Identity Development meets Emotional Stability:
Transcending Borders through Music Therapy with
An Intercultural Group of Women
A Case Study

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Tiivistelmä – Abstract

Based on previous investigation, research has revealed the implications of music therapy in women, intercultural groups, and the cultivation of identity and emotional stability. However, the research conducted on the amalgamation of these factors is deficient.

The purpose of this case study is to explore the effects of music therapy on the emotional stabilization and development of identity in an intercultural group of women. The umbrella terms of identity development and emotional stability will be dissected based on the sub themes that have emerged from the therapeutic needs of the intercultural group of individuals involved.

Six women from The Netherlands, Iran, China, Russia, Germany, and Belarus, respectively, were purposely chosen to be participants in a 12-session group therapy based on varying yet aligned needs. The sessions were audio/video recorded and qualitative content data analysis was used in the analyzation of the data provided.

Music Therapy encourages and is beneficial in the journey of identity through self-development practices and is a factor in stabilizing one's emotions. The results of this study also propose that music therapy transcends beyond the borders of intercultural group therapy.

The effects of music therapy on an intercultural group of women are beneficial and includes various factors and developmental tasks to achieve a healthy level of emotional stability and identity.

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Thank you to the women that were a part of this research; without your participation, this research would not be possible. Thanks for doing the work and allowing me to travel this journey with you.

Thanks to my fellow course mates for being a support throughout the last two years. The plot twists and turns have been a voyage that we've all needed each other to trudge through. Your feedback and peer-supervision have made this research project a successful one.

Mere words would not be enough to express my gratitude to my loved ones. Thanks to my mother for your love and support while undertaking this life-venture. To my sisters, cousins, friends and sorority sisters, I thank you for all the love you've given me while being so far away from home; you keep me grounded with deep-rooted encouragement. This journey started with a walk of faith and I thank all of you for enduring it with me.

PERSONAL MOTIVATION

Throughout my life, I have been passionate about empowering young girls and women through the arts; it is a part of my purpose in life. When I discovered Music Therapy, it was ever so clear to me that this was exactly what I was supposed to be doing.

Before attending The University of Jyväskylä, I established a non-profit organization for young ladies that provided a platform for these girls to express themselves through various avenues of the performing arts. Through numerous community service ventures, as a phlebotomist, and working with the Down Syndrome center in my country, I started to become attracted to the group therapy process. Being a part of various organizations, I also realized that I was constantly observing and extremely aware to what was happening around me in these group settings. I knew that once I started this music therapy programme, that I wanted to conduct my research with a group.

The group that I was able to share the music therapy experience with, was different than any other group I've ever encountered. The various countries represented and the fact that they were all adult women, was a new endeavor. As a researcher, I now have the theory beyond my natural observations and am now able to conduct a qualitative case study. This case study will share the experiences of the participants involved and some of my personal encounters while conducting this research.

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1   INTRODUCTION

Music therapy is a modern profession whose practice requires skill and theoretical knowledge. It is also a vocation, involving a deep commitment to music and the desire to use it as a medium to help others (Smith, Patey, 2009). Several theorists and researchers have recognized the importance of the process of identity development and emotional stability in everyday life. Identity development is one of the most important experiences that people experience in their lives, for the reason that, adolescence is a critical period for the gradual development of identity. Females are more likely than males to have poor self- esteem, depression, and anxiety. They are more apt to try various harmful methods to regulate these so-called "negative effects." (Daveson, BA, 2001). As a mentor and founder of a non-profit organization for young women, I have observed how identity and emotional stability is a major concern and prevalent consistent factor, in the decision that young girls, eventually women, make. Developing one's identity and stabilizing one's emotions is a fundamental process in obtaining and maintaining a good quality of life. This study will be conducted based on the deficit in its subject area and is from a music therapy clinical aspect; this is in order to share results with the world through research, help women from various backgrounds and aid in my journey not only as a music therapist, but also as a mentor to young women.

This study is rooted in the areas of emotional stability and identity development, however one should recognize that these terms are multi-faceted and the context can include a myriad of sub themes, depending on its framework.

2 LITERATURE

2.1 Female Identity Development

In a research article by (Lytle, Linda, Bakken, Charles, Romig, 1997), there were various questions addressed and objectives that guided the direction of this study. Firstly, to add to the current literature on female identity development and secondly to determine whether a gender specific pattern of identity formation is evident in females during their early and middle adolescent years. The focus of the investigational study was Adolescent Female Identity Development. It is hypothesized that females would score high on Trust and Total Resolution scores and Initiative and Industry scores. Hypothesis also suggests that females negotiate interpersonal and intrapersonal issues concurrently. The sample consisted of 703 students, 317 males and 332 females in sixth, eighth, tenth, and twelfth grades from schools from sixth through twelfth grades in two mid-size Midwestern cities in the United States of America. There were also 54 students who didn't mark their gender. The Measures of Psychosocial Development (MPD) was the instrument used and administered by graduate students. This instrument was used, because it addresses identity as a developmental process rather than a developmental status, agreeing with Erikson's (1964) life span theory of personality development, a stable well-consolidated identity structure enables individuals to perceive a sense of self-unity over time and space and it infuses their lives with a sense of personal direction, significance, and purpose. Lytle, Linda, Bakken, Charles, Romig (1997) and Erikson's (1964), both define Identity as a process rather than a point-in-time.

For this (Lytle, Linda, Bakken, Charles, Romig 1997) research, the schools were selected because they were representative of the racial/ethnic status of the cities (African American, 12%, Asian American, 4%, European, 63%, Latino, 10%, and Native American, 6%; 5% did not state their ethnicity). The results of the two by four analyses of variance (gender by grade) indicated that females blend interpersonal and intrapersonal identity development, whereas males appear to develop only intrapersonal identity.

With these findings combined the issue if a gender difference in identity development is a controversial issue clouded by conflicting research. Both female and male eighth graders scored significantly low on the Trust, Initiative, Industry, and Total Resolution scores. This was opposite of what the hypothesis predicted. On the other hand, the findings of the present study, concur with the hypothesis and indicates that while males continue to develop their identity in an intrapersonal pattern, the female pattern departs from the traditional pattern and includes both intrapersonal and interpersonal dimensions in their identity formation. Careful interpretation of the data is necessary from cross-sectional groups; and generalizability is limited to midsized, Midwestern cities (Lytle, Linda, Bakken, Charles, Romig, 1997). Another limitation is that research should include the data and specific details that span across the whole of adolescence to adult years. Information on adult identity development is scarce and if found, quite vague. A more precise picture of the entire development process isn't available in present research and the details of such development stage.

2.2 Journey of Identity through Music Therapy: Music Therapy as an Identity Processing Style

The concept of identity has been defined as "a self-constructed cognitive representation of oneself that is used to interpret self-relevant information and to cope with personal problems and life events" (Berzonsky, 1990, p. 156)

Next, the topic of Identity in relation to females is addressed through music therapy as empowerment. Empowerment fosters positive identity development and promotes strength, it has been related to the anti-medical and anti- psychiatric movements, and has been strongly linked with feminism and feminist approaches to therapy (Rolvsjord, 2006). Empowerment cultivates and encourages females, while helping to alleviate problems of self-worth, identity and emotional instability. Aspects such as self-esteem, self-efficacy and locus of control might be seen as intrapersonal aspects of psychological

empowerment. The focus of Rolvsjord's study and hypothesis is the client's strengths, and potentials will emphasize the importance of collaboration and equality in the relationship between therapist and client.

The sample in this study was a young woman that survived continual childhood traumas, and had been able to show some of her strengths and potentials in music therapy. The instrument used, was The Beatles' "Blackbird" song. During her study, the Beatles' Blackbird was brought into her music therapy sessions as recognition of her abilities. The song became a powerful image that connected her experiences in music therapy with her challenges in real life. As an experienced music therapist in mental health care Rolsvord, (2006) gave her translation of the song to the patient as a source of transposed empowerment; for example, the ability to fly even though blackbird's wings are hurt. Empowerment impels one to look into the therapeutic relationship and ask questions about power and knowledge. Empowerment involves recognition of the client's rights to music.

2.3   Empowerment Psychotherapy

The topic of identity in relation to females is addressed through empowerment psychotherapy with adolescent females of color. Using a case study, the aim is to identify assets that will reduce the adolescent's stressful circumstances, help her build assets that will increase her social, academic, and career self-efficacy, to ensure a positive identity despite the adolescent's experiences (Querimit, and Conner 2003). Unlike article by (Lytle, Linda, Bakken, Charles, Romig, 1997), this article is aimed towards one individual rather than a sample containing a group of individuals. However, it agrees with (Rolvsjord, R. 2006), that an empowerment model fosters and promotes positive identity development amongst females.

The subject of this case study was 17-year-old African American first generation female college student named Celi. The interventions that would help Celi to build assets to

increase her self-efficacy were shared amongst her six clinical sessions. They consisted of Support Building, Empowerment-Based Campus and Community Resources, Establishing Boundaries, Expectations, and Constructive Use of Time, and in the last session, Creative Resiliency/Building Positive Identity; where Celi wrote a poem to express how she was feeling. This qualitative approach to build Trust and Self-Efficacy during hands-on sessions as opposed to (Lytle, Linda, Bakken, Charles, Romig, 1997) MPD that hypothesized female high scores on Trust and Total Resolution and Initiative and Industry scores, is my personal preference when conducting research.

Celi's realization of her strengths has involved understanding the interface of political, economic, social, family, and community climates within her life. This case study illustrated a detailed explanation of the "empowerment-based approach" and its usefulness in promoting high self-esteem, emotional stability, self-efficacy, and identity development amongst females of color. Celi began to assess her own strengths and recognized that there are ways in which she initiated and can continue to initiate movement in her life and community.

Research suggests that there are agreeable and opposing principles on the topics of Gender, Identity in Females, Emotional Stability, and Empowerment Psychotherapy.

2.4   Terminology

It is imperative that certain definitions and explanations are dissected in these next few sections, as my attempt to explore why music therapy is essential in the progression of emotional stability and identity development in an intercultural group of women.

In this research, emotional stability and identity development will be used as umbrella topics to deliver the results of this study. Being that six individuals were involved in the therapy process (excluding the two co-leaders), these general topics will be dissected in

order to cater to the participants accordingly. This will better help to clarify and accurately describe the obstacles and impediments of these individuals.

The themes of identity development and emotional stability include factors and sub topics that correspond with the goals of those involved; individually and as a group. More so, some ingredients of these terms will be used throughout this research, as emotional stability and identity development are journeys that are constantly being travelled throughout life. This section is my understanding, viewpoint and perspective of these terms, while using existing literature to support my viewpoint.

2.4.1   Interculturalism

Numerous countries share characteristics and features that assist in framing their cultures. Some of those features that aid in this sharing can include language, attitudes, location (geographical), religion, values, etc. However, there are also implications that are intertwined within these mutual attributes.

Legend (2016) states:

Within an intercultural society, people recognize each other's way of life and accept these differences with respect and appreciation, and live together in order to actively encourage a healthy balance of interest, tolerance and self–achievement. This is a process that makes it possible for all members of the society to be treated equally and fairly.

