

**THE RIGHT TO PLAY WRONG: A QUALITATIVE STUDY ABOUT
GROUP MUSIC THERAPY EXPERIENCE OF YOUNG MUSICIANS
DEALING WITH MUSIC PERFORMANCE ANXIETY**

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Tiivistelmä – abstract <p>Few studies have looked or presented the meaning of music performance anxiety from the viewpoint of young musician's. Whereas most of the studies conducted were quantitative, this study used qualitative approach of phenomenology.</p> <p>The aim of this study was to investigate the experience of young musicians dealing with higher amount of music performance anxiety in clinical music therapy group. The study addressed questions about the role of the group, shared experiences in music and the role of free discussions in therapy. Free-flow musical improvisation was the most frequently used clinical technique. Five young musicians took part of 12-weekly group therapy sessions during 5 month period. Based on participants shared experiences and personal insights, researcher used interpretative phenomenological analysis to reveal important themes for findings. Results showed that musicians shared very similar perceptions and concerns about the high stress level in everyday school life which in the worst case scenario had already turned into life disturbing anxiety. This study shares also 2 authentic individual stories which will give the reader an illustrative asset. Implications on these findings for music therapy clinical work and research were considered.</p>	
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It was quite a journey...

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1 INTRODUCTION

Louise Montello (1995):

Musicians are known to be members of a high risk profession with respect to stress related disorders. From a music therapy perspective, it is ironic that music, which has been shown to be highly effective in reducing stress in a number of clinical populations, is implicated as a causal factor in the stress syndrome of professional musicians (pp.14).

Over the past decade, music performance anxiety has received the attention by many professions from medicine, psychiatry, physiology, psychology and music pedagogy. All of these studies have made surveys, laboratory studies, clinical interventions etc., but it seems that the exact criteria, suitable assessment or the right treatment about the phenomenon is still under open discussion. Performance anxiety is a very complex issue that remains mysterious and problematic for many of researchers in the world. What is the exact nature and what are the real causes of music performance anxiety? No-one yet knows.

All the studies I found from books and journals left me with the feeling that something has been done about something, but no-one has actually touched the essence of this wonderful idea of working with musicians in a psychodynamic music therapy group setting with that matter. So the first reason I decided to conduct the group therapy with musicians was conditioned from the personal interest and secondly, because that kind of a framework is regrettably not studied at all. But what makes this work different and challenged is that as a graduate student, I don't have long experiences on working with groups, nevertheless I have the special training to conduct psychotherapy case studies, which this framework would ideally need. Still, I believe this sort of a pilot-setting and modified holistic clinical approach I used, was just a creative beginning on the road of learning and exploring about the music therapy groups with musicians.

1.1 The Researcher's Epoch

The motivation and inspiration for this master thesis topic has grown from my experience in music therapy world and during my graduate music therapy studies in University of Jyväskylä. Reading through articles, I became interested in finding out more about the

possibilities of using music for reducing music performance anxiety in clinical therapy setting. I relate to this topic and it interests me as an active musician. More specifically, I wanted to understand how music therapy could help professional young musicians, how big role it could have in their lives as performing artists and if music is even considerable tool for working with them in clinical setting.

As a musician and specifically as a young musician I am personally very related and connected with a current topic of music performance anxiety. I used to be a classical violin player myself but lately, I have been giving concerts worldwide as a part of one pop instrumental trio. Music performance anxiety was a part of my life while studying and going to the auditions and national competitions around ten years ago. From that moment, I've always thought about the lack of emotional help which occurred during my studies. My violin teacher was naturally intriguing and habitually she had the power of making me cry and due that, I was constantly thinking about cancelling my life path as a violin player. Now, I see the conflict hiding in the system of education which does not prepare instrument teachers for a greater understanding of a young musician or first of all, an emotional and young human being or from the core, an artist.

When I decided to focus my thesis on the music performance anxiety, I was truly excited to start working with young musicians like myself and offer them something I was longing myself years and years ago. I know it might sound immediately as a conflict of transference and counter-transference feelings, but as being very closely observed by my course mates and supervisor, I took the risk or trying it out. Nevertheless, it felt also challenging and complex to start working with highly educated musicians in a group. Before that experience I had only worked with disabled children and only once I had the opportunity to facilitate a group of teenagers.

Having read a big amount of clinical group researches, I felt that also musicians struggling with music performance anxiety or profession related stress could benefit from sharing their stories with others or open other creative ways for being connected to music. And as soloists' lives can be very isolated, a place to come every week can be positively comforting and relaxing. My goal was to create a space close to their conservatory where they could be

encouraged even when it's not going well in their instruments lessons or in concerts. After all, we all need someone to talk to.

My goal was of course to be able to create a therapeutic relationship throughout the months and in the end meet some of their personal goals, which were mainly, to reduce anxiety. I feared that as they are professional musicians, using music as therapeutic tool might be confronting and challenging, especially for the client coming from the classical field. It made me slightly nervous that I have to improvise with all of them and maybe the level of professionalism of handling different instruments might come as an issue, but my fears were causeless. The group contained players with different level of instrument studies and the clinic offered also large scale of percussion or electrical instruments that no-one had ever played. So in the end, I felt we were equal and we grew together. My only wish was when starting, that my own presence would be natural and that the therapy would have at least some sort of positive impact on their lives.

1.2 Clinical inspiration

My main philosophical inspiration about conducting this research came from several published books and studies, although the amount of research done due this matter is regrettably small. My clinical work had an eclectic angle, gathering all my knowledge about cognitive-behavioral and psychodynamic approaches from past studies and connecting it with raw interest towards this topic.

The first book I was able to connect more deeply was Dr Heidi Ahonen- Eerikäinen's Group Analytic Music Therapy book (2007). Although I was not planning to conduct psychoanalytical psychotherapy group, it still gave me inspiration to see the group process more holistically and more as a whole. The way she describes the group work was something I immediately connected with and read over and over again while working with my own participants at the clinic. She emphasizes on Foulkes' saying that *group analytic music therapy groups can be compared to the hall of mirrors where each client is confronted with aspects of their psychological, social, or body image* (Foulkes and Anthony, 1990, pp. 150-151).

So this book gave me a better vision how a group therapy could have a nice therapeutic flow and how could therapist work with raised themes and topics. But as I told before, my study is not a study with an analytical approach, although in my modified approach there are similar elements from that model like free-flow discussions, therapeutic music listening , referential or non-referential improvisation etc.

Shapiro (1991) once said that *feeling safe in group is a result of experiencing empathy first*, which is very humanistic perspective, so my idea was to create the sensation of empathy without me as a therapist pushing them to feel that way. Over all I did not feel myself as a real “therapist” at all when staring out, so I based my thoughts also what Foulkes(1991) wrote about the group process where he compared the group to an instrument for therapy or an orchestra, therapy as an improvised music, and a therapist as conductor. I was a conductor!

As I really emphasize on that approach, I believe I felt also myself as the *conductor* of the group and hoped that the *instrument* will create something in a way that the *improvised music* can be born in a safe and encouraging environment. Also keeping in mind the importance of the group coherence in this work, I based some of my ideas on Yalom´s (1995) and Leszcz´s (1992) viewpoints. Leszcz (1992) describes the importance of coherence in group, building it mainly on two factors: first the feeling of acceptance and belonging and secondly, the interpersonal learning. He gives the example that the group which commit each other to promote each other´s well-being; they are more likely to perform the difficult task of giving each other constructive feedback.

Brown (1985) told once that individuals can speak for the group and the group for individual (p.214, cited in Ahonen-Eerikäinen 2007, p.51). For that reason I kept in mind to keep the sessions non-directed in a way that an individual could have the possibility to take the lead and choose the theme for the session. Me as a *conductor*, I kept waiting any topic to rise from the group itself and not from me. I believe the group to have a miraculous feature of mirroring all processes back to any kind of individual processes appearing in time. And this was one of the most important things to keep in mind in my clinical process.

1.3 Related Literature

Going through the literature that was available at the moment, I found studies possible to count up only on one hand fingers. There are basically no studies to be found about music therapy group works with musicians. But still, there are a few.

Having the topic as her career, Dr. Louise Montello, founder and developer of the MTM (*music therapy for musicians*), utilizes music therapy as a treatment approach to reduce the stress and anxiety in musician's everyday life. Her research findings (1989) have indicated that the method not only visibly reduced anxiety in the participating musicians, but also significantly increased musicality. Now the MTM method is adapted and applied as a short-term individual therapy approach for musicians mainly in The United States. Upon to my truly enthusiastic interest towards the topic, I was willing to contact Dr. Montello personally, to be sure if I was not missing out any crucial information before going further with my interest. Without a question, she was ready to send me her publications about the topic and guided me briefly to start my process properly. Her surprisingly positive feedback made me feel even more empowered and remarkably ready for the outset of my own very first research.

Different illustrative case examples about how music therapy has been utilized to help musicians to improve their quality of life are presented also in Bruscia's book (*Case Examples of Music Therapy for Musicians*) containing illustrative case studies by music therapists working with musicians affected by the health problems from all around the world. All these insightful and unique cases reinforced my decision to utilize phenomenology as a method for gaining deeper and more meaningful understanding also from my personal clinical work.

Based on my specific interest in music performance anxiety in the context of music therapy, along with the gap in literature and the growing need for further research, I processed with the present investigation. The purpose of this study is to explore through musician's personal experiences, inner-processes and any new insights, how exactly is the best way to offer support for young musicians dealing with higher level of anxiety, and how should an appropriate working model for such clinical field look like.

It needs to be mentioned that my approach to this specific case was highly inductive. Even after conducting interviews face to face with every participant, I did not list any specific research questions to find answers for. Still in my mind, I was aware of some possible goal areas, like using music as self-reflecting tool for assisting them in achieving greater self-awareness, to develop stronger relationship with their own creative potential, to have the possibility to deal with their anxiety constructively and to bring any kind of conflicts up to date, offering the safest place for that to happen.

Based on those ideas I had my own “mind-map” for possible themes and topics to discuss in the group if needed, but in general the level of guidance was held on minimum. In the end, my priority was to hear their stories by offering as safe group therapy environment as possible.

I believe this research to be one of a kind in its setting and approach and therefore it may hold the importance as a possible pilot study for further researches. Does music really have a potential to act therapeutically for young musicians and how the group itself could act as a facilitator for possible positive therapeutic changes? These are the main questions to investigate right now and that is also the main reason why this study is conducted.

Being inspired by several effective outcomes of different group therapy processes, I would also like to share a positive case study conducted in the field of music therapy. Based on my personal experiences I know how the lack of social and professional support could serve a further isolation within young musicians who are experiencing highly emotional events in their everyday lives. Society can often misinterpret the musicians’ way of being and it can really happen that family and community commonly avoid issues like isolation, depression or high anxiety that are confronting young musicians daily basis. Often musicians themselves are suffering in silence and the first time to see the doctor is normally connected already with physical issues like overplaying fingers or hands.

Acknowledging the tremendous stress level experienced by musicians especially during exam or audition periods, I would like to try out music therapy group setting as a possible preventive intervention for dealing with such matter. I believe that music schools and universities could be potential places to develop programs which educate and support young

musician's wellbeing. Along with that, to provide a setting that could have a positive impact on their psychosocial or emotional problems. Without the convenience of the university venue it is logistically difficult for musicians to seek support and it would be also unlikely for them to access any outer clinical institutions for an emergency help.

The placement of the current research in university's clinic was an innovative opportunity to explore the experience of undertaking music therapy group work with young musicians. This study was designed to be part of their everyday lives in hope it will support and provide positive group environment that may also affect their ability to cope better with performance anxiety and to prevent any other anxiety related problems.

I hope this study to be inspiring for anyone interested in topic as such and I hope in one day there will be many professionals leading music therapy support groups for young musicians in higher institutions. But let this study to be my first case to learn from.

1.3.1 Anxiety as Phenomenon

The discussion about the anxiety has been present from the times of Freud, who at the year of 1916 wrote:

“The problem of anxiety is a nodal point, linking up all kinds of most important questions; a riddle, of which the solution must cast a flood of light upon our whole mental life”(pp. 328).

According to Kennerley, the word “anxiety” entered our language in 1926 as a translation of Freud's “angst”, which was his description of a combination of negative affect and psychological arousal. Neurotic anxiety was viewed as a manifestation of conflicts in the unconscious (pp. 9). Since then, anxiety as phenomenon has received a lot of attention, as everyone in the world actually experiences it frequently and it is regarded as one of the most basic human emotions.

