

MY BODY MOVES IN MUSIC THERAPY

Body movements and their role in music therapy in the treatment of depression and an eating disorder

A Case Study

Riikka Karvonen

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Tiivistelmä – Abstract Music and dance play an important role in every culture and society. In some parts of the world, the word for music and dance is the same. Due to this, one good treatment and psychological support can be music and dance. The purpose of this master’s thesis was to investigate how body movements and their role in music therapy in the treatment of depression and an eating disorder can offer one insights, and improve depression and quality of life. This case study was conducted within a clinical setting. The client attended 12 music therapy sessions that were recorded with video and audio. The recordings were beneficial for the data analysis to be used in my thesis, which took the form of deductive qualitative content analysis. The findings were reported by analyzing quotations from the data using direct data citations and the researcher’s own insights and interpretation. The results of this study show that the client’s self-esteem was strengthened by the use of music, and the client’s own body movement and dance. Music supported the movement and dance. The body-centered approach and music interventions helped to expand the client’s experiences. They reinforced her mental well-being and supported self-esteem and self-expression. I now use these tools, the combination of music and dance, in my music therapy work because this study has given me new understanding of how dance and body movements can be valuable interventions in music therapy practice.	
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'It is through my body that I understand other people and it is through my body that I perceive things'

-Maurice Merleau- Ponty

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1 INTRODUCTION

The arts can be the mirror of self-expression. In the past, present, and future the arts have helped, and will help, to express what cannot be said in words. We play, dance, sing and draw - among other self-expressive art forms - for different reasons (Levy, 1995). One obvious reason is that most humans aim to seek happiness rather than pain. The arts may lead humans toward happiness, a higher state of well-being, individual growth and freedom. Music as an art form has a lot to give in particular; it has a special power to move us emotionally (Juslin & Sloboda, 2001). Moreover Särkämö, Tervaniemi, and Huotilainen (2013) present that, more than any other sensory stimulus, music is capable of evoking a broad spectrum of powerful and deep emotions, for example, happiness, sadness, nostalgia, anger or serenity. Therefore, music interventions have often been applied to the rehabilitation of persons suffering from various affective disorders, such as depression and anxiety.

We qualified music therapists have the privilege to work with people, music and its therapeutic modalities. Music is a valid therapeutic tool and has the ability to support mental health and well-being in so many different ways. One area, for instance, is communication and cooperation with other people. Furthermore body movements are intimately connected to music, not exclusively emotionally, but through the communication of emotion in expressive body movements. According to Hodges (2009), bodily responses are among the essence and common experience of music. In other words, music makes us move (Burger, 2013). Due to that, we can provide more arguments for the use of music and movement-based interventions in the music therapy context as a multisystem treatment tool for depressed client. In this study I will look at the relationship between music interventions and dance in music therapy. There are various questions which arise from the choice of this topic.

Firstly, one may ask the question where dance fits into my work. Movements and dance have always been of great interest to me and a focal point in my personal life, but also when working as a music therapist. Music and dance are such a natural combination. Some cultures do not even differentiate between music and dance in

their vocabulary. Punkanen (2011) posited that the mind-body connection reminds us of how the natural core of the human being is to combine music, corporal movement and dance. Body movement is fundamental to the perception of both emotion and music. My interest lies also in arts and people, how to develop and include arts and people in the field of health care and in the therapy context. Humans are fascinating because of the diversity of individuals and stories which come from different situations. The same goes for the arts and creativeness. Diversity of expression is somehow more acceptable in the field of arts and creativeness. For this reason, it is helpful for us as therapists to become comfortable with alternative ways of expression. So, by the connection and communication between dance, music and self-expression, we can reach the therapeutic modalities of the arts, creativeness and learn more about who we are as humans. Therefore, in this music therapy process, the creativeness is considered to have contributed to the therapeutic effect.

Secondly, this study is based on the clinical work with a depressed client. During my clinical training to become a therapist, I had a strong experience working with a depressed client, whom shall be referred to as Lea in this study. She inspired and showed me, that music therapy using body-centered approaches and dance can raise one from a depressed mood. This proves that a body movement intervention alleviated her depression and also that this intervention is a valid therapeutic tool in music therapy.