It is my belief, that therapy should be acclimatized to the vast array of cultures in the world, due to the various identities, beliefs, expectations, and cultural norms and comfort frames in existence.

Li & Karakowsky (2001) shares:

Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.

This study does not aim to look at the participants from a sociocultural perspective, whereas, that angle analyzes interaction based on one's indicators, relating to elements of one's background or culture. However, this study does highlight how interculteralism played a part in the therapeutic relationship and group cohesion. It is essential to have a sense of self and personal identity, even though one's background can be a heavy influence on one's personal nature. Just as cultural identity is nourished, the self should be developed and cultivated beyond these factors.

2.4.2 Gender

Gender is a compounding variable in the research on the relative influence of parents and peers on the development of adolescents' psychological well-being and self-concept (Hay & Ashman, 2003). In terms of gender and adolescents' self-concept test scores, males report higher scores in the domains of appearance and sports, slightly higher for academic and social domains, but similar to females for behavior conduct (D.A. Cole et al., 2001). In my opinion, gender is an extremely intricate phenomenon and its complexities are complicated to dissect. All cultures have a set of gender categories that can serve as the basis of the formation of a social identity in relation to other members of society. In most societies, there is a basic division between gender attributes assigned to males and females (Wikipedia, 2015). As children, gender affects the social interactions, and a child's personal interest. Through the years of life, gender encompasses a sense of belonging and identifies with one of "its kind".

> As stated in Wikipedia by Martin & Rumble (2004):
>
> Studies suggest that children develop gender identity in three distinct stages: as toddlers and preschoolers, they learn about defined characteristics, which are socialized aspects of gender; the second stage is consolidation, in which identity becomes rigid, around the ages of 5–7 years; after this "peak of rigidity," fluidity returns and socially defined gender roles relax somewhat.

The way men and women are socialized in Western countries determines how they will express themselves, how they will experience and express their emotions, and what is

considered normal or abnormal. For instance, aggression in men is somewhat normalized in the United States, but it is generally considered problematic or a sign of "imbalance" in women. (Boundless,2016). The thought that women express themselves differently and communicate based on their cultural background, was a factor that was taken into consideration when conducting this research. If a therapist fails to take into account the differing ways in which males and females are socialized, and how this manifests psychologically, they might misunderstand and misdiagnose what a client is encountering (Boundless, 2016).

> Deutschendorf, H. (2009) states:
>
> When we add up male/female profiles, we find that women on the whole are more aware of their emotions and are better at forming relationships with others while men adapt more easily and handle stress better. However, it is important to remember that this finding does not account for individual variations where these differences could be reversed. There are men who are very aware of their emotions and are able to form strong relationships, just as there are women who adapt easily and are good at handling stress.

As they've grown up, most women have stayed in touch with their feelings and have deve -loped the ability to express their emotions (Carr-Ruffino, 2005).

2.4.3   Identity Development

In this section, I intend to define one of the key terms in this research study, the idea of identity development. Everyone has a personal identity that uniquely belongs to his or her being. One can be detoured from this based on their personal experiences throughout their lifetime. Our barcodes are who we are; invisible yet ever so dominate. Our fingerprint is a universal example that no matter how many people are born, one's fingerprint will always belong to them and not be aligned with anyone else's. This personal identity needs to be cultivated and actively fostered by the one that owns it. This calls for various growth and sensory patterns to be acknowledged and acted upon.

Identity is something one has and the personal characteristics they posses are possessed by only this person. Erikson (1995) stated that, "The process of identity creation begins even before birth, as one of the first life experiences of the self is the change from internal to external life." Erikson has studied and researched lifestyles, personality developments and identities throughout his scientific career and explains factors and interdependencies of constituting identity (MBuz, 2008). For Erikson, identity is not something given by birth, and it's not independent from biological processes of the human body either. It's not the (physical) body itself, and it's not the Super-Ego or Ideal-Ego alone. Identity is a constant reproduction of images of self, experienced and put together by an individual.

Based on Erikson's theory, developmental psychologist James Marcia expanded on Erikson's theory of the identity process. As illustrated in Figure 1, Marcia's four-quadrant theory consists of foreclosure, identity diffusion, moratorium and identity achievement.
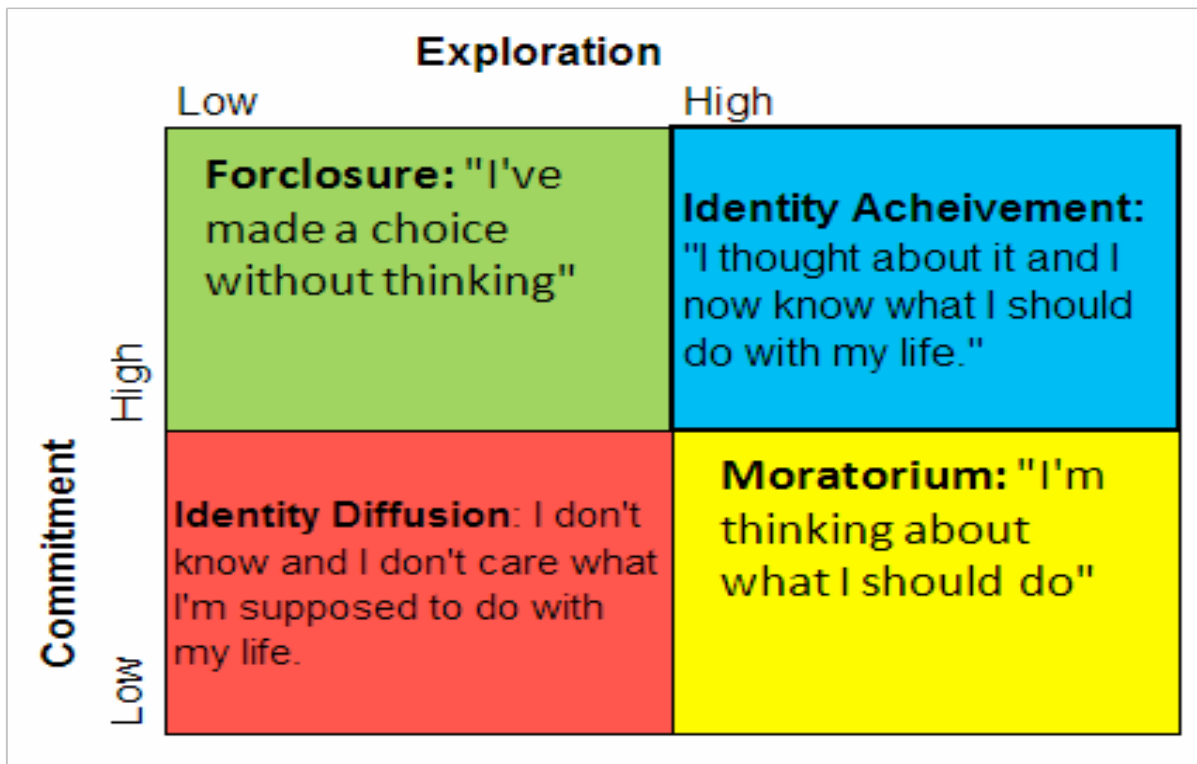

FIGURE 1 Marcia's four-quadrant identity status

As Marcia's 4 quadrant displays, each of the four stages is based off of an individual's search or commitment to identity or personal beliefs. These all require some level of internal insight. Finding one's personal identity is a process and on-going journey, which, in my opinion, never really ends. However, it takes a little more than everyday living for it to develop. One has to intentionally aim to develop their identity with awareness and active progression in order to have a fairly balanced identity stance. In order for growth shifts to occur, one must keenly move toward those transitions. As Marcia (2010) explains, transitions are often inspired by disequilibrium in identity. Transition can occur as a result of a range of life events. When one's equilibrium is tampered with and they're unbalanced, it affects many aspects of their everyday life and causes malfunctions in many things including sleep, time-management, relaxation, and "in my solitude" time.

American Heritage (2011), Collins English Dictionary (2014) and Kernerman Webster's Dictionary (2010) defines unbalanced as:

- Not treating all sides with due importance
- Irrational or unsound
- Lacking balance or the *proper* balance.
- Lacking steadiness and soundness of judgment.
- Showing or marked by erratic or volatile emotions or behavior.

Those definitions illustrate how essential it is to have balance in one's life, in order to have steadiness/stability and soundness of judgment. Awareness and personal insight in order to recognize that one is unbalanced, is a gradual process. When one is unbalanced and lack equilibrium, it is inevitable that it will affect their behavior and emotional stability.
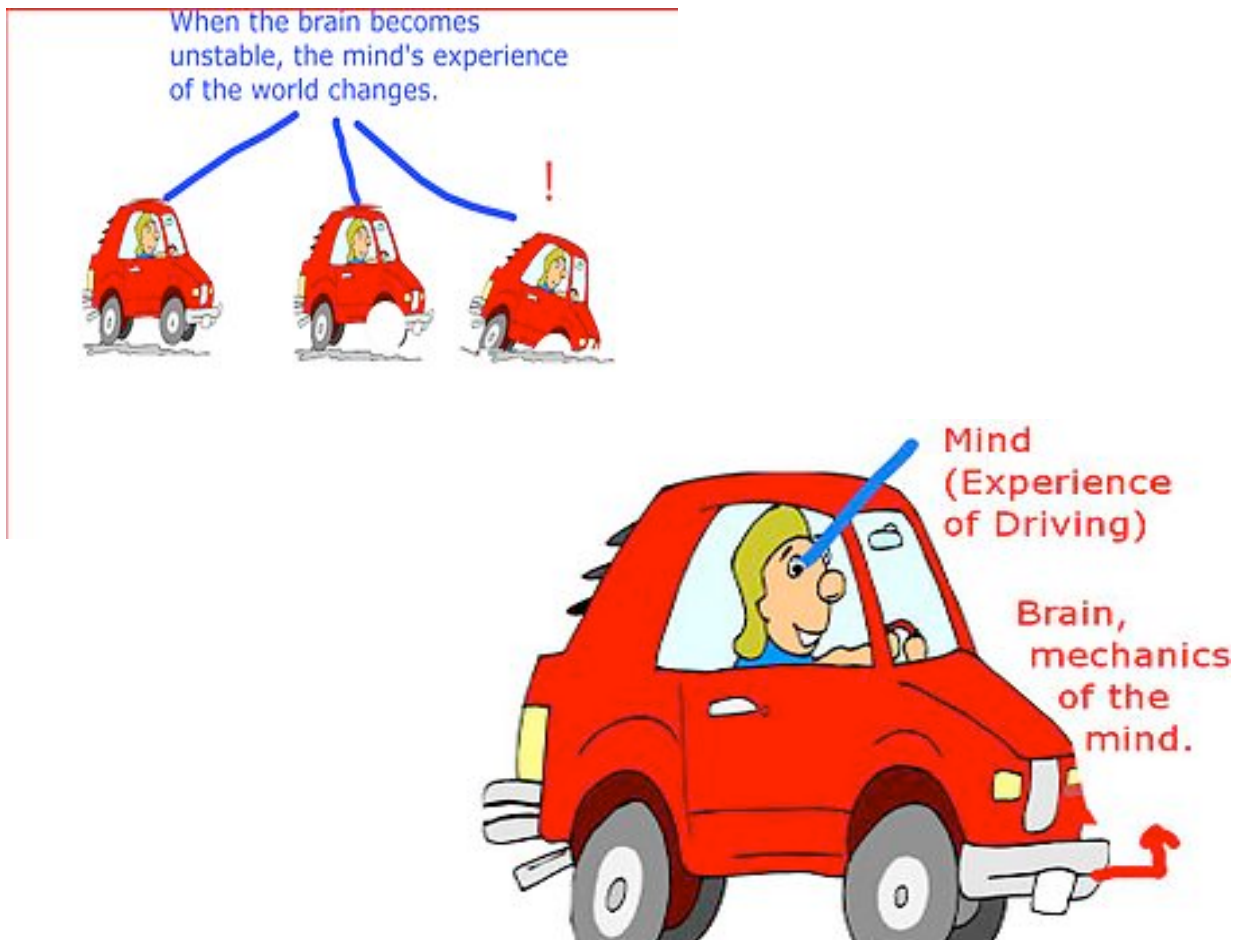
2.4.4   Emotional Stability

Emotions are apart of one's daily life. It is a natural state that is normally a result of a particular circumstance or relationship. Sometimes emotions are not easily tracabele and is just a present mood that one feels. Emotions are multifaceted, not easily broken down, and are differentiated from comparable hypothesis in affective neuroscience. Neuroscience leads emotions and the stability factor to neuroticism.