Anxiety in general can be seen as a vital energy which man has during his whole life and it is profoundly a normal part of our everyday life. Anxiety may be a reaction to some situation, for example when we have to perform in public; it is then seen as an essential reaction to stress which is reasonable and even vital. But anxiety may occur also as a serious problem, in hand with depression, fears and serious phobias.

Eng-Seong Tan (1945), in his paper about trans-cultural aspects of anxiety, claims that *anxiety is just like a pain, which shows us that everything is not at place in our emotional life*. He also agrees with Fenichel (pp.132), who states that *the problem of anxiety is the essence of any psychology of neurotic conflict*, or Linton (1956) who feels that it is probable that *neurosis is the result of the frustration of any primary drive and then the ego will have to deal with the anxiety in one or several ways. It could resolve the conflict, but it is not always possible and then the anxiety may appear in its naked, unmodified form as an anxiety state* (Burrows & Davies, pp.132-135).

According to Burrows and Davis (pp.6), anxiety as a technical word in psychiatry has passed through two main phrases: first as qualifying term for the agitated depression of melancholia, secondly as a qualifying term for a neurosis in which subjective feelings of alarm are associated with visceral disturbances and they listed the characteristics (shortly) of anxiety, in its technical form: 1. It is an emotional state, with the subjectively experienced quality of fear or a closely related emotion (terror, horror, alarm..), 2. The emotion is unpleasant. It may be a feeling of impending death or collapse. 3. It is directed towards the future. 4. There is either no recognizable threat, or the threat is, by reasonable standards, quite out of proportion to the emotion it seemingly evokes. 5. There are subjective bodily discomforts during the period of the anxiety. The sense of constriction in the chest, tightness in the throat, difficulty in breathing, and weakness in the legs... 6. There are manifest bodily disturbances.

The same source (Burrows and Davies) gives also different characteristics how the anxiety may occur. For example, anxiety may be normal (1.) (Student taking an examination) or pathological. An “anxiety neurosis” or “anxiety state” is, *ex vi termini*, pathological. 2. Mild or severe 3. Mainly detrimental to thought and action or in some respects advantageous. 4. Episodic or persistent (chronic). 5. Due to physical disease (e.g. delirium tremens) or psychogenic. 6. Accompanying other features of mental disorder (e.g. melancholia) or alone. 7. May for the duration of the attack affect perception and memory or may leave them intact (p. 14-15). So as we can see, anxiety in general is a very complex phenomenon and therefore any universal definition has not been formulated.

1.3.2 What is Music Performance Anxiety (MPA)

Performing music is among the “few activities in life which can produce tension and anxiety as rapidly and thoroughly as playing a musical instrument in public” (Havas, pp. 13).

Osborne and Kenny (2005) state in their study that up to 59% of professional musicians experience performance anxiety severe enough to affect their professional and/or personal lives and that 70% reported that their playing is adversely affected by it. Just as Sadler and Miller state in their article (2010):

From a clinical perspective, MPA at severe levels may meet diagnostic criteria for social anxiety disorder” (based on *American Psychiatric Association*, 1994) “and may conform to a distinct subtype of social phobia similar to public speaking anxiety” (Blote, Kint, Miers, & Westenberg, 2009, pp. 305).

In an article by Allen (2011) a situation among piano students has been observed. He used different improvisational tasks to support students being too anxious during their concerts. In that point, experimental behavioral-cognitive therapy approach has been used, where different relaxation techniques are practiced to improve young musician’s ability to decrease the anxiety of young performing musicians.

The psychology of musicians is complex, almost as complex as the phenomenon of anxiety. Many musicologists and psychologists make different studies about musicians in order to understand how exactly professional musicians think, act, work and what are their main issues with their chosen career. Several theories have been proposed, and many studies about possible treatments have been done in the area of MPA, but there are still many “gray areas” to explore when dealing with the problem in the field of music therapy. According to Estonian music therapist Pehk (2012), there are only 6 published articles about psychodynamic approach to MPA published in the journal of *Medical Problems of Performing Artists* since 1986, and four of them are written by the same person.

“The field of music-performance psychology is undeveloped, and few psychologists specialize in working with musicians”, writes Jon Skidmore in the interview by By Sadie F. Dingfelder (2005). He is an adjunct professor at the Brigham Young University School of Music. According to him:

”The music world is dominated by the theme: If you can't stand the heat, get out of the kitchen! Many performers rise to the occasion, but a lot get burned!”

One skill that Skidmore emphasizes is the ability to focus completely on a performance and enter a state called "flow"-an idea he borrows from the work of Mihaly Csikszentmihalyi (1975-2003). *“During a flow state, concerns about everyday life and making mistakes drop away, allowing the performer to become one with the music”*, says Csikszentmihalyi (Dingfelder, pp.52).

There are numerous researches and surveys that have been made about MPA, for example on the effect of audience presence. Also personal variables has been a broad field of study for many researchers like Lehrer, Goldman, & Strommen, Kenny, Davis & Oates, Steptoe & Fidler. Also treatment possibilities like group therapy, meditations, relaxations and medications. Also according to Kenny, Davis & Oates (2004), trait and state anxiety have been the most frequently mentioned factors in the methodology of all forms of performance anxiety.

To sum it up, based on the found literature, the efficiency of cognitive, behavioral, or cognitive-behavioral therapy, hypnotherapy or other combined therapies is explored and studied, but there are not so many interventions openly discussing about the psychotherapeutic approach. Reported by Brodsky (1996), the research efforts of the past ten years have been able to clearly demonstrate only that cognitive- behavioral therapies are an effective treatment strategy, both alone and in various constellations (pp. 96).

1.3.3 MPA, Psychodynamic Approach and Group Work

Fehm and Schmidt in their article about performance anxiety in gifted adolescent musicians (2005), discuss different coping strategies and methods. According to them:

“among the non-pharmacological coping strategies, a wide range of techniques is employed, such as Alexander technique, hypnosis, massages, yoga, positive self-instruction, relaxation techniques, and special practicing techniques.” (pp. 101).

Based on their opinion, there are many possible approaches existing, to deal with performance anxiety, which makes it almost impossible to understand at the moment which of them works the best. There are no definite strategies on working with gifted musicians suffering from MPA, which for the researches gives open hands, but on the other hand it is a huge challenge. According to Wilson and Roland (2002, pp.47):

the most effective psychological treatments seem to be those that combine relaxation training with anxiety inoculation (developing realistic expectations what will be felt during the performance) and cognitive restructuring (modifying habitual thoughts and attitudes that are self-handicapping, regardless of their origin).

For example, Dews and Williams (1989) reported that musicians tend to prefer to seek other friends, teachers and family members to deal with the problems of performing, while professional counseling help was seen as a last resort. It may happen that MPA problem in general is not taken seriously and therefore the help for the seekers is not even offered, for example for orchestra members. The other side of the story is that musicians themselves are usually not aware of their critical anxiety level.

There are many books written about groups and group therapy work in general but only few addresses specifically to an analytical or psychodynamic music therapy groups. The book written by Ahonen- Eerikäinen, about group analytic music therapy, is a model developed by her during 12 years of practice. Other source about music therapy and group work is from Davies and Richards (2002), where different studies in analytical music therapy work have been presented. In a book called *Group work in occupational therapy* by Linda Finlay (1993), many chapters present the work with group dynamics. She writes in detail about group processes and about the roles people play in groups. Another book about group therapy in music therapy world is *Music and Group Resonances: Strategies from Music Therapy* by Pavlicevic (2003), which presents more about the importance what to understand while working with a people in a group.

To describe the MPA and work done in psychotherapeutic group music therapy field, not many works are available to present at a moment. Still we may find work done in an individual therapy. The dissertation work done by Pehk (2012) is about working with young musicians suffering from MPA. In her work, one of the aims was to reflect the relationship between MPA and family patterns and types of parenting. According to Pehk:

“The study can be viewed as an integral freely moving process that was left to develop the way that it naturally would. No artificial or “necessary” turns were taken” (pp.8).

Still, in her work, many strong psychodynamic elements are strongly presented.

Studies that have been done in the field of MPA are several. Still most of them are quantitative researches that focus on the outcomes of how urgent is the problem in general in different fields, like classical orchestras, in music schools, etc. Usually studies focus more on the trait anxiety and how “cure” it (*read: cognitive-behavioral therapy, pharmacological therapy*) but not that much on the factors why and how we should deal with the reasons that made that anxiety happen. Nevertheless there are no group therapy case studies noted, working with young musicians suffering from MPA.

2 METHOD

2.1 Phenomenological Method

Performance anxiety is a complex and many-faceted phenomena and for that reason only quantitative analysis can't give us enough information for further examination. In examining the phenomenon of music therapy with young musicians, we are looking for many complex interactions happening between the therapist and musicians and also between the group members. Relations are moving and developing within time and group dynamics are vivid and in a constant flow. Everyone in this group has their own personal flow and growth and for that reason it is important not to remove the subject from its experience.

In my initial review of literature related to music performance anxiety, I found that most of the studies done in that area were quantitative, calculating mainly the average level of anxiety (classical orchestra players or solo performers) or then studies with mainly cognitive-behavioral approach. While these sources provided only general information about the phenomenon, none of them addressed the essence of my idea for this research: musicians' true experience in group. As I began to examine a suitable method for addressing my research interest, I realized that it would have been difficult to find answers through traditional empirical procedures, which are usually designed for investigating quantitative aspects of phenomena. Also it could reduce the achievability to learn this specific case comprehensibly. As I explored different research methods for a while, I recognized phenomenology as the best systematic way for learning and analyzing personal experiences.

For example, Forinash and Gonzales (1989) expressed their own thoughts about phenomenology like that:

Our search is for a more fruitful method of describing clinical examples, a method that would include not only the significant implications and conclusions, but what we term the "heart" of the work. We share a mutual interest and concert for the development or appropriate research methods that reflect and are congruent with the essence of clinical music therapy. We believe that phenomenology offers a framework through which such goal can be achieved.

As phenomenological approach is mainly based on criterion of personal understanding and subjectivity, also on emphasizing the importance of interpretation, I find it being a powerful tool for the therapist for gaining deeper insights into participant's feelings and thoughts. Also

it is considerably a critical method for giving qualitatively relevant report based on a single case.

Forinash (1990) in her dissertation gives a good example about Kenny's (1984) approach to his own work. Where, using a phenomenological method Kenny sets 3 research objectives: to discover the essences of the music therapy experiences, design the framework to describe the process of music therapy and then express these essences in a language which can be understood by professionals in other fields (p.64) Like in current work, she did it by analyzing what she sees emerging on the recorded video-data.

In order to really understand the possible importance of music therapy group in the lives of professional young musicians to identify and discriminate the elements evoking from the experience, I believe using the phenomenological approach will give this work several advantages. Still, other constraints might arouse, like dealing with subject-therapist relationships or more thorough analysis of the music itself.

As stated previously, the most important goal here is to study the "real experience" of participants. This real experience is the complete experience of all 5 participants who took part of this 12 session journey in the music therapy clinic of University of Jyväskylä. Yet, before we get to the part of what started to happen during the process, reader must become more acquainted with the participants, the setting and facility's lineaments.

2.2 Research Participants

Five music students (one from classical field, others from pop-jazz) served as participants in this phenomenological study. Selecting students for my study, I kept in mind to find someone with a physical, also with an emotional ability to participate in a clinical music therapy work during the whole course of the study. There were no age or genre criteria, but musicians had to be active performing artists, studying or playing in the orchestra, assembles or being solo artists. Also the willingness to participate in all 12 sessions which will be video-recorded and analyzed was required. In search of the right sort of participants, and keeping in mind the importance of creating as homogeneous group as possible, I finally managed to find one co-operative instrument teacher who suggested me 4 of his students, possibly in need for

additional support for dealing with different anxiety related issues. No additional questionnaires were used.

In current research every participant is protected by a pseudonym chosen by the therapist and before starting the clinical work, every subject signed a consent form.

Participant 1, named Robert, is a pop guitar player. His teacher suggested him to join the group and based on the initial interview he believed this group to be interesting to join, mainly in belief for gaining some extra stress relief. Participant 2, Mariann, is a singer and piano player. She turned to me with a wish to be more connected to music. She claimed not to suffer under high level of stress but more like having lost the real connection with music and with her voice in general.