In this study the research questions are:

1. What was the role of dance and body movements within the treatment of her depression and eating disorder?
2. How does the deductive content analysis method using concept-driven and subsumption strategy work with this kind of data analysis?

The research questions also specify what to analyze and what to create (Elo & Kyngäs, 2008; Schreier, 2012). See the subsection on data analysis in chapter 5.4.

The therapy sessions had been recorded and have served as data to be analyzed for this thesis project. I will analyze direct quotations from the data using the deductive

content analysis method on the transcriptions of the video recordings. The process was highly interesting and a good learning process for me which gave unique and valuable insights into the power of music and movement, which I believe helped me to become a better music therapist. The focus in this analysis will be my client's verbal expression particularly after her body movements. The chosen analysis method involves testing a subsumption strategy, which means testing subsumption and concept-driven subcategories as part of a pre-existing main category. In this analysis method the main categories are formed beforehand and are based on the real-life situation. The main categories are based on a mixture of the reason for referral and the goals that emerged from the initial assessment. Therapy context and conceptuality is the selection made in this. The most common grounding rules, when a person comes to the therapy, are that there is a doctor's referral. After the initial evaluation, therapy work is based on the goals. My client's diagnosis was depression, anxiety and eating disorder with, the reason why she needs music therapy. The initial music therapy goals for her were greater self-esteem, building more positive future directions, and body image. These categories are: **depression, anxiety, eating disorder, self-esteem, positive future direction and body-image.**

In the data analysis part, I am going to examine how the data fits into those categories mentioned above. Finally, more recent studies have been emerging related to music therapy and depression, but the effect of movement-related therapies on depressed clients' abilities to express emotions through music-related movement is largely unknown. Due to that, more research is needed in the field of music therapy to incorporate body movements. The goal of this research is to gain an understanding of the role and effects of body movements in music therapy within the treatment of depression and an eating disorder, and also to fill this gap in the literature.

Finally, in the field of music therapy research, there is a definite need to define exact methods, techniques, choices, and reasons behind music and movement in clinical practice. This study could strengthen my assumption that music and movement should be used more commonly together in clinical settings. As this case study shows, music and dance reinforced self-esteem and helped my client to express her emotions in a new way.

2 BACKGROUND

This section will summarize the background and relevant literature.

2.1 Depression

Today we see depression almost everywhere (Leader, 2009).

According to the World Health Organization (WHO, 2014), 'Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration'.

Depression is a problematic, serious, sometimes chronic disease, and often related to terminal physical illness. It is one of the most common illnesses found in human beings (Ainsworth, 2000). Ainsworth (2000) puts depression into four categories: mood, cognitive, behavioral and physical. That is to say, how a person feels, behaves, and thinks as well as how their bodies work. In Finland 4,600 people received a disability pension in 2007 because of depression (Käypä hoito-suositus, 2010). This is not only the case in Finland. Abroad, depression has an influence on 20 percent of the population in the United States and worldwide. According to Ainsworth (2000), women are 2-3 times more likely to come down with depression than are men. Quadrio (2010) posits that there is no single acceptable explanation for this and there are a number of factors which influence this phenomenon. To be able to treat and meet a depressed client, it is beneficial to first understand its nature. In order to better understand the illness in diagnostic terms, tools like DSM-IV (Diagnostic of Mental Disorders) and ICF (International Classification of Functioning, Disability and Health) in Finland are worth examining. It can be wise to take the International Statistical Classification of Diseases and Related Health Problems into consideration as well to have an overview of symptoms that are related to the diagnosis of depression.

As has been previously mentioned, depression is a serious illness. Its nature, as stated by Aina and Susman (2006) and Punkanen (2011), is to present depressive disorder and anxiety as comorbidities. This means, for example, that the risk of suicide can increase and treatment resistance may occur (Punkanen, 2011). Moreover alexithymia

has been linked to depression. The definition of alexithymia (Sifneos, 1975, as cited in Punkanen 2011) is a person's inability to recognize and verbalize emotions. A recent study conducted by Leinonen (2013) points out, that emotional skills are central to mental well-being. Emotional functioning is impaired when one suffers from even a mild form of mental illness. Due to this, as a study conducted by Punkanen, Saarikallio, and Luck (2012) points out, depression affects a person's ability to recognize and express emotions. Punkanen (2011) pointed out in another study that depression affects a person's ability to recognize various emotions. Depression also causes a lot of problems in emotional expression and emotion regulation, especially in the case of the expression of anger. Due to the fact that depression strongly affects emotion regulation, changes in eating and sleeping patterns are also characteristic of the disorder (Ainsworth, 2000). In addition, when depression takes so many forms, it is absolutely necessary to find different solutions and approaches in its treatment.