> According to Wikipedia (Neuroticism, 2015) neuroticism is defined as:

> "A fundamental personality trait in the study of psychology characterized by anxiety, fear, moodiness, worry, envy, frustration, jealousy, and loneliness (Thompson, 2008). Individuals who score high on neuroticism are more likely than the average to experience such feelings as anxiety, anger, envy, guilt, and depressed mood (Matthews, Deary 1998). They respond more poorly to stressors, are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult. They are often self-conscious and shy, and they may have trouble controlling urges and delaying gratification."

To portray emotional stability in more detail, I will use Figure 2 below, to show how the mind and its state, can control a circumstance. The principle of this matter is what is used in various situations to stabilize one's emotions.
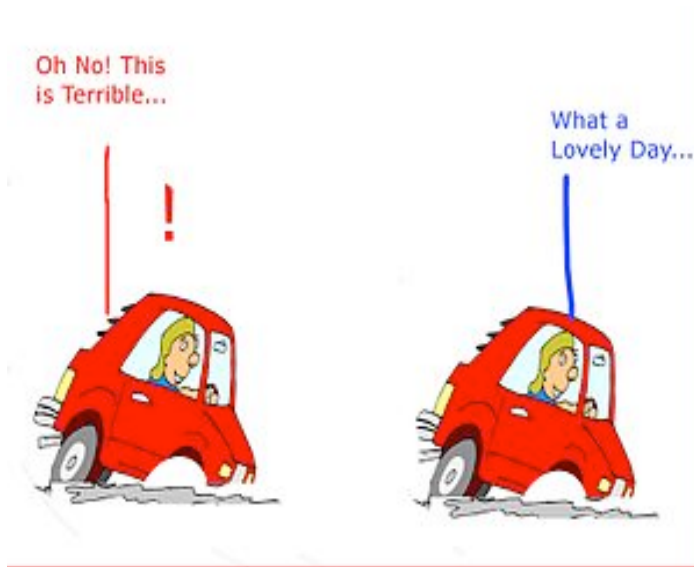
Figure 2: Emotional Stability (Wikiversity-Neuroticism) Muccolloch, 2010

The state of one's mind can heavily influence the direction of one's daily activities.

In order to be emotionally stable, one should have balance. It is my belief that one has to spend a great amount of time with oneself, learning and gaining new on who they are. Spending time with oneself requires taking time for oneself. "Taking time" refers to intentionally making time in one's schedule to be with oneself. This calls for much discipline and can be difficult at times; however, it is essential. Spending time with oneself can include mediation, relaxation exercises, or just a time of no distractions. Whatever, it may be, if it's done in this context, it could be extremely beneficial in the process of self actualization.

Reaching this point of self-actualization includes various steps and each person's journey is different. This study will dissect how awareness fosters self-development and that then cultivates identity. This concept within a therapy context is elaborated upon in this study.

Also expressing these emotions in a safe environment can be beneficial for an emotionally unstable person. Music therapy is a way these emotionally unstable

individuals can express their emotions in an explicit way and use music as a catharsis in expressing through music therapy and using relaxation exercises affiliated with music therapy like mindfulness, body scans and muscle progression.

Neuroticism is no fun for anyone. The good news: all personality traits, including emotional instability, exist on a continuum, in this case from the very neurotic to the implacably stable (Psychology Today, 2016). Emotional stability requires developmental tasks and it's a process. Human experiences and growth involve a assortment of developmental tasks; the participants of this case study, in the context of music therapy, will carry some of those out. We carry out those tasks at different stages in life, however based on research and theory; the ultimate task is that which propels one to look within.

3   Clinical Approach

During the initial therapy session, the approach was not severely structured. My co-therapist structured the beginning of the session and agreed that it would allow the group to naturally evolve.

3.1   Music Therapy Method

The primary music therapy methods used throughout this case study will be songwriting, musical improvisation, and music listening. It is my opinion that without music as a human endeavor, many would not have an objective. Personally, if I didn't have the language of music to pursue as a constant venture, my life would be purposeless. I could not possibly imagine my life or a world without the art. The medium of music is use in many but primarily as a way to express one's deepest emotions. Music a outlet in music therapy group sessions, gives the participants an avenue to express their emotions and be free. Whether it's through writing a verse of one's past, thoughts of future or feelings of the present, or playing an instrument in a free improvisational piece that has no boundaries. Participants feel free and untamed when the factor of music is present.

As a client explained in (Hibben, 1999):

"Music made things solid or real or "expressed." Music defined what I felt and thought, made my feelings real, or made me real. I could be a person-that "terrible" person I knew I was. It was okay with the music and me. Improvisation was a new "mature" territory for me. In clinical improvisation, there were no rules-no right and wrong, no black and white, no structure - I was able to stretch my wings or tryout my wings a little bit, sometimes flailing and sometimes soaring in the music."

In another client case study documented by Hibben (1999), a client expressed:

"Music therapy has given me permission to know myself. Music allowed me to express both sides of myself. It happened this way. I decided that creating a composition using two instruments-the xylophone for sweetness and the drum for strong rhythm-would help me show both female and male sides".

The music therapy design of this study will be started with an improvisation. The ladies will be asked to choose an instrument of their preference, after this is done, a mindfulness exercise will be exercised. The ladies will then approach the improvisation with the question in mind "Who are you"? It is critical yet effortless enough to gauge the self-perceived thoughts of each individual and to estimate how open they are in expressing themselves. In normal settings or group meetings, one is normally asked to introduce themselves, this will be done in the group therapy but through the medium of music and musical instruments.

3.2   Instrumentation

The 12 (twelve) sessions were recorded using the audio/video recording system in the clinic. In some of the sessions, a hand recorder was also used for playback within sessions. The clients used a wide pool of instruments during the sessions, however, the djembes, guitars, piano, and mallet kats, were the primary instruments used during the process. Our voices and body was also used for singing and body percussion.

4   METHODOLOGY

In this section, the elements of the methodology used in this study will be discussed. The case study, participants, research aims and design, clinical approach, data collection and analysis, will all be presented in the next few subsections.

4.1   The Case Study

Case examples provide very unique and valuable insights into how different forms of therapy are practiced, as well as how clients respond to those therapies Bruscia, K. E. (2012). The research method for this study is a qualitative case study research method. Case study refers to the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects themselves. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context (Becker, Dawson, Devine, Hannum, Hill, Leydens, Matuskevich, Traver, and Palmquist 1994 – 2012). This qualitative case study is an approach to research that facilitates exploration of a phenomenon within its context using a variety of data sources (Baxter & Jack 2008).

For the focus matter of my thesis, the case study approach is seemingly the most suitable method to evaluate the data formulated over the 12-week clinical session period. This case study evaluates complex yet natural interactions in a group setting through the qualitative research design. It is vital that hands-on clinical sessions through music therapy were conducted in real-time. As stated earlier, Querimit, and Conner (2003), used this qualitative approach to increase characteristic assets through Support Building, Empowerment-Based Resources, Establishing Boundaries, Expectations, Constructive Use of Time, and Creative Resiliency/Building Positive Identity. In this case study, the

desire is to inquire more of how music and its interaction in therapeutic form, can help to develop identity and stabilize emotions in an intercultural group of women.

The case study research method is an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1984). It is important to conduct a case study, as the research data found in this particular arena, cannot be generalized. Every case is extremely unique, and it is important to investigate very closely, real life situations of these women.

During the qualitative case study, as introduced previously, Rolvsjord (2006) gave an example of how important the collaboration and equality of the relationship between therapists and clients is. It is crucial to conduct my research as a case study, as the data is stronger based on it's experiential nature and bringing a better understanding to a simple yet complex issue. This study will zoom into the phenomena of intercultural group music therapy as it pertains to emotional stability and development of identity in women. This group cannot be duplicated, which means the results will be unique and provide insight that has never been produced before. The qualitative case study research method will ensure that the topic and research questions are well explored through this flexible yet structured process.

> Yin (2003) explains that:
> A case study design should be considered when: (a) the focus of the study is to answer "how" and "why" questions; (b) you cannot manipulate the behavior of those involved in the study; (c) you want to cover contextual conditions because you believe they are relevant to the phenomenon under study; or (d) the boundaries are not clear between the phenomenon and context.

As my research questions all inquire from the perspectives of "how" and "why", this qualitative case study method is accurate for this study. Past research has focused on facets of the identity and emotional stability, but none through the avenue of music therapy with a concentration on females surviving crisis.

4.2 Participants in Case Study

The participants for this case study consisted of six (6) women from various countries. This group, consisting of solely women, had all expressed interest in receiving music therapy through an application process conducted by The Music Therapy Department at The University of Jyväskylä. I contacted the participants by email after receiving their contact information and filtering of possible of group members.

A pool of applicants applied to the music therapy clinic to receive therapy, unbeknownst to them, they were going to be chosen for group therapy. Choosing these clients from the pool of applicants was strategic, in that, they reported a similar reason for applying to therapy. The group consisted of individuals from 8 different countries (including me and my co-therapist): Belarus, Iran, The Netherlands, China, The Bahamas, Russia, Ireland, and Germany. The range of nationalities of the clients influenced aspects of this research and represents the multi cultural facet of this study. The participants' ages ranged from 20-27 years of age. Being that the individual motivations for therapy were all laced with similar desires, these women were chosen and contacted. We scheduled to meet and discuss logistics of being chosen and to sign consent forms. My co-leader and I explained that the sessions would be once a week for 12 weeks; the duration was one-hour per session. The participants then reiterated their reasons for wanting to experience music therapy; the explanations were basically a transposition of the applications. They all had a deep desire to stabilize their sleep, emotions, and develop their identity after life-changing encounters.