Here are her thoughts for applying to therapy (sent to me after the period of sessions):

I applied because I wanted to get rid of a stage fright and maybe get more deep relationship with music in general. I didn't have so much specific expectations; I rather hoped that music therapy would give me somehow different point of view to music. At that point of my life I felt that music was a bit of a struggling for me.

Participant 3, Lydia, the only classical student who took part of the therapy, is a violin player and claimed to suffer under high level of performance anxiety while exam and audition periods. Participant 4, Ingrid, is a pop-jazz piano and guitar player. She claimed the profession of musician to be stress related and was eager to join the group to try out the music group therapy. Also she was suggested to join the group by her instrument teacher. And the last but not least is Karla, a pop-jazz saxophone player, who like all the others, found the offer to be interesting and possibly crucial to accept this moment. All of them were highly interested and motivated for joining the group and were truly interested in the possibilities of music therapy in their lives. None of them have had experiences in music therapy as clinical intervention.

All of them were acknowledged what this therapy group was about and during the initial interviews, all of them claimed to have been experienced or are in presence suffering under some amount of music performance anxiety. Some of them had gone to different psychotherapy session in past and some of them had already acknowledged their emotional or

social issues. Mariann for example stopped taking singing lessons due the high amount of negative feelings experienced in her previous education facility.

2.2.1 Consent and Confidentiality

A detailed consent form (added to the work as an appendix A) was asked to sign by all the participants before entering the therapy group. The consent form stated the matter of study and the fact that all the sessions will be video-recorded. Also additional contract about the commitment and overall rules about the therapy and the group was made with each musician separately (unofficial). It outlined the importance of commitment to all the sessions and the total level of confidentiality about all the shared information during therapy sessions

2.3 Therapy Sessions

TABLE 1. Activities in sessions.

Session 1	Session 2	Session 3
Warm-up exercise with bodily movement	Warm-up discussion	Long open-up discussion
"Relaxation-journey" with music /themed	"Relaxation-journey with music" (theme: important memory with music)	Free improvisation ("letting the musician go")
Free-flow writing about the topic with music	Free-flow writing about the topic with music (choosing 3 imp. words)	Discussion
Discussion/sharing the writings	Discussion/sharing the pictures/writings	Free improvisation, changing instruments

Free improvisation with African instruments ("feeling the music, forgetting the roles")	Free improvisation with instruments chosen freely	Discussion
Discussion	Discussion	Closing
Free improvisation2 (changing instruments)	Closing	
Discussion		
Free improvisation3 (changing instruments)		
Close-up discussion		

Session 4	Session 5	Session 6
Writing assignment with music (theme: how performing makes me feel)	Warm-up exercise with bodily movement and music	Warm-up discussion
Discussion	Adding music making together with moving around the room	Relaxation with clients song
Free improvisation with percussions	Taking lead in music-everyone (leading with djembe) while others are	Active music making: leading the group (Robert)

playing and moving		
Discussion	Discussion about the experience	1st improvisation ("Blues")
Free improvisation with percussions (changing instruments)	Closing	Discussion
Discussion		2nd improvisation
Closing		Closing discussion

Session 7	Session 8	Session 9
Deep relaxation (breathing-locating emotions)	Discussion	Warm up discussion that takes 40 min
Drawing with music (free theme about emotions)	Deep-relaxation, theme: thinking about the last performance	Client's shared song
Discussion	Drawing/ writing about the experience	Closing
Free improvisation about present emotions	Discussion	
Discussion	Closing	
Listening to clients song		

Closing		
Session 10	Session 11	Session 12
Relaxation with guided topic	Long discussion	Discussion
Discussion	Improvisation with a leader (Mariann)	Music listening with the writing/drawing task for final feedback
Free improvisation	Discussion	Discussion/ sharing drawings
Closing	2 nd improvisation with Mariann leading	Saying good-bye!
Closing discussion		

The research comprised twelve hourly sessions over 5 months. The group structure was dynamic and all the sessions were usually semi-guided, keeping in mind the needs of the group and daily differences. However, the following setup is devised into free parts (warm-up period, central and final-period) as a little guideline:

Warm-up period: routinely session started with informal chatting followed by short warm-up improvisation, if needed. This initial time-slot was important for me to understand the overall mood of the group and notice if someone is standing out with some specific topic or emotion. Infrequently the session started with music listening and relaxation activities.

After the warm-up period, depending on the general mood-state, a clinical directed, semi-directed or non-directed improvisation took place. Music was rarely shared also from YouTube- essentially defining then something meaningful for them. Some participants contributed music several times, as some of them never. Once a client had offered to share

some songs with the others, everyone most of the cases were laying on the mattresses and listening with their eyes closed.

Clinical improvisation was the most frequently used intervention during those 12 sessions. Clinical improvisation in this study is mainly defined as free usage of instruments by participants, creating spontaneous music, with or without directions, alone or all together in order to encourage interactions, free expressions and playfulness. Usually the client was asked to choose one instrument that feels the most natural to play in the moment, or which just felt attractive at this point. I was encouraging them to explore all the instruments we had in the clinic, especially the ones they had never used before. They all were introduced to the essential bullet points of music therapy – for example that it was not important to *play it right* (stay in the right key or rhythmic pattern) or it was all right if they didn't feel like playing at all. And that also silence is accepted in therapy as a very important part and that usually there are no time limits for our improvisations (except when the session was reaching to its end). Alternatively, if nothing came up from them, I offered them themes to put their focus on some crucial topics like “losing the role as musician” (as some of them were truly struggling with *letting it go* in music. or “my early/ first memory connected to music”. These themes often rose up other related issues and brought up also some emotions in order to start dealing with any underlying issues. In some sessions when some of the members showed tiredness or rarely even boredom, I just suggested to listen to some music and relax.

As a rule, after every improvisation, I facilitated the discussion with open questions like “*how did that feel*” or “*how was that*” or “*how do you feel now*”, keeping the question as open as possible, but still closely related with their own feelings and emotions. Because as highly intelligent musicians, they often tended to stay on the surface of their emotions and mainly wanted to speak about the technical part of the instruments or start analyzing the music they had just made. It was important then to repeat the question (how did it *move you*, how did it make you *feel*?) emphasizing again on the lived through emotions or feelings.

Music and relaxation: At short interval I used music together with relaxation, often including the guidance for deeper breathing and muscle relaxation. Sometimes I included longer imagery guidance's like “*going to a safe place*” or visualizing some past performance moments they enjoyed. Just to make them feel more positive and safe. Members were usually

asked to find the best possible place in the room for themselves and take a comfortable body posture. Ordinarily everyone found it easy to stay still, close their eyes and relax. A good thing was that very frequently they arrived from their instrument lessons, so moments like this let them finally relax and take more time for their deeper insights and peaceful moments.

Ending-part: Mainly, every session ended with discussion, being the follow-up for the earlier music sharing or relaxation. For me as a therapist, it was a crucial part for getting any verbal feedback from their experiences. And as it appeared, also for themselves.

2.3.1 The Clinic

Therapy took place in a music therapy clinic of University of Jyväskylä. The room was always prepared to be ready for the active music therapy session. We never used a chair which is interesting fact to think about now, but back then it felt more comfortable and natural to sit on the floor on mattresses. Except the last time, when the therapy took place in a smaller clinic, chairs were set up as a “final circle” which made the session more symbolical, like facing the end of therapy all together one last time. The clinic was detached with the observation room which was full of observing classmates, so the silent movements of clinic cameras were often noticed by my sharp ears. The room was full of various instruments, several guitars, electric band instruments and pile of classical percussions and Orff instruments. Room conditions were ideal for all the purposes for real clinical music therapy work, offering full services for private and confidential work. The electronic equipment used, was a microphone and several electrical instruments like synthesizer, electronic drums, - bass and- guitar. All the sessions were recorded via recording devices (cameras, microphones) placed into clinics giving the opportunity to have all the video data for further analysis.

2.3.2 The Instruments

A selection of instruments was available for all the clients to use in every session. The most used instruments during our clinical group improvisations were:

Pianoforte, classical drum set, electric guitar, bass, bongos, tambourines, electronic xylophone, Finnish *kantele*, kalimba, accordion, big shamanic-drum, djembes, sea-drum, Alto Diatonic Metallophone, balafons, cabasa, one-tone wood-blocks, rain-stick.

2.4 Clinical Approach

In the beginning of the process no specific approach or music therapy techniques were verified. My approach was non-directive, waiting from the participants themselves to tell me what they need. As this study was first based on a very experimental idea, having no other researches to relate to, it had in my mind quite an eclectic approach until the very end. To see it from the big picture, it mostly relates to the humanistic perspectives where the warm and sympathetic therapeutic environment is offered for clients to move towards self-actualization without actually directing them. Also Rogers (1951) believed that *it is not even that important to have so specific skills or training as a therapist, but more of to have the right kind of an attitude*. I must say the clinical setting was finally very person-centered, where the goal was to give everyone the possibility to have their own personal experience within the group, emphasizing on therapists genuineness and empathy.

As I had a fixed topic for my clinical work- the performance anxiety, I was able to work with some topics and goals, pretty similar to psychotherapeutic goals (greater self-awareness, emotional release, self-expression, improved interpersonal skills, deeper insight etc) without actually listing them up openly. Idea was to keep the therapy setting as open as possible for the participants to come out with their own themes and topics.

2.5 Data Collection

Data collection from each participant started with initial individual interviews about the subject's personal motivation for applying. Participants were asked for example to describe their experience related with music performance anxiety and how they believe the group therapy could be beneficial for them. Also, it was time for them to sign for the consent forms for agreeing with a fact that they will be video-recorded during sessions for further research. After pilot-interviews a fixed date for each 12 weeks sessions were settled.

In addition for taking notes about events that seemed significant to me, all 12 group sessions, each 1-hour long, were video-recorded. Additional data like drawings or writings were either collected after sessions by therapist or clients themselves. Also the information gathered during supervisions from fellow-students and supervisors was considered as a crucial part of learning process and data. A *journal keeping process* was also kindly offered for participants.

Throughout the process of working in the clinic, I maintained a personal log which I call now my *inspirational clinic-sketches*. Including takeouts from the initial interviews and sketches about my evolving thoughts, constantly developing ideas and motivational quotes from books I've been carrying with me throughout the process. I see it now as *conversation with myself* about what has had occurred during all the clinic period. As a practicing music therapist student I see the diary keeping habit while working as a crucial part of self-awareness and learning, also as a crucial part of actually remembering true feelings while being in the clinic with clients.

After the clinical period, additional final report in free form about most important experiences, insights, memories or thoughts was also asked to be sent as an important tool for making further implications. 3 reports out of 5 arrived.

2.6 Data Analysis

As there are merely no strict rules in the creative and inductive process of analyzing the qualitative data in phenomenological study, my main goal was to describe the phenomenon as authentic and true as possible. As cited by Hycner (1999):

Whatever the method used for a phenomenological analysis the aim of the investigator is the reconstruction of the inner world of experience of the subject. Each individual has his own way of experiencing temporality, spatiality, materiality, but each of these coordinates must be understood in relation to the others and to the total inner 'world' (pp. 153-154).

To keep the outcomes as true as possible, and to be able to understand subject's inner thoughts as best as possible, this analysis is holding a very holistic approach. Although the

term “holistic” would play more like an ideal than a realistic role, as human mind has its limits and it would be too egoistic to believe that I truly understood everything.

According to Bruscia (1995):

... in holistic description, the researcher attempts to elaborate and illuminate a phenomenon as comprehensively as possible, within the context of its entire field. The key concept in holistic description is that the researcher compares the various data, not in a deductive, reductive or inductive way, but in an additive way- to capture as much as possible that belongs to the phenomenon (cit. in Wheeler, L. B, pp.321).

This analysis method follows phenomenological data analysis steps, which are similar for those who has discussed the methods in past (Moustakas, 1994; Polkinghorne, 1989). The idea of this analysis is to highlight all the *significant statements* or important quotes from data into themes to understand the best how participants actually experienced the phenomenon. Moustakas (1994) calls this step *horizontalisation*. These significant statements and themes are then written into *textural descriptions*, which focuses on the common experiences of the participants. Researcher also adds his own experiences and the context and situations that have influenced their experiences (Creswell, pp.61).