2.1.1 Depressive Disorders Among Young Adults

Depression is a common disorder among young adults. According to Aalto-Setälä (2002), mental disorders in young Finnish adults are common, highly comorbid, and seriously undertreated. No other disorders are as common, as debilitating, nor have such an early onset as mental disorders. Young adults in their transition to adulthood are especially susceptible to suffering from mental disorders. During this stage, adolescents and young adults can face academic challenges and have many different influences on their growth and choices, which increases the pressure in relation to identity development and choosing life paths. Almost everybody faces those challenges when finding their own place in life. It is a time of fast physiological and psychological changes, cognitive maturation, and varied transition within the family, school, work, social life, and preparation for adulthood.

According to Saarikallio (2007) music seems to be of particular importance to adolescents. Furthermore, researchers have recently been pointing out the importance of the role of music within the treatment of depression. McFerran (2010) and Mc Ferran, Garrido, and Saarikallio (2013), attributed the importance of music to communication and acting out, and that it may serve as a valuable contribution to the

early detection of and as an intervention in the treatment of depression in young people. In addition to that, McFerran and Saarikallio (2014) investigated the relationship between music and the mental health of young people, particularly in the targeting of depression. The study examined the beliefs held by young people about the power of music to help them feel well during challenging times. In conclusion, music therapists are able to perceive areas of risk and can assist adolescents to adopt an empowered relationship with music.

2.1.2 Depression and Emotions

Depression can be chronic disorder, associated with considerable and persistent impairment in everyday life (Essau, 2010). Furthermore, there is a strong association between depression and ability to recognize and express emotions (Punkanen et al., 2012). Different emotional skills according to Gohm (2003), such as the ability to express, perceive, and regulate emotions are the core of many aspects of social functioning and mental well-being. This is also suggested by other studies according to Punkanen, Eerola, and Erkkilä (2011) that depression affects a person's ability to recognize emotions. It has been recently pointed out, for example, that depression affects people's sexual dissatisfaction (Vanwesenbeeck, ten Have & de Graaft, 2014). In a study Ko et al. (2014) suggest, that in the adolescent population worldwide, Internet addiction is dominant and often comorbid with depression, social anxiety, and hostility of adolescents. Moreover, according to Gomez et al. (2014), comorbidity of major depression with substance abuse increments the risk of committing suicide.

On one study, according to Haeffel and Vargas (2011), found that cognitive vulnerability is a potent risk factor for depression. There is also research about the effects of antidepressant medication on emotion regulation in depressed clients (McRae, 2014), and Dance/Movement therapy for depression (Mala, 2012). One study explored four of the mechanisms (brain stem reflex, contagion, episodic memory and musical expectancy) believed to underlie emotional reactions to music (Juslin, Harmat & Eerola, 2014). Studies related to sad music and emotions were also conducted (Vuoskoski & Eerola, 2012, & Kawakami et al., 2014). A study conducted by

Vuoskoski and Eerola (2012), indicated that listening to sad music can indeed induce changes in emotion-related judgments and memory.

2.2 Anorexia Nervosa

In an eating disorder, particularly in this case, anorexia nervosa is defined by Blinder and Chao (1994) as the appetite not being diminished, rather modified, twisted, and initially forcefully controlled. Anorexia nervosa clients can for example starve themselves to a point where the illness can result in death. Most commonly anorexia is a disorder that affects females in their teenage and young adult years. In the year 2014, the American Psychiatric Association, in its Diagnostic and Statistical Manual of Mental Disorder (DSM-5), recognized anorexia nervosa as a mental disorder, characterized by distorted body image. Excessive dieting leads to severe weight loss with a pathological fear of becoming fat. The client in this study was diagnosed with (severe) anorexia, but the main focus was on her depression.