4.2.1 Consent Forms and Confidentiality

The six (6) participants all signed consent forms, agreeing that the sessions would be

audio/video recorded and identities would not be disclosed. Additionally, it was also stated, that the data could be used for research projects and purposes. The co-leaders subsequently signed these forms (Appendix A). Henceforth, the participants will be referred to by random pseudonyms chosen y the researcher involved, to protect the participants' identities. These names are not related to the participants in any way and are as follows: Emma, Rowena, Giselle, Nancy, Valerie and Barbara.

4.3   Research Aim

The aim of this research is to examine the outcome of multicultural group music therapy with a group of women in order to provide a more clear understanding the benefits of music therapy in various contexts. The therapeutic venture is to provide opportunities for self-discovery through music therapy. This study will discover how much potential and what sort of changes can occur when music therapy is used as therapeutic tool in a group of women with aligned therapeutic needs.

My aim is also to share whatever results may be found regarding this case study, with hope, that it benefits women worldwide, that are in need of stabilizing their emotions and becoming more secure in their identity. There are studies that have been conducted in regards to identity and emotions in music therapy; however, none of the studies have included both of these things while considering one's cultural background. It is anticipated that the sessions will foster an unambiguous sense of identity, emotional stabilization, and patients will gain a better understanding of themselves, while nurturing their interpersonal skills through the group therapy process. It is expected that the music therapy will help the participants to embrace their emotions with stability, while still pursuing a sense of self through awareness and insight.

4.4   Research Design

The questions I want to answer are based on women (the being), development, thought,

and stability, which are all flexible and ever-changing factors in society. During the sessions, I will primarily be a researcher/therapist, but I will eventually also assume the roles of inquirer, observer, participant, writer and "musical encourager".

During the study, the participants were given an opportunity to share their experience through song writing, group clinical music improvisation, body percussion, movement, art, verbal exchange, receptive music listening, etc. As therapist, I also assumed the role of observer and kept a journal for myself during the research period.

Within the roles of participant, observer, inquirer, researcher, and writer, this report illustrates the ways in which music therapy can assist the women to journey throughout the rest of their lives with a clearer sense of identity, realizing and stabilizing their emotions while learning and knowing how to use these qualities to live a balanced life from the aspect of well- being.

This design affords me, as the therapist, to explore this phenomenon in a music therapy context because of its flexibility. This design is lucid but yet structured; it's 'lucidly structured'. The participants were able to make their own goals individually and as a group. Developing goals assisted in group cohesion, and lead to a more open and expressive study. After a sense of empowerment through the sessions was established, a bit more freedom was applied in each participant's case. This aim of this was directed toward this sense of empowerment and direction to be carried out in the personal and clinical realm of the women's lives.

This case could not be considered without the context and venue of the crisis center and emotional states of the participants due to their past or present circumstances.

4.5Data Collection

4.5.1 The Music Therapy Clinic Setting

The 12-week Music Therapy Process took place in the music therapy clinic at The University of Jyväaskylä in Jyväskylä, Finland. The music therapy room was set up with 8 chairs placed in a circle facing each other. The music therapy room is well equipped with music instruments including a drum kit, electric drum kit, two pianos, a keyboard, five guitars, bass guitars, kantales, barrels of percussion instruments, xylophones and metallophones, mallets-kats and many other instruments from around the world. A vibroacoustic bed and chair were also available if the therapy sessions took that route. Being that this was group therapy, there was no concern about having enough instruments or tools for the client to efficiently express themselves, or to carry out this research efficiently. The 12 sessions were recorded through video cameras strategically placed around the clinic and microphones to accompany them. This made it easier to analyze data after the sessions were done.

4.6 Data Analysis

In qualitative content data analysis, data are categorized using categories that are generated, at least in part, inductively (i.e., derived from the data) (Damschroder & Forman, 2008). The results of the analysis will also be discussed in the context of emotion regulation and identity with humanistic and client-centered principles. The aim when analyzing the data was to give an impartial detailed account of music therapy with this intercultural group of women.

The data and video was intrinsically viewed and notes were taken dissecting the various the phases of the session. The musical improvisations, discussions, brief and detailed interventions, and body language were looked at more closely and from retrospective

point-of-view. The sessions were transcribed using accurate wording from the clients. As I viewed the videos and listened to the audio as observer first, then watched again and transcribed as a participant and therapist. My interpretations, descriptions and analysis of the music therapy sessions were transposed during this field research and themes emerged through this intrinsic process.

The object of (qualitative) content analysis can be all sort of recorded communication (transcripts of interviews, discourses, protocols of observations, video tapes, documents ...). Qualitative content analysis defines itself within this framework as an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytical rules and step by step models, without rash quantification (Mayring, P. (2000). During my qualitative content analysis basic ideas and conclusion were drawn from the data. Inductive category development was used to increase visibility of various themes as close to the material as possible, without making assumptions or biased reviews.

When analyzing the data, the aim was to accurately and objectively describe how intercultural group music therapy could aid in emotional stability and identity development in women. Using themes that derived from information from their applications, the data was deductively analyzed. However, for a more precise study, I felt it was suitable to also perform an inductive analyzation. Even though I had themes and goals that were formulated on their personal views for coming to music therapy, it was essential to also analyze from the deductive perspective to be sure that I wasn't trying to make the results something that they were not.

It must be noted, that transcribing word-for-word from 6 applicants whose first language isn't English, and this was quite a task.

After transcribing the data and a coding system was then used to categorize the pivotal moments, the musical improvisations, musical taste, and discussions and while coding and stating the frequency of certain words, phrases, and musical gestures. Connections

between codes were made, themes emerged, and were relayed to the transcribed data. It was clear that certain music choices, accompanied certain musical characteristics and bodily gestures from the participants. Consistently, certain words and phrases reliably accompanied others, whether in the same session or same sentence. During this abstraction process, a conceptual map was made and guided me through identifying themes.

4.6.1 Trustworthiness of the Method

The trustworthiness of qualitative content analysis is often presented by using terms such as *credibility,   dependability,   conformability,   transferability*,   and *authenticity* (Elo, Kääriäinen, Kanste, Pölkki, Utriainen, & Kyngäs, 2014). In the qualitative content analysis, the organic movements of the music therapy sessions could be transcribed authentically. Content analysis does not proceed in a linear fashion and is more complex and difficult than quantitative analysis because it is less standardized and formulaic (Polit & Beck 2004).

5   RESULTS

During this research, I realized that it was fairly easy to structure and plan a session and the direction be altered. With so many personalities, views, feelings, emotions, identities, and opinions involved, the sessions granted me some patience. This research was a process and after grasping the fact that it would be a process. During that time, and wanting to be sure of the words I was using, I resorted to the dictionary to shed light on what a process really was. Merriam Webster dictionary defined a process as: a series of actions that produce something or that lead to a particular result ; a series of changes that happen naturally;   a natural phenomenon marked by gradual changes that lead toward a particular result <the *process* of growth> (Merriam Webster, 2016).

The evolving process of group music therapy in this study, included many factors and steps that aided in a result of something, including, analysis, goal setting, formulating a strategy and implementing that strategy, and other factors. In music therapy there is a general process that includes assessments & evaluations, sessions, goal development, treatment interventions, on-going assessments and closure.

Within the process of the therapy sessions, I will be dissecting the process during this research study and aim to better explain the results found during this research.

The purpose of the next few sections is to present the results of the data collected and the analysis made of the data of this research. In this kind of data analysis, it is very difficult journey to accurately portray the music therapy sessions while including the depth of the music, emotions, and growth that occurred during the sessions and experienced by the clients.

5.1   The Process

The research process started in September and ended in December of the same year. There were 12 one-hour sessions held at The University of Jyvaskyla clinic once a week. The 12-week sessions with the intercultural were eye opening and indeed a fruitful learning experience. Through the group music therapy, my co-therapist encouraged group homogeneity, enforced the beauty of the "safe space" of the music therapy room, cultivated the therapeutic relationship and allowed the therapy sessions to produce natural findings that then afforded the therapists and group to make goals and sift through ways of meeting these goals before the close of the sessions and after they were to be done.

5.2   Group Homogeneity

"Being with similar people, serves a very basic psychological need to belong and feel comfortable" (Apfelbaum, 2014). The effectiveness of this study is based heavily on the compatibility of the participants. Being that the group members was all intentionally selected and within the same bracket of ages and needs, this should be noted when reflecting on the homogeneity of the group. The group consisted of females; this fact alone brings about thoughts of homogeneity.

The goal for this homogenous group is for the women to feel more comfortable in various facets of their being during therapy, whilst regulating their emotions in the process. Gender, international student status (multiculturalism), personal emotional and identity placement, and group cohesion were all essential elements in choosing this homogenous group. Various aspects of homogeneity are referenced in this study and were instrumental in self-disclosure.

> Corfman (1995) stated:
> "…in order to be successful, all rely on the willingness of participants to be open with their feelings, beliefs, ideas, behavior, etc. and to discuss them candidly with other group

members. The factors that may influence the quality of a participant's involvement and willingness to self-disclose in a focus group include characteristics of the individual, the nature and sensitivity of the discussion topic, the composition of the group, moderator traits and style, and the physical environment."

Member-to-member interaction increased during the session, even points of affection with hugs and nudges were observed. It is my opinion, that these gestures wouldn't have been natural with opposing counterparts.

5.3   Group Cohesion

Cohesiveness, a sense of belonging, is particularly fostered by single-gender membership (Dominiak & Golden, 1986).

> According to Bruscia, K. E. (1991):
>
> In an attempt to continue on the track of encouraging group cohesion in session 1, we proposed a percussion improvisation. Before doing this, I performed a mindfulness exercise that allowed them to relax and directed their attention on the improvisation space they were about to be in. In those session which involve improvising, the client "makeup" music while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece (pg 6).

The improvisation started off very quiet-almost non-existent. The fingertips of the clients were barely touching their djembes. Everyone seems nervous and careful, however, this was natural, as they were strangers getting to know each other through music. Emma was not playing at all and Valerie looked around during the entire improvisation whilst barely playing. Group cohesion and improvisation is a process and at this point I experientially embraced this.

After the improvisation and a few seconds of silence, everyone opened their eyes and started looking around.

Nancy expressed:

"I feel very sleepy and with my eyes closed, you felt closer to me than you're actually sitting." However, she said, "concentration was difficult for me."

Some of the group members also shared their feelings on the first improvisation of the therapy process.

Emma shared that:

"It felt like rain was falling. I was watching the rain fall from the roof. I felt tired after a a while and it was relaxing in the last part."

Rowena said:

"I didn't let myself 'go', I wanted to make sure everything was still under control."

Giselle expressed:

"It felt like I was gone somewhere, but every now and again…"

After hearing the thoughts and feelings associated with this improvisation, it was evident, that there were still some reservations from some of the members and some were more verbally expressive than they were musically (in this instance). Also, shadows of themes were starting to emerge already.

I suggested a second improvisation and allowed them to make a personal choice of selecting an instrument to their liking.