My analysis started with the evaluation of all the raw data, from watching back every session and then transcribing them word by word, excluding only some long discussions over non-therapeutic matter. For example several longer discussions between therapy members before entering the therapy- circle. All themes that emerged formed the basis for starting with my initial coding categories. Going through the sessions again and again gave the nice sense of circulation.

The endeavor of this analysis was the reconstruction of subject’s true experience, as impossible as it sounds. And as I experienced great deal of feelings while being the group leader, I had to be extra-aware of the accuracy and subjectivity of my interpretations.

Following Moustakas(1994) framework, I modified his ideas into my own “bullet points”, staying in the context of circulation. By this I emphasize on coming back to the same points again and again, sort of “living with the data” day by day until the essence of the study becomes more clear. My bullet points for analyzing the data were following:

1. Transcribing all 12 video-sessions
2. Reading through the entire transcript in order to understand the process as a whole.
3. Organizing the themes according to topics and evoked “meaningful moments” and select the most significant quotes on each topic.
4. Creating paragraphs on the essence of the clients experiences with regard to each topic, using the selected quotes and paraphrases, and eliminating all redundancies and repetition.
6. Comparing this summary of essence with the entire transcript to insure that all significant material has been included.

In order to illustrate the analysis process better, I will describe each step taken in analysis that has lead me to the universal themes or, as said, the essence of phenomenon.

2.6.1 From Meaning Units to Themes

Analyzing process started with organizing the themes according to topics and evoked “meaningful moments” and selecting the most significant quotes on each topic. Following quote for example, is taken from the 1st session when Lydia expressed her feelings after our free improvisation with instruments:

Hmm...I feel now that when you have the opportunity to improvise freely so there are like no right notes or wrong notes so that’s why I have this feeling here already...That I don’t have to be like musician and have to play right notes...So it’s like...What’s here it’s here and what’s there it’s there...

Telling about her opportunity to improvise freely in group or having the possibility to play right or wrong notes are both important statements to consider. Also the fact when she’s realizing that she don’t have to *be musician or play right notes*. Taking those sayings into consideration as important data, I coded them under *cluster of meanings* (Moustakas 1994) before dividing them into themes.

Themes are classified as *significant* when all participants had somehow contributed to that category. Others were named *common themes* (when between 3– 4 participant’s had contributed to the theme), and as *individual experiences* (if less than 3 participants were included under the theme title).

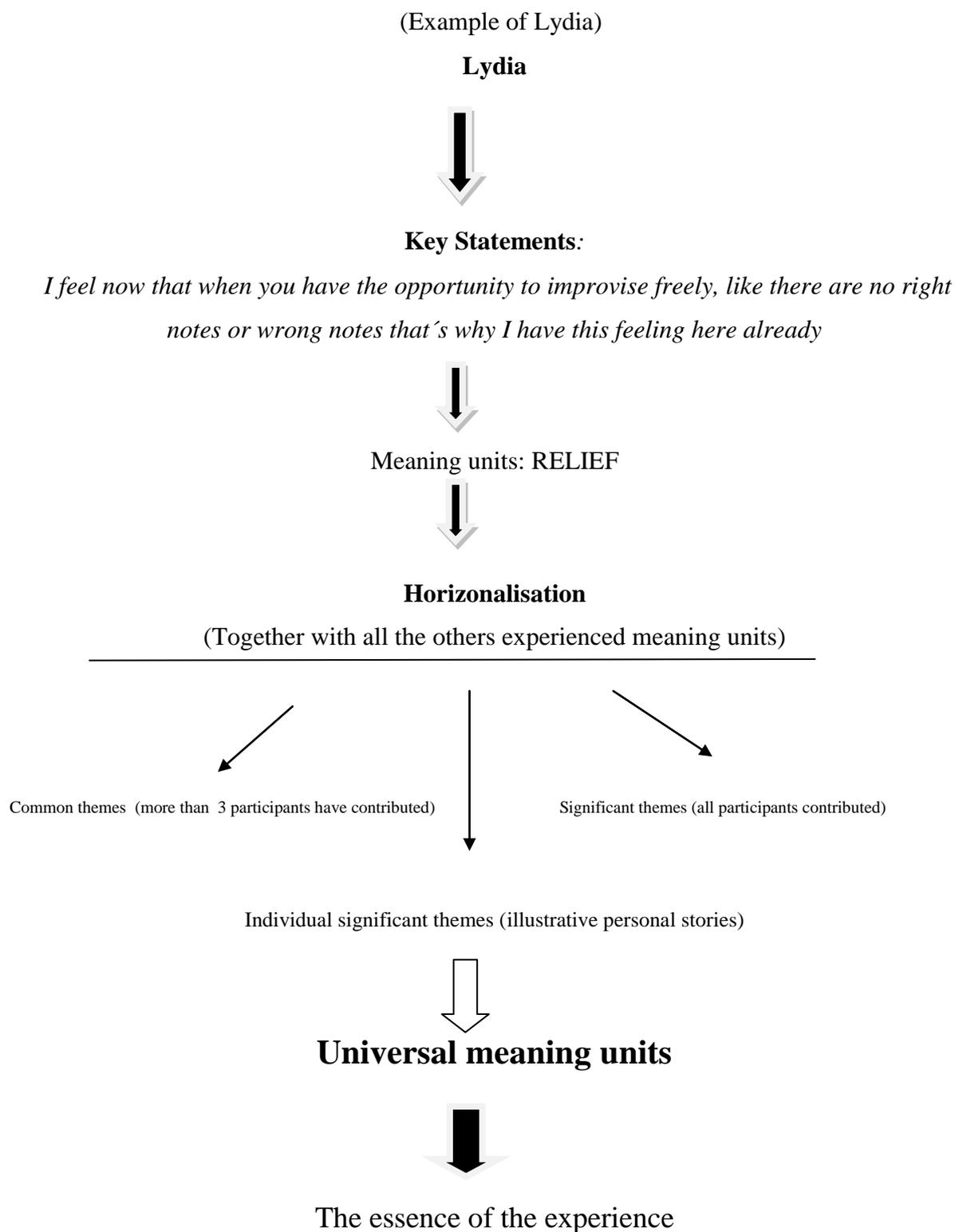
Example of finding one common theme:

The opportunity to express the emotions through improvisation was relieving

Table 2. Example of finding common themes:

Mariann	Well It was <u>kind of relief</u> that I didn't have to make music or create some good ideas; <u>that was kind of relieving</u> that I didn't have to be something or try to be excellent
Karla	I just came from my saxophone lesson and we had this very tight improvisation session there and it was very hard and I had to use my brain a lot...and <u>now it was very relieving</u> just to play and not to think that much what I am playing
Robert	Like others said <u>it was relieving</u> and it was not that serious...it was very fun to listen to what all the others were playing...
Mariann	I think <u>it was very relaxing</u> the moment when we started to play all together...
Lydia	I feel now that when you have the opportunity to improvise freely, like there are like no right notes or wrong notes that's why I have this feeling here already. That I don't have to be like musician and have to play right notes.

TABLE 3: The analyzing method scale



Once all the meaning units had been classified under a significant, individual or common theme, I had to re-evaluate all the themes again in order to discover some of the universal meaning units of all 5 group members.

2.7 Trustworthiness of Method

Before establishing aforesaid investigation of data, several strategies were considered in order to meet the level of authenticity and to maintain the best possible level of integrity in phenomenological music therapy research. As this modified method from Moustakas (1994) seemed to give the most transparent and logical way of describing the whole therapy process, I stayed with that.

3 RESULTS OF THE STUDY

The purpose of this chapter is to present the results of the analysis. It is quite a difficult task to reflect on all the collected data to reveal the essence of the experiences with all participants. In the end, it would be impossible task to fill all those pages with the music they created, the feelings they felt or the advice they gained or shared.

The analyze method I modified for my study, luckily helped me to get though the whole pile of information I gained from my 12 sessions. Phenomenology fits to this approach as it *studies the complexities and mysteries of life, which require thoughtful, reflective approaches* (Grocke, pp.54), so I tried to reflect on most strongly appeared statements within the group.

As phenomenological work usually tries to describe the essential elements of an experience, I am also trying to dive deeper into 3 *universal meaning unites* that came forth in current work: The achievement of group cohesion (**role of the group**), The effect of free improvising (**role of the music**), The opportunity to share negative thoughts and feelings (**role of discussion**). These 3 essential units are current studies' universal meaning units. Each of these is gathering under itself a number of common or significant-individual themes. In further explanations those universal meanings will be divided into smaller paragraphs to introduce deeper insights from the sessions for the reader. As the study is limited, not all themes that are worth of mentioning, unfortunately fit to these pages as separate paragraphs.

First, to start unfolding the phenomenon of this research, the reader will be guided through the start of the whole process and then is presented to the excerpts of evoked common themes. Later, 2 excerpts of the most outstanding individual themes will be presented.

3.1 How It All Started

We started the very first session by defining who we are by writing down the roles that we have in mind from our day-to-day situations. Together with the activity of drawing and describing the roles and saying hello to the group, we welcomed also one new role, of being

the new member of a music therapy group. They started to be a part of each other life, listening and sharing stories from their past, sharing melodies and memories...

According to Chazan (2001), therapy group can act like a mirror, reflecting how they appear in relating to others.

The individual out of a group, in isolation, is almost like . . . a Japanese flower before it is in water. Only in the group situation can he spread himself out, show himself as what he is, what his symptoms mean; what he can do and what one can do for him (Foulkes, pp. 100).

Defining who we are can take the whole lifetime, but even during the moments we believe understanding ourselves better; our identity is still in constant change. In more local level we can identify ourselves through groups and community, work or profession or through different roles- like being musician for example. Also a group like this can help creating supportive environment for sharing all the negative comparisons musicians tend to have. Music therapy groups for musicians can be the perfect place for sharing emotions, ideas, wishes and thoughts about those things. It could be the perfect place for self-reflection.

Interpersonal interactions among group members and therapist can be helpful to resolve the conflict around musician's relationship with the audience as well as the relationship with others. It is possible that one musician never experience that kind of empathy like one group therapy is able to offer. There is a power behind sharing every story, especially when you feel being accepted and understood.

The first session gave all the participants a new insight into music by improvising freely together. The free-flow improvisation was the main music therapy technique used in the process. Meaning free improvisation as it is mostly described by Priestly (1975; 1994), who was the first to explore the use of it in psychotherapy with verbal adults.

It was clear already after the first improvisation on a-tuned African marimbas, that free improvisation as such is not that easy for every member of this group. As described by Wigram (2004):

There is something about improvisation that fascinates some and terrifies the others. It can be the most creative experience in the world, and then again the most the most frustrating and challenging (pp.19).

Already in our first meeting, some pros and cons revealed about the usage of improvisation in our sessions. As professional players, everyone was concerned about the technical parts of the shared music: they always seemed to talk in the terms of music. It was my role there to introduce them another way of playing music: in terms of music therapy. I described it in a context like many therapists have done in the past (Brown & Pavlicevic, 1997; Nordoff & Robbins, 1977) that the purpose of making music is not to "make good music", but rather to have an authentic relationship with music: really listening, feeling and believing into what sounds you are creating. Nevertheless, it was a part of which I had to "remind" them often, almost before all the improvisation we made- just because it was really hard for them to let go of their roles as professional musicians.

3.2 Evoked Common Themes

During the process of analysis, 5 important common themes that are based on the key statements of the group members were created. Each theme is represented in separate paragraphs together with illustrative excerpts from the participants: Group encouraged participants to verbalize their negative feelings towards music performance anxiety, Group offered possibility to have fun in music, groups' shared free improvisations raised positive emotions, group offered place to share meaningful memories from past and a group offered acceptance and trust.

3.2.1 1st Common theme: Group encouraged participants to verbalize their negative feelings towards music performance anxiety

As the group was made to raise group members' attention towards their wellbeing, the topic about the performance anxiety was in the air from the beginning. Although they all knew why this group was made and what was my research topic, no-one had actually declared out loud that *I am a musician and I am suffering under music performance anxiety*.

During our 4th session, I decided to bring the topic a little more into the circle, opening the session with a short writing exercise including some open-questions like: *What is the*

performance for me? Why I am actually performing? How the performance makes me usually feel?