2.3 Music Therapy

The definitions of music therapy according to the Wigram et al. (2002) is the following:

'Music therapy is the use of music and/ or musical elements (sound, rhythm, melody and harmony) by as qualified music therapist with a client or group, in a process designed to facilitate and promote communication, relationship, learning, mobilization, expression, organization and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potential and/ or restore functions of the individual so that he or she can achieve better intra- and inter personal integration and, consequently, a better quality of life through prevention, rehabilitation or treatment' (p. 30).

Wigram et al. (2002) and Bruscia (1998) both evaluated the definition of music therapy and stated that there is variability within different cultures and according to different traditions. Bruscia's (1998) important contribution on at theoretical level was to define different approaches and then classify the process and goal of the therapy involved. Wigram et al. (2002), on the other hand, reiterated that the three main factors of music therapy are

1. The professional background of practitioners

2. The need of the client and
3. The approach used in treatment.

In section 6.4 and 6.5 the role of the therapist in the process and the relationship between client and therapist will be discussed.

2.4 Music and Emotions

Music and its emotional effects play an increasingly prominent role in our daily lives (Vuoskoski, 2012). Juslin and Sloboda (2001) and Luck (2013) have stated that emotional expression is most probably the main reason behind most people's engagement with music. This engagement with music is also according to Juslin and Västfjäll (2008) and Van Zijl (2014) the primary value; the emotional relationship toward music is a key element. Also within a music therapy context, this emotional response to music is a fundamental aspect. Wigram et al. (2002) also mentioned that the concept of the emotional effect of music is essential in any approach or theory of music therapy. Moreover, Juslin (2009) mentioned that, people use music to change emotions and music can have a strong influence on the listener's mood (see e.g., Saarikallio & Erkkilä, 2007). Eerola and Saarikallio (2010) pointed out that emotions are at the core of humans and humans' use music to free, regulate and express different emotions.

Emotion theorists advocate the view that emotional reactions are comprised of three components: the subjective experience (feeling) component, the expressive and behavioral component, and the physiological component (Saarikallio, 2007). In addition, this distinction has been reflected in measuring emotional reactions through behavioral expression, self-report, and physiological reactions. Hence, music has been shown to affect all of these three components (Juslin & Sloboda, 2001; Saarikallio, 2007). In conclusion, music is a powerful tool, with emotional effects.

Also as mentioned earlier, depression affects both in expression of emotions and emotion recognition. Depression has especially been related to problems expressing and regulating negative emotions like anger (Punkanen, 2011). In line with that, according to Joorman and Gotlib (2010), depression has also been found to be

associated with difficulties in cognitive control but more specifically, with difficulties inhibiting the processing of negative material.

2.5 Dance Movement Therapy

On a daily basis, people use body movements as an important means of nonverbal communication. Movements and body postures can mediate different kinds of information, for instance, that relate to mental or physical state, personality traits, or to emphasize and accompany speech (Burger et al., 2013). Dance movement therapy is a branch of psychotherapy in which movements, dance, and body postures are essential. Koch et al. (2014) stated that: *'dance is one of the most ancient forms of healing'* (p. 46). Today dance movement therapy (DMT) is used therapeutically to strengthen the physical, emotional, cognitive and social integration of the individual (ADTA, 2014). In Finland, the dance movement therapy association was founded in 2000 and participates in the development of DMT training. It also tries to facilitate the practice of dance movement therapy in Finland (Suomen Tanssiterapia Yhdistys, 2003).

Meekums (Meekums, 2005, p.8) claimed that dance movement therapy rests on certain theoretical principles:

- *Body and mind interact, so that a change in movement will affect total functioning.*
- *Movement reflects personality.*
- *The therapeutic relationship is mediated at least to some extent non-verbally, for example through the therapist mirroring the client's movement.*
- *Movement contains a symbolic function and as such can be evidence of unconscious processes.*
- *Movement improvisation allows the client to experiment with new ways of being.*
- *DMT allows for the recapitulation of early object relationships by virtue of the largely non-verbal mediation of the latter.*

2.6 Emotions in Motion

‘It’s All in Your Body’ - Caldwell, 1996

Although many questions regarding the emotional power of music and music therapy have been investigated, the issue of body movements and their role in music therapy within the treatment of depression and eating disorders still needs somewhat more attention in the field of music therapy. At the Department of Music at the University of Jyväskylä, movement has received increasing attention in recent years. Movement research has focused on, for example, the effects of musical features, perceived emotions, and personality on music-induced movement (Burger, 2013). Burger found for example, that *‘music with clear beats and strong rhythmic components, such as high spectral flux in low and high frequency components, encouraged participants to move along with it’*(p. 59) Accordingly, researchers have explored the emotion recognition in dance movements, for example Burger et al. (2013). This was also shown by Van Zilj and Luck (2012) when investigating the effects of experienced motions on performers’ movement characteristics and founding, that the performers’ experienced emotions affected the characteristics of their movements in their performance.