As (Wigram, 2004) states in reference to group improvisation and choosing instruments.

- The choice of instrument can be revealing.
- The way of playing can represent aspects of personality and character
- The way of playing can represent aspects of musical history, preference, and cultural background.
- The way of playing can represent the influence of pathology.
- The way of playing and body language or posture can represent mood, intentionality, communicability, expressivity, awareness, perception, and motor coordination.

There is a great deal of therapeutic value in-group improvisation. This is why, my co-therapist decided to have more active music making in the first session, as this was the initial assessment of the individuals and of the group as a whole.

Rowena and Nancy selected the malletkats that were facing each other, Giselle selected the bongos, Valerie chose the piano, Bridget went for the malletkat drums, and Emma picked up the guitar. He second improvisation started after a few directed deep breaths and immediately started with less fear than the first one did. In those few minutes, the group had already felt a little more comfortable than when they entered and more musically free than the first improvisation.

After this improvisation and few seconds of silence, I immediately noticed Nancy yawning. We asked them to share their thoughts and feelings on this improvisation and Nancy started with: "I like the first improvisation because the drums used less concentration", just before yawning again.

> Giselle shared:
>
> "I don't imagine anything. I don't pay attention to what I do. I listen to music when I want to be cheered up, it is also motivating for me."
>
> Valerie then said:
>
> "When I was playing the drums in the first one, I remembered an experience of playing that instrument-it was stressful for me. I feel like when you experience something in one condition, you feel something different." She went on further to explain why, stating: "I love the instrument but I participated in a ceremony where too many people playing these drums and people reasing poems and when I was playing the drums, it was stressful."

Valerie went into more detail about her experience and rituals in her country and how taxing it was. Even though they all had the same instruments, and my co therapist and I thought this was the ideal choice for the beginning, this was an example of how cultural differences can oppose a great deal.

Improvisation has different effects on individuals and with both improvisations, the

clients had the opportunity to interact with each other and share musically and outside of the music. This laid the foundation for group cohesion and allowed the women to unite on mutual "unknown territory".

5.3.1 Intercultural Cohesion

During this study, there were 8 different nationalities and cultures involved in the music therapy sessions. Therefore, it was imperative that one understood (without judgment), that even though these cultures were all different, they also possessed many similarities. As foreigners in a strange land, we had the mutual understanding that we were all culturally relative. In culture, there are many different level, including the generation level, the national level, the gender level etc. In this study, I feel as though there was gender level of interculturalism. Though they all had different cultures, the root of having the same gender (female), brought about a cohesiveness that would have been different, had there been an equal amount of males to females. With the vast range of nationalities and cultures present in this research, it was imperative to highlight the fact there were cultural differences present and being that culture is the source of communication for some people, I was worried that it would have been a hindrance to the process.

5.3.2 Body Percussion

To continue fostering group cohesion, in session 2, my co-therapist and I decided to start off with the music rather than talking. The women came in and ran into their same spots that they had the prior week. It was a bit intrusive, but we asked them to change chairs, with the hopes that they got the opportunity to connect closer with all the members. However, this showed how comfortable they were already, after only one session. During the previous session, we already saw a trace of "lack of concentration" and not "staying in the moment" emerging, within the need for more group cohesion. Cognitive stimulation was a target for this session. We started off with body percussion before they could even sit down.

In essence, body percussion can be seen to lead to improvements in three areas. The Physical, as it stimulates awareness of the body, control of movement, coordination and balance; The Mental, as it improves concentration, memory and perception; and finally Socio-affective, as it helps to build egalitarian relationships and leads to a decrease in anxiety in social interactions. This means of therapy has several different uses and it is targeted at different groups (Naranjo, 2014).

Before going straight into the body percussion the bodily sounds were transposed to a voicing, so that the clients could connect to the sound before trying to relay the music from their bodies. The voicing went something like, "boom, boom, clap" or "step, boom, boom, step clap". An example of body percussion music is illustrated below.

Figure 3 Body Percussion

Like in figure 3-body percussion is a form of music that is solely made from the sound of one's body. Body percussion incorporates beatboxing, thumping of the chest, clapping of the hands, high-fives, applause, tapping of the toes, thumping of the feet, stomping, thigh slapping, stepping, finger snapping, grunts, chants, hand 'warming', etc.

I lead the women in a few body percussion activities and personalized the beats of individual with another, in a syncopated and complimenting way. This also included the palms of their hands connecting with their partners, which seemed permissible at this point. After they got comfortable, there were a lot of laughs and communication present in the room and the body percussion was actively assistive in the evident increasing group cohesion.

After the body percussion, a group improvisation with an imaginary ball was shared and this time, the music they were making had much more dynamics than it ever had. The client with the imaginary ball had to play something for others to follow.

After both of those activities were done, the groups had feedback and naturally shared their experiences without being prompted to do so.

> Bridget shared:
> "It was funny, it was interesting to follow the others"
>
> Valerie said:
> Before coming here I had a lot of things on my mind and concentration was difficult, but now I'm here focusing on what I am doing and playing makes it better. All that stuff made my concentration better."
>
> Nancy stated:
> "I found it nice that everyone was coming to your piece"
> Emma said: I don't care if others think I play good or not, I was relaxed."
>
> Body percussion, the imaginary ball game, and other exercises we did in the session are all examples of warm up techniques.

As Wigram (2002) shared in reference to activities like the imaginary ball improvisation; warm up techniques are essential setting the tone for group cohesion. The chart in figure 4 shows some of the examples of warm-up techniques that can be used in music therapy to enhance group cohesion and make the clients feel more confortable before carrying out

activities.

Instrumental	Vocal	Relaxation, preparation or movement
Explore the sound	Group humming	Relaxation induction
Pass a message	Welcome songs	Preparation exercises – being present
Musical portrait of yourself	The echo game with voices	Rhythmic movement warm-up
Musical portrait of your ideal self	Start one at a time (vocal)	Melodic movement warm-up
Musical portrait of another	The 'conducting' game	Song and movement warm-up
The 'echo' game	Soft – loud – soft (vocal)	
Start one at a time		
The 'conducting' game		
Soft – loud – soft		

Figure 4 (Wigram, 2002) – Warm up Techniques

He also gave list of advantages of doing these techniques in a music therapy process.
They are as follows:

- Group dynamics emerge – who chooses to send a message to whom, how the message is received, and what the attitude is of the other group members.
- The quality and style of the message can be relevant for interpretation.
- For the clients it is a good experience to give, or do, something for another.
- For the clients it is also a good experience to be given something – to receive.
- The musical production doesn't only represent the client, it can also represent the client's attitude to another.
- Emotions begin to become more significant – humour, sarcasm, friendliness or hostility.
- It develops listening processes, and giving attention to someone.
- It develops turn-taking, and empathic playing ability and sensitivity to others.
- For the leader – it provides a feeling of control and power.
- For the followers, it gives the satisfaction of just having to imitate someone and feel part of a group doing it – therefore it engenders group feeling.
- Enjoyment – fun and humor can come into this warm-up.

- It shows how some leaders may seek to find new, unusual even crazy sound, while other leaders are happy to copy or follow ideas from other group members.

There are many ways to establish group cohesion and foster group interaction. As the group cohesion progressed and eventually heavily established, the musical elements and changes were more prevalent and directed. For example, in session 4, the free improvisation was extremely dark in the beginning, however, transposed into a light sporadic and playful sound at the end. There was a shift on concentrating on the playing the instrument les and just playing what they were feeling. In these activities, there is also a thin line for over-observing. One should be careful when dissecting the therapeutic shifts in these activities and sessions.

When examining and exploring these improvisations and group conversations (musically and verbally), themes began to surface and became more frequent in the process, accompanied by cohesion.

5.4   THE "SAFE SPACE"

"I sleep very well in the past week…I come here and this a place for me to relax…the feeling is just like the sauna. After this, I feel okay…so many things in my heart and I feel empty so I feel relaxed", said Emma, during the second session.

Already, the group started to embrace the therapy sessions but more specifically, the room and aura of its nature. As stated before in section about the music therapy clinic, the room is efficient and provides a comforting atmosphere. The music therapy room or the setting can delay, impede, help, or support the therapeutic process. The therapist can create an environment that supports a "safe space" that subsequently encourages sharing from the individuals involved. In addition to this, the therapy room can have its natural benefits based on its location or private nature.

In the first session after introductions were made, I stressed the importance of the confidentiality in therapy. I transposed the importance of the "safe space" of the music therapy clinic, informing and assuring them that the space, the time and the instruments were theirs during this process. Even though the participants signed consent forms that the sessions could be used for research purposes, it was still emphasized that the sessions should be confidential in their everyday personal encounters. The participants, therapists, and music are the primary factors in the music therapy process; conversely, the setting or environment of the venue can be the fourth factor that aids in the therapeutic progression. There are other factors of the room or environment that could interfere with the process. For example, the smell, lighting, the distractions whether it be visual or tactile, or even the set-up of the room could be an interference.

The participants verbally projected examples of this fact as follows:

Session 3:

Alena: "… this room has a special environment. It's like you feel so relaxed here. I don't know…it's so silent. You don't hear any other noises and when you go back to real life, it's so noisy.

Session 6:

Sabine: "I come here because its' relaxing. It's on a different speed than the rest of the day…you're allowed to just relax or just talk or just meditate. I think it would be very different if we move to a different environment because it's now here and quiet and we know the place and we played instruments, we know everyone… if we move to outside or somewhere else it would be different I think.

Lisa: "there's my normal days and this path that I'm walking, but then when I come here, I just step out while I'm here for this hour… and this is quiet and you can't hear anything.

Maryam: "I feel relaxed here… I can say anything that I'm thinking about. We know each other…I like this place."

Session 8:

Excerpt from anonymous Group Story written by the participants:

"After 8 weeks, I feel comfortable and relaxed in this place an group."

"Everyone is free to say whatever they want to say."

"… a place where you can relax and just be in the present"

"… allowed to be yourself; you're good the way you are"

Session 12:

Alena: "I think I can't feel that relaxed anywhere else…even if I try to do it, I can't turn off my mind like I can do it here. I've been thinking other things that I have to do but then I come here and I'm not that stress anymore…"

Co-therapist: What's different?

Alena: "It's just relaxing. The other world is somewhere there and this room is like a shelter from all these problems in life…"

5.4.1 Therapeutic Relationship

The group therapeutic relationship requires a systematic definition, one that captures multiplicity of relationships and assorted contributing factors that all come together to form dynamic and complex influence (Norcross, 2002. pg 71). The clinic was explained as a safe place from the clients. During the last session, Giselle said, " I knew it would always be good to just come here and do what ever you asked us to do…I got a good feeling; I trusted you and that the whole session would be a good thing." The word trust was used to describe her feelings towards the therapist. This was a pivotal moment of the study. It was the end of the process but she verbally expressed this and wanted the therapists to know how she felt. This feeling can positively contribute to the progression of the client's development in therapy.