It was not that easy to answer to these questions, but during the free-flow discussion many crucial topics appeared. From their feedback I put down some notional key-phrases from participants:

“It is important to give something to the audience”

“Sometimes it is hard to find the meaning to the performance (especially in exam situation)”

“Playing at school brings out most of the anxiety”

“It is very hard to control the bodily symptoms (trebling/shaking hands)”

“I’m way too much concerned about the technical stuff”

“There are a lot of expectations from the others”

“There are a lot of expectations from myself”

It seems that group members brought out during their discussions are typical feelings of musicians, some of them are points no musician wants to speak loudly about, like fear of the stage or anxiety towards lessons or auditions.

We had a longer discussion about the expectations, which seemed to be a key statement from most of the group members. Ingrid told how most of the teachers make her feel like they are always over expecting something. To what Karla stated very nicely about the possible fact how musicians are probably creating those expectations for themselves. After her statement, there was a long silence in the room and it seemed that everyone was nodding along in their head

Karla: Yeah...you know...all those expectations that are there when we have some gigs...they are always the expectations of ourselves. They are not the expectations of the teachers...they are coming from us! From me! I think that they think...and usually that’s the part where everything goes wrong...But actually no one really wants someone to fail...!

In our 7th session, the topic about the anxiety came out again. That time after the relaxation when we were discussing about our present feelings. After everyone had told about “where they are today with themselves”, Lydia abruptly shares the next:

Lydia: ...huhh...I have a concert tonight so every emotion I have right now is focusing on that. I'm sorry...I'm just...so..I had a...humm...like I told you, maybe someone else knows that...I had this very bad thing with anxiety...and it all has brought a lot to my playing and now...well I have had a few positive performances and also today. I feel confident but those feelings I have now I try to take something more and leave something out...like anxiety...I want it to take from there (showing her drawing where the word ANXIETY has been boxed) and to move it there (there is a recycle bin next to it and an arrow showing that the anxiety should go there...).yeah...but I'm glad that I feel like that today...my grandmother is there and also my daughter is there and I hope it will go well...

Although she claims to have confident mind, she seems utterly nervous and refuses to join our improvisation later. Others seemed to be a little baffled about her honesty, but some of them were nodding as an approval for such an outburst. Nevertheless her anxious state of mind in that session, something highly surprising happened next, when I asked more about what is she playing tonight.

She intact invited me to see her concert, which I did. Later on that day I went to see her playing. Lydia has a wonderful talent as a classical violin player and she made no visible mistakes which showed her great level of talent. Still, she also didn't show any emotions, except in the end, when she exhaled visibly and expressively, but then smiled. Probably it was her way to let out all the collected tensions while playing and also showing her gratitude towards herself. It was a kind gesture that she as my client asked me to come there to see here playing. And it was important from me as a therapist to accept the invitation and go.

In that very same session one other interesting musical intervention takes place when after our improvisation, which was already rejected by Lydia, Karla states that there is certain amount of anger inside of her. When I offer to express it with instrument, she shows unwillingness to do that and asks then the others if she could play one song. According to Karla, this song was important and usually she used it for herself to make her calm and relaxed. The song is by Sia and called “Breath Me”:

Help, I have done it again, I have been here many times before
Hurt myself again today, And the worst part is there's no one else to blame
Be my friend, Hold me, wrap me up, Unfold me
I am small and needy. Warm me up. And breathe me
Ouch I have lost myself again, Lost myself and I am nowhere to be found,

Yeah I think that I might break, I've lost myself again and I feel unsafe.

The uncontrollable thing in music group therapy is always the lack of time to deal with everyone and everybody's problems. The amount of layers in therapy is uncountable and as an only therapist, it is normal not to be able to deal with all the topics that rise in the session. This time I truly felt the angst of giving Lydia a lot of attention and maybe leaving Karla alone with her locked anger. Her way of being in therapy was always very independent as the before mentioned act of sharing the song that was expressing her needs. As the session ended with the song, leaving us no time for analyzing the lyrics or overall meaning, I just needed to know if she was doing alright which I did by just asking if she feels better after sharing the song. It might be a just a light coincidence, but she didn't come into next week's session.

Lydia was present in next session and started immediately describing her last weeks' performance experience. During that discussion, I finally felt that the therapy has arrived to the point, where it was serving its cause of existence. The fact that the group members have started to take the therapy circle as a place to bring their feelings, thoughts and wishes, also fears and negative experiences about performances and stress related of being professional musician. At that point I felt like intrapersonal issues are finally becoming interpersonal and I could start seeing the group as a more whole. I felt that every shared thought is making all the others to look more closely and deeply into their own troubles. According to Ahonen& Lee:

In real therapy situations, individual, interpersonal, and group-as-a-whole processes are closely related. According to the principle of isomorphism, all group-as-a-whole processes mirror individual-level processes, and individual processes are reflected in group-as-a-whole phenomena (2012,pp. 16).

Of course I tried to sense every group member needs in every session and also the "matrix" that had been developing from the interactions between all the group members, but to comprise every little happening must be too much for every therapist especially when leading the group alone. That's why a group therapy has its magic- after a while, the group starts somehow to "heal itself" and the role of the therapist develops from the leader to be more like the guider in process.

When group members share time, space and stories, their problems begin to transform into group dilemmas. After a while, these group dilemmas stimulate them to find more suitable personal solutions. (Ahonen& Lee, 2012, pp. 17).

3.2.2 2nd Common Theme: Group offered place to have fun in music.

The fact that the group offered members just to have fun in music (one of the common themes), it might sound a bit trivial at first. But, if we talk about the clinical work with professional musicians where the main clinical intervention is free improvisation, *Fun* as such gets entirely different definition.

The value system promoted nowadays by society, schooling systems and parents is that we have to give the best from ourselves to survive and to succeed. Music academies are full of students struggling with psychological and emotional problems due the fact that they are not let to make mistakes. Or after making a mistake, they are burden under the embarrassment, shame and pressure of being better, stronger, and smarter in future.

Making mistakes is important and being wrong is not only the essence of life but it should be a privilege. When you embrace being wrong and recognize your mistakes, you will see the opportunity to grow far more as a person and a musician.

The dichotomy between “right” and “wrong” is evident in almost every important aspect of our lives from choosing the right pair of shoes to choosing your career for life. In music therapy it can start from choosing the right instrument to play, the difference is just that music therapy session is exactly the place where being right or wrong does not have a meaning as such.

Usually when we realize we are wrong about an event or a fact we tend to fear that something might be wrong with us, it came out also in our music therapy group. People tend to be busy all the time with comparing without realizing that this is something that makes us emotionally feel bad. In our last session Robert came up with the confession about being too comparative all the time and said:

It is hard to say, but I realized now that I am comparing myself with the others all the time...and I think it is bad, as a player. Sometimes I feel like when I see the other players I always bring out their mistakes and this is the most stupid thing you can do. Like, why is this important?? Maybe that's the only thing I see about myself too...I realize it now!

These kinds of segments illustrate the importance of being a part of the music therapy group, being part of something that keeps you pulling forward with a supportive amount people

around you. It also gives and creates the opportunity to feel safe and learn from other people's mistake. Share your own ideas, thoughts and even negative experiences without the fear of being judged, embarrassed or harmed. This is the key component of a nicely working therapy group and I see it being crucial part of life for one active musician.

To give a better understanding for the reader about the experiences of being able to play free and make mistakes in music, I will flowingly describe our 3rd session where the essence of fun had a big role to play. Afterwards, I called the session: Now I maybe learned how to laugh about myself (Lydia's exact words!), the making of a band.

Example from session 3

After the usual initial warm-up discussion I tell them that I have left the topic open today and we can do whatever they feel or need like doing. Ingrid tells that it could be something relaxing and Karla adds that she want to feel more like the being in the present and not thinking what has been going on or what has happened..

I tell them that could we do a relaxing improvisation that can make us feel present..

Most of them nod but Lydia won't agree and adds that: Sorry, but I'm the different one you know (adding a cringe)...I don't want to improvise anything, because I feel uncomfortable!"

I ask if then if she feels like that always.

Lydia: it depends of the instrument, it is like if I play violin and someone tells me what to play and leads me then it goes better and it's not that bad..But if you tell me to play the drums and feel relaxed then I can't do that!

I ask if she would like to deal with that issue.

Lydia: maybe it's just that I can feel that I can't get any use from that like I think that I don't have to use it in my life..The improvisation..

I ask if she would like to try it out today which makes her raise her eyebrows. I can see Ingrid nodding next to her when I give a little overview about the importance of clinical free improvisation and its role in our music therapy process.

Lydia: I think you know that it is because of the first time now, like when we had to play those wooden things..Humm..I felt embarrassed... because if we do something together which we can call music or when we just play something..There's different, but maybe I just have some locks in my head!?(laughs).

I ask that maybe the reason is about the instrument then (she nods) and I ask if she would like to try out something else and I tell all of them that we could try out an improvisation where we have no expectations of playing “the nice way “or that we don't have to be successful and when the “embarrassing feeling” comes, then let it come and let us explore it! I ask them to leave the “musician” side far today and just feel the importance of making the music in general and have fun!

1st improvisation:

We wonder around the clinic and try out different instruments. Lydia moves around the clinic with a big hesitation and finally stays behind the plastic set of percussion. Robert takes accordion and Karla a xylophone. Mariann is with djembe, Ingrid behind the electronic xylophone-set and I picked the big shaman-drum.

Surprisingly Lydia starts with a confident rhythmic pattern on her plastic percussion and soon others come in too with their instruments. Music sounds very industrial and fragmented. Some random futuristic sounds coming from the electronical xylophone, some melodic sounds from Karla mixed with some harmonics from accordion. Soon I catch some sort of rhythmical pattern and add my pulse with the drum.

Music grows and we have a very strong pattern going on soon. Lydia looks certainly lost knocking her plastic piece with her 2 wooden sticks but as the music grows, she too, joins. The music grows until it is pretty loud and then starts to disappear again like a real band having a set dynamics, we truly seemed to played all together.

When music has stopped I see Lydia having a shy smile on her face, Robert behind his accordion seems satisfied..

Discussion after 1st improvisation:

How was it I ask after a half-minute silence.

Lydia: Yeah you know, now we we really had something going on together. I really felt like its more useful, not useful but like, I was more open to it.

Mariann: When I started, I was thinking about being a teacher..And I had the same feeling that I have to be strong and like...leading...because of the instrument maybe...I was just like practicing how to be a teacher...and actually I don't know how to play it...so it was interesting...so there was sort of connection there...between the new role of being a teacher and playing the thing you don't know...

Robert: I have played it before for fun and it was nice to do the music together..

Mariann: Yeah..I think it was very relaxing the moment when we started to play all together.. then I was like..yess, now I can do it! When I took the drum then it felt sort of responsibility..

Karla: Actually in the beginning I was playing the rhythm against the others ,like interrupting alittle bit...like doing on my own thing but then I played with others...but I was too muchthinking...like what I was playing...the notes...and not so much concentrating how I play..

I make the offer to change the instruments then and we take take time again to explore different instruments. Lydia stays finally behind the bass guitar, Karla takes electric guitar and Robert changes the sound for his turn of playing the electronic xylophone. Mariann has the glockenspiel and Ingrid a big djembe..

They are all trying them out which makes a lot of noise but I can see them getting more comfortable and fun that way. Robert discovers that this electric xylophone can make a lot of funny noises and it makes everyone laugh.

I tell them that let see what happens again, play without the rules, and a silence takes place...

2nd improvisation:

Lydia starts with some bass sounds very silently, then she stops and looks at the others and sees that no one else has started yet. Silence takes place again. First minutes the music reminds me of very surrealistic ambient music. Ingrid has taken also the tambourine and she adds very nice variations to this pretty dark sound offered by the bass and electric guitar. Lydia has her head down to see the notes she's playing so she looks almost like she's fallen

asleep. Once in a while the music goes up with its dynamics but it's still very fragmented and sort of peaceful.

When Mariann starts soloing with her glockenspiel, I add some colors too, with playing bongos making several crescendos and diminuendos- we have a decent dialogue going on in the middle of these ambient flowing sounds.

The way Karla is playing the guitar is also very experimental, moving the string with her finger up and down to pull out a little more distorted sound...

Then suddenly, the music stops and it's not very obvious who started it to be ended. Silence...I ask after the minute, what is going on in them at that moment.