Various studies have used motion capture to investigate the movements of depressed people as they express themselves through dance (e.g., Leinonen, 2013), adolescents’ musical emotional expression with movement (e.g., Luopajarvi, 2012), and depressed people’s ability to express emotions perceived in music through spontaneous movement (e.g., Punkanen et al., 2012). Moreover, as mentioned before, music makes us move (Burger, 2013) and body movement is fundamental to the production and perception of both emotion and music (Punkanen et al., 2012).

The current study, therefore, is aimed at increasing conceptual and theoretical understanding of body movements and their role in music therapy within the treatment of depression.

2.7 Music Therapy in the Treatment of Depression

One good treatment and psychological support for the treatment of depression can be music therapy. Maratos et al. (2008) points out, that music therapy has been used in numerous ways to treat depression. Approaches can be receptive or active. In the active approach the main methods are improvisation, re-creation, composing one's own music or playing or singing pre-composed music. The receptive approach is based on music listening (Punkanen, 2011).

Depression has been investigated in music therapy. Researchers have highlighted the efficacy of MT for the treatment of depression (e.g., Punkanen, 2011; Castillo-Perez et al., 2010). Erkkilä (2012) states that music therapy can be an effective treatment for depression, for example by improving mood and being easily accepted by individuals. Castillo-Perez et al. (2010) and Erkkilä et al. (2011) used a randomized controlled trial to test the effects of music therapy for depression in individual music therapy sessions. The aim of both studies was to prove that music can influence the treatment outcome in a positive and beneficial way. The findings indicate, that participants receiving music therapy plus standard care showed greater improvement compared to those who received only standard care. The results in a study by Castillo-Perez and colleagues (2010) showed that the music therapy group had a statistically significant effect in terms of less depression symptoms in comparison with the psychotherapy group. Bunt and Pavlicevic (2001) argue likewise, that a group of adults with mental health issues may be able to examine shifting patterns relating to one another and to the therapist in music with the therapist's help. In addition, they may be able to draw on analogies from their personal level of interaction, both within and outside the music therapy situation.

Fachner, Gold and Erkkilä (2012) conducted a two-armed randomized controlled trial (RCT), with 79 depressed clients with comorbid anxiety. They compared standard care (SC), which in Finland at least consists of anti-depressants and medication which alters brain function, to music therapy in addition to SC. They measured the level of depression at intake and after three months. The aim of this study was to test whether or not music therapy has an impact on the anterior frontal-temporal resting state alpha

and theta oscillations, by using EEG (electroencephalography). The primary outcome showed that music therapy significantly reduced depression and anxiety symptoms.

Maratos et al. (2008) reported, that the evidence in a Cochrane review was drawn from five individual small-scale studies, see (e.g., Hanser, 1994; Chen, 1992; Hendriks, 1999). Low methodological quality of studies conducted to date means that it is unclear whether music therapy is an effective treatment for depression. However, studies showed that it is possible to conduct RCTs in the treatment of depression within music therapy. Maratos et al. (2008) stated that music therapy for people with depression is feasible and pointed out the need for further research.

In summary, these studies have shown the positive effects of using music therapy for the treatment of depression, although, as mentioned before, there is still a lack of research in the role of body movement, for the treatment of depression and eating disorders in a music therapy context.