5.5   Inception

After meeting with the clients to sign consent forms before the therapy sessions began, it was time to prepare for the first session. Wanting to start with a "group", my co-therapist and I agreed that it would be best to meet the clients upstairs in the lobby, rather than having them walk in one-by-one. This was group therapy and we wanted to start that way. Resembling Burlingame, McClendon, Jennifer, (2011), my co therapist and I was aware of how popular cohesion was in group constructs, but also the importance of this clinical relation in group therapy. Our aim in doing this was also to prepare the group members of each other and guide them into the room rather than them walking into a quiet room with all eyes fixated in their direction.

> New group members are often apprehensive about joining a treatment group. Guidance and information can minimize their anxiety about the group experience, and pre group orientation is often the vehicle of delivery. Preparing group members prior to their group experience has been shown to have a positive effect on group cohesion related to eventual group cohesion (Norcross, 2002 pg. 73)

We continued meeting the group upstairs in the lobby for all of the other sessions.

There wasn't an intense way we wanted to start the sessions, we just knew that we wanted the group to feel comfortable and introduce themselves to the other individuals involved. The start of the music therapy needed to shift the clients to the "safe space" of the music therapy clinic and provide a smooth transition from the outside, while simultaneously setting the tone for the future 11 sessions.

After everyone introduced themselves and gave a brief synopsis of why they wanted to receive music therapy, my co-therapist and I reiterated what music therapy was; not too much information to make them anxious, but just enough to make them comfortable about where they were and the journey they were about to embark on.

After introducing themselves, we allowed the women to choose a piece of percussion and introduce themselves to it. It is my belief that the instruments in music therapy are just as important as the clients involved. My Co-therapist and I, asked the women to touch, feel and see what the instrument does, with no restrictions. Allowing the participants to explore the sounds of the instruments without giving them time frames or musical structure can aid in a comfortable creative expression.

> Let us try to remember that as music therapists, we have all been trained to play and to improvise, and feel familiar and comfortable with instruments. The great majority of our clients, on the other hand, have not trained in improvisation, and many may never have learnt an instrument, sung in a choir, and will tell you that they are 'not musical'. Even if they have had a musical education, they may feel uncomfortable to be required to create music spontaneously through improvisation, and need to be led into the process with a degree of care and sensitivity. Wigram, Tony (2002).

5.6   Setting Goals

Although clients ultimately choose their own goals, therapists are an important source of information and recommendations. Sobell, Linda Carter, and Sobell, Mark B (2014). During therapy, goal-setting is a substantial factor in the result of the therapeutic benefit that transpire throughout the journey of therapy. After group cohesion was fairly established and the individuals were experientially aware of what the music therapy entailed, it was suitable to ask the individuals of what their personal goals were for the process. Though my co-therapist and I had a person-centered in mind when we thought that the clients could suggest personal goals of their own.   The person-centered approach that is a branch of humanistic approach in psychotherapy, suggest that ones own realizations and creativity is realized and it provides the clients, an opportunity to develop a sense of self. Personality change in a person-centered perspective means becoming your real, true, organismic self (Lambers & Thorne 1998). With this is mind; the journey of self and development of one's personality takes time. Making cognitive changes and actively working towards various goals, aids in this process. In the application period, the women specified briefly why they want to pursue music therapy. With various reasons

like, "I want to know more about myself and would like to learn the connection between music and well-being", to "stressed…forgets to relax and hopes to learn how to use music for relaxation", "difficulty dealing with stress and needs more relaxation" and "I want to know myself better."

During the first session, the women said why they wanted to start music therapy, and the reasons were quite aligned with their applications. However, almost half way through the process the women shared their update on their goals and shared new ones. In this session, only 4 women were present.

Emma: "I had a expectation…I had problem with sleeping so I wonder if you could give some kind of tips how to overcome this problem. But after 2 or 3 times…I let it go…"
Therapist: "Has this been helping with you sleep"
Emma: "Yeah"

Nancy: "I think need I more structure...and this is an hour every week at the same time…so that' good… more school things… that' why I'm getting stressed …you're not studying and not relaxing…I need to find a way to do both of them in a good way… meditate and I think it' good to learn how to do that here and take it with you and do that home… so…those little exercises… those exercises are good to try so you can see what fits you and what helps you cus' you're not coming to my country. (laughs)."

Giselle: "…same thing for me. It's like we have the same life...I even put more sports classes but then I find something else to do." (Starts to cry) "It's really hard to figure out… there's so many things to do and I wanna do but I don't get to do them … everything else comes late or not at all…I feel like sports classes and relaxation is a duty…I know I should be doing something like that but it's feels like I *have* to do it...the duty is higher…It's difficult."

After some of the ladies shared their wants, needs and what they've already achieved from therapy, my co-therapist and I asked a few more questions of those that shared and didn't share and accentuated the individual and group goals for the group. We planned our way of guiding the adjustments and self-changes happening with the clients.

5.7   Common Central Themes

As stated previously, the data for this research was analyzed though the qualitative content analysis method. Though myriad of themes surfaced, there were a few that emerged, that seemed indicative of the individuals and nature of the group. Some issues were shared by most of the group ad some issues were shared by all of the members; these potent issues manifested consistently in the group music therapy sessions.

Some of the major themes that emerged were:

- **Sleep Deprivation - Insomnia**
- **Personal Emotional Awareness through Solitude**
- **Music and Activities for Relaxation that would also help with concentration and sleep**
- **Lack of Concentration**

In the next few sections, these themes will be dissected and better explained through the music and verbal exchanges that occurred during the therapy process by the 6 women participating in this study. The themes that emerged were found from the process of conventional content analysis. In conventional content analysis, coding categories are derived directly from the text data (Shannon & Hsieh, 2005).

 These six women all had different yet aligned reasons wanting to do music therapy. This resulted in almost unanimous themes when analyzing the data. In the beginning of the sessions and before we met with clients individually, most of them wanted music to help with their extreme tiredness, most stated that they had lack of sleep (insomnia), regulating emotions with music, wanting to know themselves better, and forgetting how to relax. In the middle of the process, and after music therapy was helping them with sleeping better, spending time alone and knowing the self better started to emerge. As

themes emerged, they were meaningfully explored through the context of Group Music Therapy.

Relaxing - "In My Solitude" with No Guilt

When one spends time alone, it can be an enlightening encounter - quite insightful. Spending time alone cultivates identity development beyond the social realms; it calls for introspection on a different level. Taking a few moments, a day, or even a week, can be life changing when trying to understand aspects of oneself better and it eventually helps with stabilizing one's emotions; this, happening as a result of being more conscience and aware of your personality, what it requires and how your mind works without distractions.

As a dimension of the big-five personality projects, possessing an adequate level of conscientiousness can be healthy. Conscientiousness is a tendency to show self-discipline, act dutifully, and aim for achievement (Boundless, 2015). Having tho

As stated in Reed, (1990), periods of solitude, whether brief moments or extended seclusions, have a range of functions and meanings in the human life cycle. In many Native American cultures, youth were required to pass a period of time in seclusion to achieve the transition from childhood to adulthood (Downs, 1972; Erikson, 1950).

During the sessions, it became clear that some of the ladies had a hard time grasping the thought of spending time alone or in introspection outside of the music therapy room. It's natural to allow responsibilities to consume you at some point in life; however, one must overcome that unbalance of not focusing and spending time with oneself in order to cross the threshold of self-unfamiliarity.

On the other hand, it's not healthy to spend too much time alone or in solitude away from the "real world", one needs to have balance.

> Solitude is a separation from others, a separation from immediate participation in the social activities of talking, sharing, loving, judging, and being judged. As such, it has the potential to harbor a wide range of extra normative thoughts and feelings, including generative and self-nurturing activities as well as those that may be harmful to the individual or society (Reed, 1990).

When individuals are around people, they tend to conform to a set unspoken rules, pre conceived actions, and an array of expectations. Time alone can be seen as time away from the hot lights of the "big stage". This is more than just behind the screen of the computer but heavily on social media even though you're home alone; it's separating oneself communicatively from others.

When people discover a difference between the way they are and the way they want or ought to be, they suffer a variety of unpleasant emotions (Baumeister, 1997). This was demonstrated early on in the process. In session 2, after asking the women how they were doing, Nancy began to express how she was feeling after the first session.

> Nancy: "I was really sad after last session…really focused on myself and hit me hard…I was tired and sad…mixed feelings about coming to this session. I was feeling what I feeling instead of mooching on…and not feeling what I was feeling…it was confronting cus' I was facing on myself …and vulnerable…"

This was a clear illustration of how one can be hesitant or is not comfortable with introspection. However it also illustrated, "openness to experience. Nancy didn't like the "confronting" feeling but began to accept her emotions and allowed herself to return to the music therapy group, even though she was hesitant to return.

"Openness" is also a dimension in the big-five personality. As 123test.com (2016), explains: "Openness is one of the five personality traits of the Big Five personality theory. It indicates how open-minded a person is. A person with a high level of openness to experience in a personality test enjoys trying new things. They are imaginative, curious, and open-minded. Individuals who are low in openness to experience would rather not try new things." All of the women were "open", this fact was clear, as they all embarked in the experience of music therapy; a concept that was foreign and unknown to

them. However, as the figure below of the big five personality traits displays, one trait or dimension leads to another.
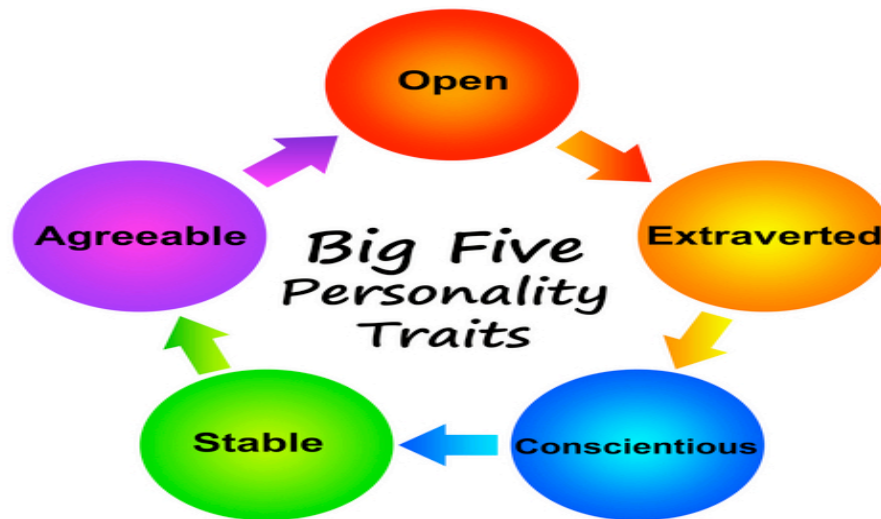

Figure 5 An example of the Big-Five Personality Traits

psychology.iresearchnet.com/social-psychology/personality/big-five-personality-traits/

Being open to experiences can lead to many other things, including being more conscience. Conscientiousness and being open calls for a different level of self-discipline. However, even though through coming to music therapy and playing in musical improvisations when they were clueless to the instruments showed that they were open and conscientious on a certain level, the journey still had steps that they needed to reach. Spending time alone and in their solitude to nourish self-discipline, stabilize emotions, "relax" and develop "self" through introspection, proved to be a challenge for the group. The women constantly brought up relaxing, and how much they enjoyed relaxing tin these sessions, but couldn't achieve the same feeling with efforts on their part, outside of the group therapy sessions. This was demonstrated in session 3. Taking time in solitude to relax the mind and relax the body.