Discussion after 2nd improvisation:

Ingrid: That was very different from the first time...no any rhythm was born...it was just like floating....I was like waiting and waiting something to happen...but yeah...I could have done the first move to that happen..But nobody did...this instrument was not that clear...I had no control over it..So maybe I could have done it with some other instrument..i don't know...it was just the way it went...

Robert: ...It was definitely more electric (everyone laughs...)

Mariann: I was actually waiting from the others to give me some ideas what to follow (laughs)...and I wasn't so ready to play on my own way...I was just doing different things..I didn't feel like I was giving the others some ideas...but it still felt to play...but I just didn't know what to do...

I ask her how it makes her feel.

Mariann: well...maybe a little bit frustrating..but well...but it's not like nobody is going to tell me what to do...or maybe they tried...but you still have to make your own way there...

Lydia: Now I maybe learned how to laugh about myself (laughs..). Like I have forgotten everything I know from bass so I just tried to focus on finding some notes but ...now it was just like..i tried to learn how to play it again.. because then it would be easier to play something together...when I know how to play some rhythmical patterns or notes for the others from the bass..

I tell her that I think it sounded nice and she laughs about that and I tell her that I heard her laughing in the middle of the song and that it was also an interesting input for the improvisation. She raises one of her one eyebrow. I ask how did she relate with the other instruments and she tells that maybe only with the guitar because from there she could hear some certain notes...like E and then she can follow that...(they laugh with Karla..)

Lydia: I think its nicer to play those instruments to get out some chords because if I have to play instruments like glockenspiel then I don't like that..

Karla: I was just exploring the guitar. Ha-ha! The sound is awesome (and she plays one chord and its loud and has a lot of re-verb)...I think it is one of the most hardest instruments for me..I don't even understand where the notes are here...like here (showing the piano) I know where *SI* is but here like, I have no idea but it's a very interesting instrument...

I tell her that then it was very brave of her to take that sort of instrument she actually was afraid of. She nods.

Karla: yeah, but I think that I have always wanted to play that like I have always wanted to be the rocker!!! (Everybody laughs out loud...)

I tell them that this therapy is the right place to discover and explore all the other instruments and see how they relate to them without any judgment. Then Lydia asks how Robert feels about when someone else who can't play the guitar plays it (as Robert is the guitar player of the group!). That made everyone laughs.

Robert: Well yeah like I was concentrating on my own thing here but...I think that actually sounded pretty good...(Karla says "thank you" very silently and smiles...)

I ask how those two improvisations were different. Lydia starts explaining how it was still hard to relate to those instruments. But in the end she adds that she has now very different experience from the first and now, from the third (she skipped the 2nd session we had) session. That after the first session she had felt *pretty stupid* but now she feels better and had more fun, which is of course, was nice to hear from her!

This excerpt gives a nice illustration from our shared moments from the session 3, where laughter was a frequent guest and everyone seemed to feel more relaxed and enjoyed making music together. The word *fun* was mentioned almost in every session, but this session felt crucial as also Lydia, our classical player seemed to enjoy that sort of free music making with instruments she had never played before. And although it still seemed to be a struggle for her, I was able to see a certain change in her controlling behavior.

3.2.3 3rd common theme: The privilege to make mistakes: loosing the role of musician.

Our first session started with a warm-up exercise and a relaxation to make them all feel present and safe. Before even starting the verbal part of introducing each other I asked them to think about their roles in life and write them on the paper while listening some music. My goal for the first session was just to introduce myself, welcome all the other members and have fun.

As they all applied to this group due claiming anxiety in their lives as a musician, I tried to keep the first experience in the group as safe and fun as possible. After the writing process, everyone read out loud all the roles they had written as a way of introducing themselves to the others.

Karla takes the lead and counts around 9 roles she had written down. Lydia continues the circle adding to all the social roles (daughter, sister, mother, student, friend.) also a role named *supporter*. If I ask about it later, she adds that there have been stages in her life when she has taken the role to be supporter but also when she has needed the support from the others. I tell her that it was nice and positive to acknowledge this word about her, she mumbles.

Next up is Mariann, who speaks very silently and is mainly looking her paper telling about her different roles in life. Next is Robert who took a different angle to the activity and tells us more about the roles he would like to take in future, adding the wish to be more trustworthy and more open to people, while wrapping his paper into smaller and smaller units while nodding and smiling nervously.

Last but not least is Ingrid who has a bright face and positive approach to her roles, telling very proudly also that she has the role of becoming a god mother for her sisters daughter. In between all the roles they share this day I ask if they have forgotten the role musician, as I noticed that half of them have not put that down at all. Lydia tells for example that it just feels that normal and she do not consider it as a specific role at all.

After introducing themselves to each other, I offer them to play some music and put their attention to some big marimbas (wooden African percussion) I have taken with me to the

session. Following improvisation had no rules, they were allowed to play *whatever and however they want*. Saying that, I heard shy laughter and confusing mumbling from each side of the room.

We set up the room so that we could play in the circle and I asked them even to close their eyes before starting to play to be focused only to themselves. I asked them not to think about the quality of music and to forget about all the roles we just defined for ourselves.

Our first improvisation starts with a silence, with a long silence. After almost 10ne minute I decide to make the musical intervention with some notes and immediately Mariann follows my lead. Lydia is looking at the others, hesitating to play and sends out some uncomfortable smiles. Instruments are not easy to handle and you really need to hit them hard to get a decent sound out from there- even Robert seems to be confused. He looks worried and wants to hit the key hard but very often his stick don't even touch the wood, leaving it hanging in the air. There is no structure in the music and I can still hear Lydia laughing out loud once in a while. Music gets louder in the middle and we have several dynamical and rhythmical patterns. Then it stops suddenly and silence takes place. Everyone looks a little surprised and baffled. When I ask how was it and were they really able to forget about the roles Lydia says:

...Yeah, but I felt stupid to just play something without making anything because there are many musicians here and we just played whatever!

Mariann tells that it was relief for her, that she didn't has to be something or try to be excellent, so did Karla. Karla adds that:

...I just came from my saxophone lesson and we had this very tight improvisation session there and it was very hard and I had to use my brain a lot...so now it was very relieving just to play and not to think much what I am playing...".

Robert nods and agrees and adds then that he also liked to listen what others were playing.

Then Lydia starts complaining about her instrument and something about missing notes in the key. I make an offer then to change the instruments and to make another improvisation. I asked them then to think about how did the first time made them feel and what sort of emotions did they recognized from the first improvisation and to try to let those things go this time.

2nd improvisation is musically stronger and starts with Ingrid breaking the silence with a strong hit from her mallet-KAT, followed by Robert. Then all the others join. They all look more focused and on their own this time, visibly more calm. Karla even starts playing the instrument with holding her sticks upside-down. Music is still very asymmetric and disorientated but grows once in a while into coherence. Lydia looks lost, holding her head with her hand. I start feeling then that this is too much for her now.

When music stops Ingrid shared that she felt like a child while just playing out loud and that she too changed to play with sticks upside-down. Karla agrees. As Lydia looks confused I ask how she feels now and she seems more positive telling that this time was easier because she was playing the smallest instrument but that she was still over thinking and trying to understand how she could use that for her violin studies. And how she tried to play Mozart, referring to Mozart's 4th concert and starts showing the others the patten she was trying to play. „*But it was kind of impossible to get the right sound out from that instrument*“ she adds.

I can see then that Lydia is truly struggling to enjoy improvising and as it appears later, she dislikes it until our process ends. She thinks that it comes from the fact that she's coming from the classical department where making mistakes is not allowed and free improvisation as such does not exist. *“There we should not play any wrong notes. So that's why it's so hard for me..!”*

When we make the 3rd improvisation she adds that “...I think my biggest fear is to make the fool out of myself. It's like, you have some sort of expectations from yourself that you should to different things and work on it”

When I ask about the expectations and what she thinks about where they are coming from, she answers that they arrive mainly from her head. Mariann tells that she felt like she was dreaming and Karla adds:

“it is hard to forget not to be anything. As when we are practicing in our lives it's all about trying to be someone. So it is hard to switch off and not to listen to others and not to take ideas from them and make it something on your own. “

It is so interesting how the difference between the classical player and pop player appeared almost immediately while improvising without any given key or topic. After that session, I

had to keep the issue in mind and try not to challenge Lydia too much. Despite the fact that she skipped the next session due unknown reasons, she came back to almost all the other sessions during our 5 months period and still agreed to join almost all of our following improvisations.

This example shows actually pretty well how the education of classical player can play an crucial role of creating the personality and overall image of oneself and build up boundaries that are not that easy to surpass. As Lydia will appear as a sort of exception with her opinions and ways of improvising many times also during next sessions, still the issue of fear, anxiety and “making the fool of oneself” is not only defining her. This is the topic we came back during several sessions and discussed about the reasons behind those thoughts. That’s why the themes like: Group encouraged participants to verbalize their negative feelings towards music performance anxiety, Group offered acceptance and trust and Group offered safe place for sharing negative and positive thoughts and feelings about performances or performance related issues are the most important that were developed from the key statements and meaning units of all the group members.

As mentioned beforehand, the life as a musician can be isolated and create also different social conflicts. Group as such can strongly support the young musician to take part and feel supported by her own peers sharing the same issues and emotions. When the therapy was over, Mariann wrote me in her feedback saying among other things that:

I think the most important new thing about me was an understanding about my deep need for being connected with other people. I really want to feel connected with other people; I want to be accepted by other people. It’s hard to trust people and show your inner thoughts and feelings – still it’s vital for anyone. When I can really be in connection with other people, with my audience, it’s the most important thing music can give me. Forget about technical skills, ego-boosting or singing “right kind of music”. That really isn’t important.

3.2.4 4th Common Theme: Group offered place to share meaningful memories from past.

One important part of group therapy is always story-telling and hearing stories from the others. It is incredible amount of information and emotions that you can get from just one story. One story can tell so much about the person, even more that he or she can think of. In our second session I had the idea to go back to our childhood so with guided relaxation and

music listening they had to think about their early memories connected to music, something that felt important, sounded important etc...

After listening and being on their own I gave them a little more time for short free-flow writing. When I saw that they were ready I asked them to underline 3 most important words they see for themselves on that paper. We came back to the circle then to share the stories.

First they mainly claimed that it was hard to find the most important memory or to just pick one. Ingrid tells that she couldn't go so far into her childhood but that she was imaging different moments of her performances in past. Mariann tells then her story:

My memory...hmm, I think I was 13 or 14 and I was just playing the piano at home alone and I was just improvising, it was not complicating or something but I was just doing something on my own. Trying and exploring, because many years after that the piano playing has been only about practicing and trying to be better and not that enjoyable. But when I improvised it was like being a child again, like happened last time here in the session...And it felt so good!

Mariann's story is heart-warming, especially when I hear how important the improvising was for her from the first session. Later when we have an improvisation inspired by those memories and words she tells that it was very hard for her to think about those words because they were so weak and overwhelming and beautiful ideas that she didn't really know how to play or feel them again. *"That this idea just seemed too good to feel or play again."* She describes her picked instrument which is xylophone and says that the sound of this instrument was very beautiful and she was able to find her own *space* with it (her 1st word she picked!)

It would take too much pages to start telling about everyone's stories and I believe it not to be even necessary. I just have to say that the fact that everyone shared something important from their childhood brought out new kind of emotions in group and definitely raised group coherence. For example Robert telling about the moment he took the courage to start a band or how enthusiastically Ingrid described experiencing real free flow instrument playing while improvising last summer which made her feel different and joyful. Even her cheeks start to blush while telling this story. Karla brings out the memory that includes her grandmother and sister singing together in sauna and how it was magical moment for her. After sharing the stories we pick instruments and I ask them to think about those moments and how they made us feel and just play what comes.

When they start making music, it sounds calm and friendly but due very different instruments it sounds like 5 different languages...or then again, maybe 5 different stories?

It is interesting how different stories and storylines are crossing in one group session. There are so many inter-processes going on during the whole one session and then again, there is the group as a whole and all these stories get the possibility to meet in music. It is like musical clockwork, where different shapes and sizes of ratchets are moving with their own tempo, tones and colors. And whether they acknowledge it or not, they are moving forward the whole system of time together as a team.

3.2.5 5th Common Theme: group offered safe environment for taking the lead in music.

Mariann during the last session:

Yeah, well...of course those improvisations can feel often scary...but I think if got used with them, but now I think I can go in peace with all those emotions...but of course they are scary...And it can be frustrating sometimes.. these boundaries I have, like I wish to be playful and totally free but I'm not ...but maybe it is the direction I'm heading...but it can be stressful for me sometimes to understand that I'm not like this...