2.8 Dance Movement Therapy in the Treatment of Depression

Recent findings in the field of Dance Movement Therapy (DMT) have shown its efficacy in the treatment of depression. Koch et al. (2014) pointed out that DMT and dance are effective interventions in many clinical contexts, particularly in instances of increasing quality of life, well-being, mood, affect, improving body image, and with clients suffering from depression and anxiety. There is some evidence to suggest that movement- and body-based interventions like DMT can improve depressed mood (Jeong, Hong, Lee, & Park, 2005; Koch, Morlinghaus, & Fuchs, 2007; Mala et al. 2012; Stewart, McMullen, & Rubin, 1994). Stewart et al. (1994) demonstrated a significant reduction in depressed mood on the intervention days in five of the 12 subjects. None of the subjects had significant results in the opposite direction, while seven subjects showed no change in mood. Jeong et al. (2005) examined and tracked changes in the neurohormones linked to depression. A 12 week DMT program ran three times a week, and was designed around four major themes: awareness; expression and symbolic quality; images and feelings; and the differentiation and integration of feelings. Results showed a significantly increased plasma serotonin

concentration and decreased dopamine concentration. Also the negative psychological symptoms of distress had decreased in the treatment group, but not in the control group.

Additionally Mala et al. (2012) found in their scope review that exercise has positive effects on mood, in which the research question was whether there was good quality research evidence available regarding the effectiveness of DMT and related fields for the treatment of depression. The review included six studies of RCT design and three of non-randomized design. Still there are no systematic reviews that support the effectiveness of Dance Movement Therapy for people with a diagnosis of depression. In another study by Lee (2014) incorporating movement elements originating from traditional Chinese culture showed dance movement therapy helped a depressed client to release the body from their trap of habitual movements. Meta-analysis by Koch et al. (2014) evaluated the effectiveness of DMT and the therapeutic use of dance for the treatment of health-related psychological problems. This study investigates the current state of knowledge regarding the effectiveness of DMT and dance from 23 primary trials (n=1078) on the variables of quality of life, well-being, body image, and clinical outcomes, with sub-analysis of anxiety, depression, and interpersonal competence. Results suggested that DMT and dance are effective for increasing quality of life and decreasing clinical symptoms such as anxiety and depression. Positive effects were also found on the increase of subjective positive mood, well-being, affect, and body image.

A retrospective study conducted by Anderson et al. (2014) on whether DMT, in collaboration with comprehensive psychiatric therapeutic programs affects change in mood states of adolescents suffering from a diverse range of psychiatric illnesses showed there was a remarkable change in all mood states and significant probability of a change in total mood score, per units increase in pre-total mood score, after one DMT session. Participants were aged between 14 and- 21 years and, consisted of 402 patients. Participants completed a mood measure called Fast Assessment of Children's Emotions before and after a group DMT session. There was no outstanding association between patient characteristics and changes in individual or total mood scores, indicating that DMT may be useful for a diverse range of patients. The results from

this formative study will help researchers develop prospective studies focusing on therapeutic effects of DMT for a various range of patients (Anderson et al., 2014). The conclusion that can be drawn from these studies is that dance and DMT are effective interventions in many clinical contexts.

Punkanen et al. (2012) conducted a pilot study in which they investigated how depression affects expression of emotions perceived in music through spontaneous, expressive body movements. Specifically, they examined how depression and possible co-morbid anxiety affect a person's ability to express emotions perceived in music through spontaneous movement, regulate their emotions through music and music related movement, and whether DMT can improve these skills in depressed patients. Participants (aged 18-60 years), included 21 clinically depressed patients and 21 non-depressed controls. Depressed participants received 20 sessions of group DMT and measurements included psychometric questionnaires (anxiety, depression, alexithymia, emotion regulation, life satisfaction and mood) and motion capture / video data (solo movement improvisations with music, and movement interaction with music therapist). Results from this study showed that a short-term group form of DMT intervention may help people with mild, moderate or severe depressive episodes diminish their level of depression as well as comorbid anxiety. One of the significant findings was the positive change measured in the participants' ability to identify their feelings. As well as body- and movement-based treatment models having a specific effect on emotional skills, such as identifying and expressing emotions. The authors' pointed out, that this may be an essential mechanism involved in the favorable effects of DMT on depression.

Thus, results showed that the body awareness exercises contributed the participants to become more aware of the bodily sensations, which are related to different emotions. In conclusion, these studies provide evidence that dance movement therapy interventions within the treatment of depression have positive outcomes.