Session 3:

Giselle said:

"…I always feel relaxed when I get home from this session..I really wanna do things like the muscle progression…I was really planning on doing it..I always thought of it when I was about to go but I forgot…. From this session onwards…I feel less and less and relaxed…like the days leading up to the next session...like from the session onwards, I feel more and more unrelaxed…like you know what I mean…like the days progressing to the next Wednesday and then I come her end feel like I'm recharged again and relax…"

This illustrated that the music therapy sessions and activities encountered in the sessions were relaxing. The co-therapist then went on to elaborate on this feeling Giselle was feeling.

Co-therapist: "What difference would your week be if you gave yourself time to do something relaxing…do you think you can incorporate it into yours schedule?

Giselle: "probably would make a difference…I should do that"

Therapist: "Sometimes it's hard to remember…" (Giselle cuts therapist off and proceeds to say)

Giselle: "Yes! There's so many things in your mind… I have to get this done and that done...and I want to do this and that…and then time just flies…

This highlights the fact that it takes more than a thoughts or wanting to do something for change to occur. Self-discipline has to be actively practiced. Additionally, it's so easy to get consumed with life and obligations of others that you lose sight of yourself and goals. After Giselle's sharing, Emma continued and shared her thoughts after the co-therapist shared some insight on their step of coming to music therapy.

Co-therapist: "…you've all made time to come here to these sessions. It's so important to give yourself time. You give yourselves an hour to think about whatever comes up in the group when you're here...something to think about...how can you give yourselves time throughout your week, to sort of not have that build up of stress…

The word "stress" used, because of the fact that it was mentioned in earlier sessions and on their applications for music therapy. Emma rebutted and expressed….

Emma: "…actually for me…when I go outside of the room…I don't remember what happened here…just when I come back again, then I remember everything …but I just

think about very interesting influence on me…when I listened to someone. Through you and you (pointing at fellow group members)…I can pay more attention on what others are thinking about…

After the previous dialogue, it was evident and appropriate that relaxation and time taking time alone were steps that the women need to take. This was an opportunity for receptive music therapy with a mindfulness exercise.

Therapist: "Sometimes we just keep going and going and we get into automatic mode. Sometimes you're doing things and tend to not see why you're doing it …just moving, moving, moving…it's good to take a second sometimes and get out of automaticity. What we'll do right now… we'll do something that you can do everyday… you can do it for 60 seconds or 60 minutes… we're going to some mindfulness and allow yourselves you be …be with yourself, be in the moment …even when you leave out of here…you can still be with yourself in the noise...feel free to relax and move to the edge of your chairs."

The co-therapist turned on some relaxing music that aided in the feeling of relaxation. I started the mindfulness with a script that consisted of the group members quieting their minds and loosening the tension of their minds and bodies. The intention of this exercise was to bring their attention to the internal and external occurrences that were presently happening. Even though this was the intention, Valerie kept fidgeting with her hands and was extremely uncomfortable. She did not keep her body still for 20 seconds straight during the exercise.

After the mindfulness, the music was changed to a naturist soundscape. After listening to the soundscape, and about 45 seconds of silence after the music stopped, the floor was open for group members to share their feelings or sensations at the time.

Emma: "…I feel like I'm floating...floating like a leaf in the air…floating in the wind
Therapist: "...anything came to mind?"
Bridget: "…I felt really relaxed…I still pictured this group in my mind… this cycle in my mind...I felt like we sitting in the garden…thanks to this music because it is so relaxing…sounds of nature…you feel like you're in nature…"
Giselle: "I felt more physically here…your words guided me…"
Emma: "I feel myself…"

Bridget: "I like this physical feeling of relaxation. It's like after a massage after the world is on your shoulder and you get a message…

With hopes that Valerie would also share her thoughts or feelings (as she was not prone to share unless nudged a little"

Therapist: "…anyone found it hard to stay in the present…to stay here in the present… was your mind wandering?"

Valerie: "I closed my eyes and too many things started happening and I couldn't concentrate again but I'm worried about tomorrow my lecture and all the things I have to do."

Therapist: "So you weren't able to concentrated at all."

Valerie: "Yes...right… right as closed my eyes I remember my lecture and anything…

Therapist: "That kind of thought process restricts you from relaxing on a daily basis?.."

Valerie: "Yes"

The group had different reasons why they weren't able to "relax" and "concentrate". My co-therapist and I felt as though if they got an opportunity to spend alone, it would help with their personal insight, that subsequently help them with their choosing where they give their thoughts and energy. In Session 4 after a discussion about how the ladies have tried different avenues to "relax" and take time alone, Rowena shared her feelings on not being able to do this while agreeing with the "anxious" feelings that Nancy had expressed a few moments before. No matter what she tries to tell herself, she couldn't seem to relax.

Rowena: "…I get anxious and I try to tell myself calm down…when I try to tell myself and lie down. I can only eel my heart beating… but it's also stressful. I had stress with family stuff. I started to analyze it and I saw the whole thing I couldn't breathe and it was so hard and I tried to relax. I spoke to my mom and now we are trying to change a pattern in our family… stress and drama and everything together… I also feel this anxiety (while looking at Nancy)

Therapist: "…like a ball emotions"

Rowena: "…yeah everything together… no separation."

It is important to note, that when these discussions are being carried out, music that my co-therapist and I thought was conducive to a relaxing atmosphere and would foster feelings of relaxation.

> Co-therapist: "…we did talk about that in the previous session… about giving yourself time…is there time between sessions where you can give yourself time… you don't feel guilty about it and just yourself time…"

Nancy quickly interrupted and said: "That's the thing…don't feel guilty about it...that part doesn't work…then when you feel guilty…then you full with emotions and it's anxiety."

There was guilt in the thought of spending time alone; the other women agreed with Nancy's sentiments. However, this is the part that calls for introspection; the part that is confronting yet creates a shift for one to be able to relax and concentrate on "self". On the upside of that, it was evident that music therapy and various activities with the process helped with this developmental task. This kind of insight during the therapy, based on the women's feedback, was beneficial and even if they didn't carry out time alone beyond the sessions, the fact that the music therapy made them more aware of the fact that they needed to do this, made it successful.

When you spend time alone, you are edified, and have a greater understanding of things that may have otherwise been hard to comprehend. Using this time to meditate without judgment is beneficial to daily balance. Meditation enhances detachment from mental formations in the mind and control of the minds engagement (Muktananda, 1980).

6   DISCUSSION

The study investigated how an intercultural group of women benefited in cultivation of identity and emotional stability from group music therapy. The purpose of this study was to further examine the levels of emotional stability and the progression of identity formation in a group of women and how the findings can improve one's quality of life. As previously stated, this therapeutic undertaking is to provide openings for self-discovery through the medium of music through therapy. This study discovers how much potential and what sort of changes can occur when music therapy is used as therapeutic tool in a group of women with aligned therapeutic needs under the umbrellas of emotional stability and identity development.

6.1   Results & Findings

As the group developed; personally (individually) and as a unit, cohesiveness increased and related feelings were shared. As aforementioned, without a doubt, there were therapeutic factors that aided in the proving that the music therapy was indeed beneficial to the women. From insight, music catharsis, to socialization that leads to interpersonal and intrapersonal learning, the results proved to be constructive.

The investigation of the data has resulted in the determination that intercultural group music therapy is beneficial to the betterment of one's emotional stability and identity development.

As aforementioned in the central themes chapter, the process allowed and propelled many personal perceptions the women had. This music therapy process and the factors that contributed to it, provided a platform for the group of women to explore their inhibitions through the avenue of musical experiences. Though music experiences occurred throughout the entire process, cognitive evaluation had to be taken into account in order for the women to have a better understanding of themselves and their personal levels of

emotional stability and identity development. As Trainor & Schmidt, (2014) addressed, "There is currently much debate among psychologists and neuroscientists as to the nature of emotional experience in general and it's relation to cognition, behavior, consciousness, and the sense of self. According to one view, cognitive evaluation must take place first, and the emotional response is generated subsequent to this." Emotional association were dissected and identity barriers were delved into as the weeks progressed.

The group of women found different avenues to conquer their subconscious fears and issues with sleep deprivation – insomnia, personal emotional awareness through solitude, lack of concentration and relaxation, were addressed as the group cohesion progressed over time. The homogeneity of the group continued to lend a supportive foundation throughout all of the sessions and provided the women with the opportunity to feel "safe".

Throughout the sessions, the group music improvisations were an integral part of the progression of the group. Observations were made during these improvisations, that were able to support the conclusions drawn or expressed by the women involved. Personality traits throughout the verbal exchanges and within the musical exchanges, complimented each other and made the needs of the clients more visible. For example, as mentioned, when Valerie shared: "I closed my eyes and too many things started happening and I couldn't concentrate again but I'm worried about tomorrow my lecture and all the things I have to do." This was a clear example of her lack of concentration with and without music. Within music, she was present but absent at the same time. She would play the instrument but sporadic and sudden movements and dynamic sound would notify the co-therapist and I, of her departure and arrival, to and from the present experience.

This experience has made me notice various things about my approach in music therapy and group psychotherapy. I've actively observed the fine line of countertransference being that my group consisted of all women. This has made me more aware and alert of various things that I may be susceptible to in a therapeutic setting, especially with certain pools of participants/clients.

6.2   Limitations & Suggestions

This research suffers from a few weaknesses. While sharing the results of this research is important, the limitations and suggestions should also be highlighted. The therapeutic needs of the clients varied but they were all aligned. If they all had needs that were indistinguishably identical, I think it would have aided in the commitment in the commitment of all the members. Half way through the process, 2 of the ladies decided to stop the process and no one attended the sessions. For one, I feel as though she didn't feel like enough attention was given to her needs and for the other, I feel as though her need was satisfied as she had an interest that no one else had placed on their application; it was unique to her and where she was in life. However, there was no surprise, as from the beginning, they were a concern for various reasons. There was also a concern of one the individuals being more of an observer rather than an active participant. There could have also been more than 12 sessions to bring more insight on the concerns that the women had.

Even though the women didn't express any explicit feelings of the other 2 women leaving, it is safe to say that the therapy process would have been different if it did not start or had finished with them. Language was also a limitation. In session 5, we saw how speaking in English affected the ladies. In reference to missing a previous session Rowena explained why she didn't feel like attending.

> Rowena: "the first time I was too tired and couldn't come…I was too tired to speak English and talk to people…I enjoyed being with myself.. I'm just tried getting information in English and reading and seeing English...it's difficult processing all the time…"
>
> Bridget: "…yeah I have to think twice as much music because you have your first language in your head…I can totally relate. It's double work
>
> Therapist:"…Right…no one's first language in English right?"
>
> Valerie: "…my problem is forced… then in family we have another language.. and then here we speak English and now I'm trying to learn the language of this country…"

Co-Therapist: "…seems like a draining thing to do all the time..