The development with Mariann and with the relationship between her and her voice during all those sessions is evident, which why it would be interesting to describe musical intervention that happened week before she claimed not to be free in music. During our 11th sessions I offered simultaneously Mariann to guide us in improvisation with her voice. I felt she was ready to do that, and she took the offer by leading the group during several improvisations with playing around with her voice creatively and confidently.

The “lead taking” in music took place by the group members mostly in 5th, 6th and 11th sessions. Although there were also lead taking simultaneously in free improvisations, no one had taken the role yet as a leader of the whole music piece.

Session 5th was more directed, as I had an idea in my mind for offering everyone more openly an opportunity to lead the whole group. While a song was playing from the mixer, everyone moved around the room with small rhythmic instruments while there was also a djembe waiting someone to go and play it. The role of the djembe-player was just to be able to live through an higher amount of attention while all the others were moving around the djembe-

player who had to give a walking rhythm for all the other players. Still, this was a free-will role to take from the beginning.

In 6th and 11th session the leaders were entirely independent and had all the tools they needed in their own hands- *who should play what, what should we play*. Still I have to mention that Robert offered himself to be the leader of the group in 6th session, but for Mariann, I made that offer myself.

The reason the topic raised at the first place was to empower and show the young musicians the freedom of leading the improvisational group while having no rules or judgment. According to Bruscia (1987), Murphy (1983) or Stevens (1984), group improvisation is a fundamental technique for developing the awareness of social processes, to express feelings or complement the self-esteem. The group support while leading the improvisation can be powerful and it can lead to the great increase of group cohesion and also personal empowerment. Bunt (1994) affirms that playing all together can assist the group feeling integrated and increases the relatedness between the members.

Taking the lead in front of the entire group, in our case, was happening in the safe environment, and nothing was pressured to say or do. When Robert took the lead voluntarily in the 6th session, he offered to play “blues” all together. Feedback was cold at first place as some of the group members announced their unawareness about the style called blues. My role as a group leader then, was to make sure neither Robert nor the others feel uncomfortable or anxious. I offered a little “role play” then, saying: *“Let’s do a little trick. Let’s say that Robert has a group full of non-musicians where no-one has ever played a thing!”* It brought a certain amount of humor and ease to the group, releasing everyone from the prejudice and tensions towards the unknown genre. When Robert shared the instruments and roles what and how to play- he literally showed everyone what rhythms or chords to play as “we didn’t know what to do as non-musicians”. After playing through the “Blues” chords for the first time this is what happened.

I asked how Robert felt about his group and he tells jokingly that they could do already a concert together. But then Lydia announced that he hated that and that drums are the most difficult instrument she has ever seen (Robert put her to play them as a leader)

Mariann tells that even though she knew that this group song was just for fun she felt sort of pressure behind the piano and that her hands were not having fun but were tensed. She's claiming then that there is such a big difference between really a free improvisation and then a set up song.

Karla: It didn't feel serious as I really don't know how to play guitar...but yeah it was not that free because I still had to play the chords and it hurt!!! The strings really hurt me!!! (Laughing...)

Robert: But well yeah! It's a blues...so it hurts! (Everyone laughs...)

Ingrid: It was quite easy. So I was not exactly stressed...it was ok!

I ask Robert how he could make the situation now work in a way that everyone feels comfortable.

He turns to Lydia and tells that she played very well and they could play some more! Lydia giggles and answers that now it starts to be boring to play again the same way as she is not able to add anything from her and Robert answers that this is what drummers do and the job is actually boring! (She laughs again...)

Finally we decide to change the instruments and after the second improvisation moods have changed.

Robert: Yeah...it was really fun! Everybody played very well...that's all I can say...and I trusted everybody...!

He tells that during the first part we were just like learning how to play and then we got better.

Lydia : I was just getting into the chords...and there was a lot of mistakes going on..

I tell her that I really liked the part when she screamed *Apua!* (This means help in Finnish!) Then she starts laughing out loud (everybody joins with laughter).

Lydia: ...It didn't feel stressful actually overall, but I had my moments when I was like I am losing control!!!

As to see, group improvisations can bring up pile of different emotions- positive and negative. The way it raises the group cohesion though, is noticeable! According to Davies and Richard (2002):

Improvised music we usually struggle and experience to find the means of expressions which both reflect our experience and is then accessible to those around us. So the aim in music therapy is not only the musical material or verbal communication between the members but more about the value and meaning of some more inter-subjective matters. The interactions of improvised music allow something of the group process, conscious and unconscious, to be made audible (pp. 19)

Raised negative feelings from the group were mainly towards the issue of anxiety of playing right notes and rhythms and also one other typical issues that can come up in group therapies- feeling responsibility to others. Especially as the group is full of professional musicians, the feeling of responsiveness is easy to happen and was commonly mentioned in therapy. The issue is related to their everyday lives when musician is taking part of orchestral or groups with members who are all leaning and depending on each other. These kinds of activities in our process shed a light to the free communication in music and playing in supportive environment. Both Mariann and Robert got positive over-all experience from taking the lead in music and facing their fears and conquering the boundaries they had been set to themselves.

3.3 Individual Themes

3.3.1 1st Significant Individual Theme: groups' shared free improvisations raised negative emotions, Lydia's story.

As mentioned beforehand one of the participants was coming from the classical part of education where the term *free improvisation* is not so commonly mentioned or used. So she was having a different position for experiencing the therapy process as the others did; it was probably more stressful for her.

It might be a reason why there are investigations made about musical performance anxiety across musical genres (Welch, 2008). Still there are no certain proofs about one genre being more anxiety related than the other.

In current study happened (as the participants were randomly picked) that one of the participants was not so familiar with the term *free improvisation* that mostly jazz-players are. Although after other participants claimed to be more familiar with that term, I took into consideration to actually explain the meaning of the term in the context of music therapy. It was also supportive for classical player Lydia, as in that case, no one was actually improvised freely in the context of clinical situation.

Based in my work I used Bruscia's (1989) approach of work where improvisation can be carried out with both musical and nonmusical references. In our sessions, we had both, referential and non-referential improvisations. Referential, as improvisations based on nonmusical reference like current mood, feeling, happening in past etc. Or non-referential, where client is only concentrated on sounds in music.

Still, it was not easy for Lydia and so the conflicts started to happen in our very first session where Lydia claimed to *feel foolish* or *feel stupid*.

It felt stupid to just play something without making anything because there are many musicians here and we just played whatever. ...It is my opinion, that it was very hard indeed..."

From the viewpoint of therapist it was a crucial moment for start discussing about the feelings that had risen and the reasons behind them. Lydia brought up her fear about making fool of herself and her high expectations towards herself. From that moment, it brought like another dimension or layer into our group dynamics. As all being truly emphatic young musicians, they started to support her. Which was also a highlight for this group process dynamics, it added spice and depth into our conversations. So even when the others seem to be pleased by the situation that they might be more familiar with improvising freely without any topic on strange instruments, this situation made them reflect more on their inner feelings.

Group members see in each other reflections of themselves, sometimes recognized and sometimes not. We all have many facets to our personalities, and different groups, people and situations bring these out in each one of us (Davides, Richards & Barwick, 2014). In that case, I believe the best saying that could fit here would be by Foulkes(1983) who said:

"These neurotics are, after all, people like you and me and part of our annoyance is due to the fact that they show us our own weaknesses in a mirror-like a caricature" (pp.28).

So not to say that I was content there was serious source of negativity in our group, but I feel now, that it was a good point to conquer to all of us and it made us all stronger and smarter.

In 3rd session we had a discussion again about the importance of free improvisation as a tool in music therapy session, after Lydia wanting to miss another group improvisation. The theme in 3rd session was an improvisational band making where everyone could pick an instrument they wanted and play without any judgment. Although Lydia hesitates to try any instruments she picks a plastic gadget from the drum-set for our first improvisational piece and bass-guitar for the next one. When I asked how it made her feel after the second improvisation, she answered: “...*Now I maybe learned how to laugh about myself...*” This probably meant that she, in fact, doesn't have to take everything so seriously. And although she had many concerns about the choice of the instrument and the outcome of musical performance, she claimed to have more fun than the first time. This was indeed, already a progress.

In the process there are many moments, when Lydia starts doubting in her and I as a therapist have to reacquaint the true goal of improvising together in therapy. The positive factor in group cohesion is that, the others, especially Robert have been started to support her, while saying things out loud: like *it was ok, and it is ok to feel that way*. During those moments, I really felt the magic of therapy groups but also the need of this kind of supportive groups for young artists.

3.3.2 2nd significant individual theme: leading group improvisation offered deeper understanding of one's anxiety, Mariann's story.

When Mariann approached the group, she was the most silent and maybe the shyest person of the group. Still, the amount of self-questioning and seriousness of getting better picture about her feelings, made her for me, one of the most interesting participants. She had stopped singing since she had problems and misunderstandings with her last teacher at school. In therapy she was seeking to find the way back to music. She was searching for a deeper meaning for music and for her personal performances.

After attending in all group sessions, Mariann continued working with me another half a year. We were then, more focused on her voice and inner-feelings towards making music in general. As the group process didn't maybe open her up to me in a way individual therapy did finally, I was truly happy she made the decision to continue working with me. After the group-process she left me a note saying:

I think the most important new thing about me was an understanding about my deep need for being connected with other people. I really want to feel connected with other people; I want to be accepted by other people. It's hard to trust people and show your inner thoughts and feelings – still it's vital for anyone. When I can really be in connection with other people, with my audience, it's the most important thing music can give me. Forget about technical skills, ego-boosting or singing "right kind of music". That really isn't important.

In sessions it seemed that taking the lead and standing out was the most difficult part for Mariann. In 3rd session, when everyone had a change to take part of an exercise for leading the "band", Mariann claimed to be too tired for doing that. She didn't gain the trust of the group so fast and was not that open to discuss topics at first period of meetings. But as the process went on, Mariann started bringing more feelings to the circle and really showed others the effort of working with her feelings and negative emotions towards herself and the performance anxiety. In the 11th session, which was the one session before our very last meeting, Mariann told the others about one concert that had failed due her belief that audience didn't really care about her performance and it made her feel empty and sad. We had an open discussion about that and in the end of it, I offered Mariann the possibility to improvise with her voice with the support of the group. Until that moment, she had never used her voice in therapy although it's her main instrument. Although she was full at doubts and said better not at first place, she finally promised to give it a try with a little help from the others.

Mariann before trying out to lead the group:

Well...Improvising...? I think I could do something...if also others are there...then I would still feel like a part of the group..."

What happened next brought me goose bumps for all over my body. We set up the equipment and instruments and I asked if she wants a microphone and she said yes. Robert takes electric bass, Ingrid goes behind the electronic- xylophone. Karla settles with electric guitar. We dimmed the lights and the band was ready to start! Mariann adds quietly before we start: "*let see what happens*".

In first improvisation, she vocalizes silently while the others are improvising with their instruments and the music reminds me a little chaotic *Hindu* music. Then after a while, music started to sound experimental, searching and even cosmic. She's vocalized some "buoaaouui" and "badabammm", but the voice itself stayed calm. She was sitting behind the piano with her eyes closed and looked very intensely focused. Music started to fade in 7th minute, accompanied by Ingrid's fast rhythmic patterns and Robert's bass notes. Then she suddenly stopped. I didn't say or ask anything when Mariann noted:

"I feel like I'm holding it back...it felt nice to try and when I'm singing I realize how much I could really do, but I'm not taking the steps..."

When I asked why, she told that she believes that she unconsciously stayed in her safe-area and that she should have explored more with her voice. But she claimed to have strong limits in her head and that's why she couldn't sing louder. We discussed then, that how the group could support her with overcoming those limits and she made an offer for the group to play louder. Together, we decided also to switch the instruments (Robert suggested someone to play the drum-set to raise the volume up!) and try one more time.

Second improvisation is accompanied by the drum-set sounds by Ingrid. She seemed to feel very comfortable there and gave the others a strong and steady beat to begin with. Mariann started with being very vocal and seemed to get a lot of support from the growing dynamics. On the second minute, her voice went to another level with many new sounding syllables like "shhhht". There was probably a connection between Ingrid playing very loudly and Mariann feeling even more free to raise her voice level. After a while she started making many strangely sounding voices on a very high pitch.

