we can indeed draw on our personal journeys to enhance our clinical insights, however, we need to exercise care when we do so. When we self-reference as part of trying to make sense of someone else's experience (known as the anchoring-and-adjustment heuristic) (Akgün et al., 2015), we have to make certain adjustments as we think through the likely differences between us. If we do not exercise the necessary motivation, time and resources to do so, the adjustment process will be inadequate, and our assessment of the other's perspective will remain aligned with our own as a mere projection (Epley et al., 2004). My experiences may not be windows into another person's

experience, and my task as a music therapist is to offer a sense of "withness" even when I do not fully know or understand. Each traumatic experience is unique, as is each process of recovery.

I walk away from the process described in this article with even greater confidence in the therapeutic tools I use, acknowledging that every client will appropriate the affordances of these techniques differently. I explored how *I* could create a process that met my needs in the moment I was in. I suggest that the method for exploring and developing such a process is potentially a more important takeaway than the content of its benefits in this specific situation.

Importantly, as a music therapist, I was alert to the need to ground myself or to seek "holding" through a piece of music that was predictable and nurturing when I needed this within the process and at the end of certain stages. I knew the importance of recognising this need as well as how to meet it. If a non-arts therapist were to engage in this process, I would recommend consulting with a music therapist first to prepare pieces and structure the process to be suitably and carefully contained.

This process can be highly personalised while still being held by the overall frame. The music therapy techniques (both active and receptive) are flexible (e.g., I used some for both forms of empathy, such as "symbol transformation," where I created a symbol of my experience out of clay and then listened to a piece of music while holding that symbol in my mind and watching it transform). Each layer of exploration offered new insights. While cognitive insights can be garnered, the process was also highly embodied. Integrating cognitive and embodied processing created a nourishing space to explore and grow. The music particularly provoked, allowed, invited, deepened, prompted, calmed, and contained. If this process (or parts therefore) were offered in a music therapy session, the music therapist would serve as a witness for the client, but the client would also be acting as a witness for their own experience.

Ethical Considerations

Autoethnographers are obliged to explore their experiences authentically, but this can be painful. It is necessary to carefully consider whether harm (such as mental health risks or a risk to professional reputation) could be caused by such in-depth personal revelation. Edwards (2021) refers to these considerations as "an ethic of the self" (p. 3). I thought carefully through these questions and how I chose to share my experiences in this article.

According to Adams and Manning (2021), many autoethnographers draw on principles from care ethics and relational ethics by acknowledging their obligations, ties and interconnections with relevant people. Strategies to protect the identities of people who feature in the autoethnographer's story can include using pseudonyms, fiction, composite characters or collaboration. These authors write, "Although certainly not required, some researchers may even find it helpful to share their autoethnographies with the people involved" (p. 362), and the autoethnographer may even choose to include the reactions from these people into their account. Edwards (2021) proposes that process consent (checking in with people whose actions and interactions may be presented in the autoethnography) may be necessary.

As Adams and Manning (2015) have highlighted, autoethnography is an acceptable and valuable form of research into family life. However, I needed to think very carefully about how to present the content of this paper in a way that protected and honoured my children. I was acutely aware of the power I held in this regard. I took care not to reveal details of their stories beyond the bare necessities required to situate my own experiences in the text, and I purposefully used gender-neutral pronouns to protect their identities. Even with these steps in place, I decided to show this paper to both children who feature in this story

before submitting it for publication. They are both at an age where they are more than competent to read through and consider the article. At first, I was cautious about doing this because I feared that reading about my difficult feelings (and how these emerged in relation to what they were going through) would be hard for them. I was concerned that they may think they had somehow "caused" my feelings. I decided to phrase my explanation carefully to avoid evoking that response. Both children were happy with the article and did not require any changes; both agreed that it could be published. (If they were not comfortable with me sending this article to a journal for potential publication, especially on an Open Access platform, I would not have submitted the article.) I checked in with them to see if they felt any pressure to respond affirmatively. They said they felt no pressure at all.

Conclusion

In Adams' (2014) book, *The Myth of the Untroubled Therapist,* she refers to "the extent of pain within therapists' personal histories" and their process of making meaning of these experiences. She argues that such therapists are not the exception: "I am convinced they are the rule, speaking for a global community of practitioners" (p. 119). Needing personal therapy, engaging in purposeful self-care practices that call us to engage with our struggles deeply, and sharing our experiences with others is something we can celebrate, not hide. We can honour the significant moments of anguish and the smaller details of daily life that trouble us. Research is a way of being in community. Autoethnographic writing offers us this opportunity through sharing our vulnerable, authentic selves with others. As Reynolds (2011, 2012) so beautifully articulated, sustaining our practice with connectedness, aliveness, and spirited presence without becoming burned out requires remaining fully and relationally engaged within community. That is why we are vulnerable with others— to be connected, alive and engaged.

About the Author

Andeline dos Santos is a registered music therapist in South Africa. She holds a DMus in Music Therapy, an MMus (Music Therapy), and an MA (Psychology). She is a senior lecturer and the research coordinator for the School of the Arts at the University of Pretoria. Her clinical work focuses on adolescents and youth. Her research interests lie in investigating empathy from within varying theoretical paradigms and the implications of this for music therapy practice, the relationships between empathy and violence, empathy and spirituality, and using creative and participatory research methods to explore these matters. She is the author of *Empathy Pathways: A View from Music Therapy*, published by Palgrave Macmillan.

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