Bridget: ".... especially when comes to express your feelings. It's okay to speak on different random topics. But it's hard to express mentally what you're feeling…"

Even though they explained this as a problem, I don't think it heavily affected the results, as they were very eloquent in expressing their feelings and transposing musical exchanges. Nevertheless, the study was conducted and successful with beneficial results.

6.2.1   Recommendations

If there was an opportunity to make this particular process a longer one, I believe that the results would be a more detailed and beneficial outcome. Even though it was of great importance to perform this study with healthy adult women, I think it would be important to explore the emotional stability and identity development in teenage girls. Being that these factors are always present in a human's daily life, it would be beneficial to observe the changes that happen throughout a girls' life into adulthood, and how these changes affect her levels of emotional stability and identity development, as they go hand-in-hand.

7 CONCLUSION

The study, has explored the features of emotional stability and identity in an intercultural group of women, through the context of music therapy. The effects of sleep deprivation lack of concentration, deficiency of time alone, and not being able to relax daily, have a range of influence on emotional consistency and identity. The effects slightly differed but had a common ground of similarities. The results are hoped to convey a positive outcome of the use of music, and how it nurtures personal growth, self-development, and regulation. Sometimes it's a bit difficult to clearly understand where your views, values, beliefs, and attitudes may come from; it's natural to ask the questions "who am I? and "why do I do the things that I do?", however the fact that one is aware and awakened by these questions, is the first step to progression. In this case, music therapy was the second step in gaining more insight into oneself and actively making adjustments to nourish, develop and enlighten the concept of identity. This step then lead to cultivation in emotions and stabilization of one's inner most thoughts and feelings. Knowing oneself better, and being more certain about one's identity, helps to aid in the clarity of one's feelings, sentiments, reactions, sensations and passion; qualities that are included in the umbrella of emotions.

This study will provide preliminary information on music therapy used for identity structure and emotional stability in women. It will help one to embrace the importance of a strong foundation of identity that will in turn foster self-regulation throughout one's adult life.

Personally, this study was an enlightening learning experience in my journey of being a music therapist. Even though I had worked with group of females before, never have I worked with a culturally vast group as this one.

Future research of this study will need to be elaborated upon, from a worldly view and different nationalities, to get a more precise account of how music therapy can affect various pools of intercultural group of women.

The possibilities of music therapy can span across many belief systems and defy labels that are closed the benefits of music therapy. The participants learned and grew throughout the process and so did I. Group music therapy is a platform that sets the stage for many therapeutic opportunities, even some that have yet to surface and be explored.

8   REFERENCES

Andrews, R. (2003). *Research Questions*. London: Continuum.

American Heritage® Dictionary of the English Language, Fifth Edition. (2011)
    unbalanced. (n.d.)

Baumeister, Roy F., (1997) *Handbook of Personality Psychology*, Pages 681–710

Baxter, P., & Jack, S. (2008). *Qualitative case study methodology: Study design and
    implementation for novice researchers*. The Qualitative Report, 13(4), 544-559

Beaumont, Sherry L. (2009) I*dentity: An International Journal of Theory and Research*,
    9:95–115

Berzonsky, M. D. (1990). Self-construction over the lifespan: A process perspective on
    identity forma- tion. In G. J. Neimeyer & R. A. Neimeyer (Eds.), *Advances in
    personal construct theory* (Vol. 1, pp. 155–186). Greenwich, CT: JAI Press.

Big Five Personality Traits, (2016) Retrieved from
    http://psychology.iresearchnet.com/social-psychology/personality/big-five
    personality-traits/

Boundless, (2015) *"The Big Five Personality Traits."* Boundless Management.
    Boundless, 21 Jul. 2015

Boundless, 2016 *"Influences of Culture and Gender in Psychotherapy*."

Brown, A. (1996) *A dynamic model for examining continuity and change in the
    occupational identities of VET professionals*, EUROPROF working paper
    Bremen: ITB.

Bronwyn Becker, Patrick Dawson, Karen Devine, Carla Hannum, Steve Hill, Jon
    Leydens, Debbie Matuskevich, Carol Traver, and Mike Palmquist.. (1994 - 2012*).
    Case Studies*. Writing@CSU. Colorado State University.

Bruscia, K. E. (2012). *Case Examples of Music Therapy for Self-development*. Gilsum,
    NH: Barcelona Publishers.

Burlingame, Gary M.; McClendon, Debra Theobald; Alonso, Jennifer, 2011, *Cohesion in
    group therapy.* Psychotherapy, Vol 48(1), Mar 2011, 34-42

Carr-Ruffino, N. (2005). *The Promotable Woman*. Franklin Lakes, NJ: Career Press.

Collins English Dictionary – *Complete and Unabridged*, 12th Edition 2014

Donna L. Golden, George M. Dominiak, (1986) *Single-gender group psychotherapy: A "women's group" for adolescent inpatients*, Volume 10, Number 4, Page 217

Downs, J. (1972*). The Navajo*. New York: Holt, Rinehart & Winston

Downs, 1972; Erikson, *1950 DEVELOPMENTAL REVIEW* 10, M-183

Deutschendorf, H. (2009). *The Other Kind of Smart : Simple Ways to Boost Your Emotional Intelligence for Greater Personal Effectiveness and Success*. New York: AMACOM.

Erikson, E. (1950). *Childhood and society*. New York: Norton

Erikson, E. (1964*). Insight and responsibility*. New York, NY: Norton.

Evan P. Apfelbaum, Katherine W. Phillips, and Jennifer A. Richeson. *"Rethinking the Baseline in Diversity Research: Should We Be Explaining the Effects of Homogeneity?" Perspectives on Psychological Science* May 2014 9: 235-244,

Forman Jane and Laura Damschroder (2008) *Empirical Methods for Bioethics: A Primer Advances in Bioethics*, Volume 11, 39–62

G. Matthews and Ian J. Deary (1998). *Personality traits*. Cambridge, UK: Cambridge University Press.

Gender identity. (2015, April 26). *In Wikipedia, The Free Encyclopedia*. Retrieved 22:42, April 27, 2015,

Hibben, J. (1999*). Inside Music Therapy : Client Experiences*. Gilsum, NH: Barcelona.

Ian Hay , Adrian F. Ashman *International Journal of Disability, Development and Education Vol. 50, Iss. 1, 2003*

L., Lytle; Linda, Bakken; Charles, Romig, August 1997, *Sex Roles, Volume 37,* Issue 3-4, pp 175-185

Lambers, E., & Thorne, B. (1998). *Person-centred Therapy : A European Perspective*. London: SAGE Publications Ltd.

Larson, Reed W. (1990) DEVELOPMENTAL REVIEW 10, M-183 *The Solitary Side of*

Life: An Examination of the Time People Spend Alone from Childhood to old age

Larson, Reed W. (1990) *The Solitary Side of Life: An Examination of the Time People Spend Alone from Childhood to old age*

Legend of Nomad, (2012) *Multicultural vs Intercultural*

Li & Karakowsky (2001). Do We See Eye-to-Eye? *Implications of Cultural Differences for Cross-Cultural Management Research and Practice*. T*he Journal of Psychology*, *135*(5), 501-517

Marcia's Four –Quadrant Identity status Figure 1 Retrieved from
http://socioemotional.weebly.com/james-marcia.html

Marcia, J. E. (2010). Life transitions and stress in the context of psychosocial development. In T. W. Miller (Ed.), Handbook of Stressful Transitions Across the Lifespan (pp. 19-34). doi: 10.1007/978-1-4419-0748-6_2

Martin, C.; Ruble, D. (2004). *"Children's Search for Gender Cues Cognitive Perspectives on Gender Development"*. Current Directions in Psychological Science 13 (2): 67–70.

Mayring, P. (2000). Qualitative Content Analysis. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1*(2). Retrieved from http://www.qualitative research.net/index.php/fqs/article/view/1089/2385

MBuz on January 15th, 2008 from *http://www.buzinkay.net/blog-en/2008/01/identity erikson/*

Muktananda, S. (1980). Meditate. State University of New York Press: New York.

Muccolloch C., 2010 Emotional Stability, Neuroticism Wikiversity

Norcross, J. C. (2002). *Psychotherapy Relationships That Work: Therapist Contributions and Responsiveness to Patients*. New York: Oxford University Press, USA.

Polit D.F. & Beck C.T. (2004) *Nursing Research. Principles and Methods*. Lippincott Williams & Wilkins, Philadelphia, PA.

Process - *Merriam-Webster.com*, (2011) Retrieved April 12, 2016

Psychology Today © 1991-2016 Sussex Publishers, LLC | HealthProfs.com © 2002-2016
Sussex Directories, Inc.

Price, John R., Hescheles, David R., Price, A. Rae, 1999 *A Guide to Starting Psychotherapy Groups*

Querimit, D. S. and Conner, L. C. (2003), *Empowerment psychotherapy with adolescent females of color*. J. Clin. Psychol., 59: 1215–1224. doi: 10.1002/jclp.10212

Rachel Darnley-Smith & Helen M. Patey, 2003, *Music Therapy*

Random House, (2010) *Kernerman Webster's College Dictionary*, K Dictionaries Ltd.

Rolvsjord, R. (2006). *Therapy as Empowerment: Clinical and Political Implications of Empowerment Philosophy in Mental Health Practices of Music Therapy*. Voices: A World Forum For Music Therapy, 6(3). doi:10.15845/voices.v6i3.283

Romero-Naranj, (2014*) Procedia - Social and Behavioral Sciences* Volume 152, 7 October 2014, Pages 1171–1177

Roy F. (Baumeister, 1997) *Identity, Self-Concept, and Self-Esteem: The Self Lost and Found, Chapter 26*

Satu Elo, Maria Kääriäinen, Outi Kanste, Tarja Pölkki, Kati Utriainen, Helvi Kyngäs, (2014) *Qualitative Content Analysis-Focus on Trustworthiness*

Shannon Sarah E. & Hsieh Hsiu-Fang,(2005) *Three Approaches to Qualitative Content Analysis*

Sobell, Linda Carter, and Sobell, Mark B, (2014) *Group Therapy for Substance Use Disorders*. New York, US

Tervo, J. (2005*). Music Therapy with Adolescents*. Voices: A World Forum For Music Therapy, 5(1). doi:10.15845/voices.v5i1.216

Thompson, E.R. (October 2008). *"Development and Validation of an International English Big-Five Mini-Markers"*. *Personality and Individual Differences 45* (6): 542–548.

Trainor L.J. & Schmidt L.A. (2014) *Processing Emptions Induced by Music* Chapter 20

Wikipedia – *In Emotional Stability-Neuroticism* (2015, March 28). In *Wikipedia, The Free Encyclopedia*. Retrieved 15:01, April 27, 2015,

Wigram, Tony, (2004) *Improvisation*. London, GB

www.123test.com/personality-openness/

Yin, R. K. (1984). Case study research: Design and methods. Newbury Park, CA: Sage.

Yin, R. K. (2003). Case study research: Design and methods (3rd ed.). Thousand Oaks,

9 APPENDIX

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:
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