On the background there was Karla giving others some more spacious notes from the guitar and Robert supporting that with some bass patterns. On the 5th minute, music turned and went to explore some more islet levels. Ingrid took the lead in music and started playing very fast pattern on drum which grew into a fixed rhythmic pattern, reminding a pop song with some predictable and seemingly fixed *bridge*-parts. She was the leader of the dynamics during that improvisation for sure.

Mariann kept singing in more intense way, using the vocals A and E, until the point she probably felt her voice can't go any higher. It looked and sounded then, that she was finally

able brake free in her mind and let everything out. Without the limits that were holding her back before. Her eyes were closed and she was so intensely focused in her flow of sounds. It was definitely one of the high points of our group *togetherness* in music and it definitely gave me goose pumps too. Finally Ingrid is the one who breaks the tempo down with her drumsticks and after everyone has stopped, Mariann shared:

...it was absolutely different! It feel pretty nice to find and sing different ways...because all those years I have been studying, it's always about finding the best way of singing...And this was not about just sounding good...but just giving your voice... hmmm.

She seems baffled but happy and seemingly glad that she took the challenge to break the limits in her head. It was definitely not easy for her to sing in front of the whole group, but the fact that the others supported her, made her probably write the next words in her letter to me after the therapy had ended:

I think in the future I can take some use of this process. I can accept my feelings better than before. It's ok to feel nervous before the gig. I also realize that I want to feel safe with the people who I'm performing with. I need to know that they are supporting me just like I'm supporting them. I also think that thanks to music therapy I can be in more deep connection with my audience. I can show more about me to the audience and trust that they (at least part of them!) can accept me and share the moment of music with whole-hearted joy.

To sum up the results section, it is clear that all the evoked themes are based on how the group dynamics and group coherence developed. There could be so much more to discuss about and several extra themes to share, but at the moment, there were not much room to left. The results show us that the development of group dynamics provided the possibility to meet best possible conditions for all the group members to grow also individually. Although for every single participant the experience stays unique and special, results show that thanks to the role of music, the setting and the group, everyone got something positive out from this experience. Still, as stated beforehand, not everyone was suited perfectly for this kind of a group. Extra to all the individual experiences, the very unique result of this study is the first group therapy experience everyone had.

4 DISCUSSION

The aim of this study was to explore the experiences of musicians suffering from the performance anxiety. Results revealed several common themes that evoked from the key statements of all 5 participants of group music therapy sessions. As I did not list any specific research questions to find answers at first, I still had some possible goal areas in my mind. There are no such things as therapeutically oriented support groups for young musicians studying on higher education level. So my idea was to try out such an experimental approach as music group therapy for young musicians. In this study, mainly one music therapy intervention called free improvisation was used to achieve greater self-awareness and develop or re-develop the relationship with musicians' own creative potential. The group cohesion and dynamics then, had the goal to offer a safe place for that to happen. As this research is one of a kind, I had no previous studies to rely on. Which meant for me, that I had to start from building up the clinical approach and modifying the analyze method for my data very specifically and until the actual analysis part, I had to count on my understandings of the whole process and sum it up for themes and topics and further implications.

In my introduction, I asked what sort of potential music could hold therapeutically for young musicians and how the group could act as a facilitator for a possible positive therapeutic change. This study gave some of the answers, but not much from the quantitative side of research as it was, in my case, a single case scenario. The positive side of that study was a very detailed case descriptions, which illustrated the need of that kind of approach in clinical field. It is good to say that after this group experience, I would still like to promote music therapy group setting as an appropriate preventive intervention for dealing with MPA. This study and some others are just the beginning. I still believe that music schools and universities could be the best places to develop such programs which educate and support young musician's wellbeing and firsthand, mental health.

In my *epoch* I mentioned my wish to create the therapeutic relationship throughout the months with them and in the end to meet at least some of their personal goals. I must say, it is still a half-mystery for me, what they truly experienced in those sessions, but at least based on several feedback letters, and on my own conclusions, I must say, we all gained something

from that process. Why? Because that's how it works with group processes-they leave a mark on you. People leave the mark on you.

In my results I brought out 3 universal themes that developed from statements: the role of the music, the role of discussions and the role of the group. As those themes are crucial for every second of this study, they made the essence and the core of the whole study. The 5 common themes and 2 significant personal stories I shared with the readers are all underlined with the importance of music, group coherence and verbal feedback in sessions, also called again, as universal themes of this study. As my approach was very holistic and I used Yalom's (1995) and Leszcz's (1992) viewpoints about the importance of group coherence as my guidance, I have brought out those 2 personal stories as illustrative examples of intrapersonal and interpersonal growth and learning.

Mariann's and Lydia's stories are nice examples of how constructive feedback can have its consequences as a truly positive change in personal growth and also in group dynamics. Also, not only Mariann or Lydia had their significant stories, but also all the others, Robert, Ingrid and Karla. There were many highlights with everyone, which made the group work in a very healthy way, towards wellness. Like Brown (1985) once said: *"individuals speak for the group and the group for individual"*.

Also in current study, I believe that each one of them was the mirror for seeing what is missing or broken in them. They were all reflecting like pieces of mirrors with all their little flaws. Who loved to lead, who hated to lead, who disliked the freedom in music, who liked it, who liked to talk, who liked to tell a story in music, who enjoyed listening the most. Being unique with their whole being they added something to each other's lives and though that, I hope they learnt something. It sounds like the core of this research actually.

The fact that the group encouraged participants to verbalize their negative feelings towards music performance anxiety, offered possibility to have fun in music, offered place to share meaningful memories from past which led to acceptance and trust, is a fact that group music therapy can be an important tool for working in the field of musicians.

As music performance anxiety has received a lot of attention by many professions from medicine, psychiatry, physiology or psychology, there is hope that the journey will continue

with even more intense way. And as the suitable assessment or the right treatment for the phenomenon is still under open discussion, it gives pretty much free hand for the entire world of research to give its input with explorative ideas.

During the conference about Music and Emotion, held in Jyväskylä in summer 2013, I met one violin teacher from Poland, who had been teaching young talents from all over the world for the last 20 years. After hearing her presentation I approached to her with my topic about my own research interest. We had a hour long dialogue about those talented young musicians and I can still remember her exact words about her own role there, which were: *“I am usually their mother, teacher and therapist as they need a lot of help. They need nurture and support for becoming those magnificent musicians, they can’t do it alone.”*

She told me that those children and adolescents she’s working with are often with very lonely lives and need constant help to survive under all that huge amount of pressure. Of course she was happy hearing about my idea to open this music therapy support group for local musicians. She wished me all the best and by doing that, she was actually the very last input for my inspiration-bowl before I started with my therapy group.

As MPA is still a very complex issue in therapy and no-one actually knows what is the exact nature of it and what are the real causes, it is still very hard to find the one and only suitable clinical assessment. Still, it is worth to put music therapy there, to have its own special place somewhere in the middle of all the other clinical interventions.

4.1 Conclusions and recommendations for further research

I believe that this kind of research provided excellent means for gaining deeper understanding of and insights into music therapy process with musicians. Like Bruscia in his book about the case examples of music therapy for musicians (2012), this experience fits perfectly into the section of case examples that rather guide the light into the life of young musicians and try to figure out the role of music therapy in their complex lives. If the process would have lasted longer, the exploration would have been into more depth and would have allowed different kind of methodological approach. In my opinion, this method of research acts as an

illustrative pilot-study, sharing meaningful moments and reliable results and shows that young musicians are in fact in need of having extra support in or outside of their school-system.

The essences of this work has given me, as a starting clinician, a better view and a deeper connection with actual therapy work with people in need of guidance and support. As a clinician I learnt how to focus on what's the most important while working with clients-the therapeutic presence. To be present for each of the group member, to notice the relationships developing and stay balanced as a therapist. I definitely got more ideas and deeper insight into the world of practicing musicians, about their dreams, worries and hopes and about the most important- how could they see music as a tool for helping themselves to survive in this stressful lifestyle.

This research definitely had a strong impact on me also as a researcher, as it was, the biggest research I have done myself so far in my life and I should say, I took a pretty ambitious road to lead a clinical group.

I am also aware of many disadvantages of this study. First of all, one of the limitations was the fact that only one of the group members happened to be a classical player, others were coming more from the "pop-world". Differences occurred immediately due a fact that a term *free musical improvisation* in general had a different meaning based on their background of studies. For jazz-players, free improvisation was something they already had a positive contact with and they were more familiar with. For the classical player it was something totally new to explore. One of the biggest limitations from my point of view was the fact that she had no-one (except the therapist) to really understand her situation in a group. On the other hand, it brought a nice variety into group dynamics, raise questions from different angle and finally even helped the dynamics to grow despite its complexity.

The second problem occurred was that the whole therapy process was carried out in a second language (English) for both, therapist and group members. Some of the members mentioned the limitation of speech due the language barrier in the feedback notes and mentioned that it would have been easier for them to speak in their mother-language. Mariann's thoughts in her feedback letter:

Also using English was hard for me at some times. It was frustrating to try to express my thoughts with my English. I think I didn't share all of my ideas because of the struggling with language. For me it's much easier to write than talk in English.

When there were moments as such, when someone claimed not to be able to express him or herself in English, it was allowed for them to use their mother language.

There was also the issue of subjectivity- as the researcher I was functioning also as a therapist. Although this process was observed and supervised by my co-students and professors, which added fresh perspectives and gave constructive advice, I felt left alone many times, losing my role as a therapist trying to think as a research or vice versa. And the fact that there were no previous studies I could learn or find support from, it made me feel lost as a clinician several times.

I believe this research was only a small step in a field of group therapy with musicians, as the results of this study are quite limited. As it was an experimental preventive group setting with humanistic point of views, I felt that this amount of clinical video-data was in some moments beyond my own limits. In this moment, I would like to be able to look back to this data with more psychoanalytical approach. But as already mentioned, this was just a first, but definitely a necessary step for this field of study.

I believe the idea behind this study to be powerful and hopefully this topic will be continued to be practiced in music therapy clinics. I hope this work guided someone to the essence of the phenomenon of music performance anxiety and to the possibilities to utilize music therapy as clinical practice.

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Appendix 1. Consent Form for Applicants.

UNIVERSITY OF JYVÄSKYLÄ

DEPARTMENT OF MUSIC
MUSIC THERAPY CLINIC
FOR RESEARCH AND TRAINING



INFORMED CONSENT FOR RECORDING AND RESEARCH

At the Music Therapy Clinic for Research and Training (MTCRT), Department of Music, University of Jyväskylä, clinical music therapy is practiced, as well as relevant scientific research and training in music therapy. Therapy sessions are audio- and videorecorded for making clinical notes and for collecting data for scientific research. All recorded materials are stored as patient records, which are kept in the confidential archive following the rules of the Ministry of Social Affairs and Health. The recordings can be used for teaching and as research material for developing clinical activities and studying music therapy in research projects. In this case, the recordings can only be used within the clinic by employees, music therapy students, researchers and other parties who are in co-operation with the MTCRT. All of the before mentioned persons are under the obligation to maintain secrecy, the data is handled strictly confidential.

In research projects at MTCRT the common research interests are related to interaction within music therapy, clinical improvisation, and assessment and evaluation in music therapy. Clinical teaching is focused on clinical competence, therapeutic approaches and methods, and professional clinical practices. Associate professor Esa Ala-Ruona, and professor Jaakko Erkkilä are responsible for the materials that are used for teaching and for research. When the audio and/or video material is converted into other formats (for example transcribed into written document), the agreement, as it is described in this document, will still be in effect.

Material which enables the identification of individuals will not be published. Any other use of recordings is specifically agreed upon in writing with all parties concerned. Collected information and material will not be used to harm or demean a client/patient or other related persons, nor will it be used to violate the client's/patient's interests. These interests are protected by the Act on the Status and Rights of Patients. Personal information will not be disclosed to third parties.

I, the undersigned, agree that the research and the therapeutic visit to the Music Therapy Clinic for Research and Training at the Department of Music, University of Jyväskylä are recorded and used as described above. I have received information on what I am committing myself to and I have the right to cancel this agreement at any time.

Date and place

Client's/guardian's signature and
Name in block letters:
Phone number:

Date and place

Therapist's signature and
Name in block letters:
Phone number:

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