2.9 Conclusion

The most relevant previous findings in this area are versatile and useful. The current situation has given rise to new demands for the care of depressed persons. There is a need for new solutions and as the above results indicate, music and dance therapy can be used as a treatment of depression. It shows, that in the field of depression studies, non-pharmacological methods such as music and dance therapy have positive outcomes.

3 AUTHOR'S CLINICAL MODEL

Music therapy approaches across the world have originated from diverse traditions, such as from the psychoanalytical, behavioral, educational or humanistic models of therapy (Maratos et al., 2008). Backer & Sutton (2014) also noted that music therapy in Europe is a rich, diverse profession. It can be found in theoretical instances that are developmental, cognitive, Gestalt, eclectic, psychodynamic, psychoanalytic, systemic or psychosocially based. It is common that the eclectic approach is used, which means that other backgrounds are visible.

According to Yalom (2011), therapy should not be theory-driven but relational to be based on engagement, egalitarianism and openness and intending to be encouraging through the therapeutic relationship. Ruud (2010) furthermore stated that contemporary approaches to music therapy are informed by diverse philosophies. The interdisciplinary nature of music means that a music therapist must be accepting its multidimensionality. This diversity in the field of music therapy gives it richness and shows that music has a lot potential and therapeutic modalities and power, which can be seen in its therapeutic use of it.

The common factor is that when a person comes to music therapy, the therapist tends to adjust the therapy to the individual client's need (Yalom, 2011). It might be a challenging task, but the client-centered approach allows, without any presumption, to find a potential space in the therapeutic relationship between the music therapist and the patient. Psychotherapy studies, according to Yalom (2011), include so-called non-specific factors such as the therapist's personality and the alliance with the client. I will not go into that important area in this research, but will keep in mind; that alliance is an important factor in psychotherapy. My music therapy approach with Lea was eclectic. It included client-centered (Yalom, 2011) humanistic (Rogers, 1980), and psychodynamic (Bruscia, 1998; Erkkilä, 2014) elements.

At the beginning of a process, getting to know the possibilities and qualities of music therapy can happen through gaining knowledge and awareness of one's own typical reactions in interaction. The methods used in this therapy included musical improvisation, singing, music with art materials, and music listening but the main

method, without pre-planning, was Lea's own movements and body-centered approaches. The themes for the movements came from the dialogue, for example when Lea was telling about her bad feelings. After the heaviness and anxiety talks, I as a therapist asked what the opposite of that would be and whether it was possible to put those feelings into the movements. Lea was willing to experimentally explore my suggestions in every session. I moved and danced with Lea in every session where body movements occurred, by mirroring her movement, verbally guiding her action, and supporting the movement with approbatively eye contacts and also non-verbally showing interest and appreciation toward her. After the movement, reflective discussion allowed Lea to verbalize her experience and become more aware of different connections and processes on her body-mind interaction.

After the movement-based interventions Lea reflected on and processed her experiences and the meaning of the verbal dialogues. According to Erkkilä (2012), verbal processing is seen as beneficial for further contextualizing, elaborating and becoming aware of different connections and links. (Originally, those were the basic fundamentals of the IPMT (Improvisational Psychodynamic Music Therapy, but in my view the same principle exist in this case, what come to the point of definition of meaning of verbal dialogue in general).

According to Bruscia (1996), music often overlaps with other art forms. For example, a music therapy session may include elements of drama, dance, poetry, or the visual arts. First and foremost, the therapist has to conduct or select the musical experience according to the aims of the therapy.

During the process, musical pieces were selected by either the client or therapist. The music was intended to support Lea's individual body movements and was chosen differently in every session.

4 RESEARCH AIM

The overall aim of this thesis was to investigate body movements and their role in music therapy in the treatment of depression and an eating disorder. Firstly the purpose was to understand more about the different possibilities that music and movement as well as their combination might have to offer in a specific music therapy context in music therapy everyday practice. At the beginning of this project in 2010, the focus was on the body movements in the music therapy context. The first important questions arose from this: How did my client respond to the movement-based interventions? What kind of meanings did she glean from them? Did Lea's movement change, if so, how and why? How or why were the changes important or meaningful for this depressed client? Are the actual movements important or is it more valuable to focus what happened after the movement and analyze the verbal reflection? Secondly, how should the data be analyzed? Which methodological approach suits my study?

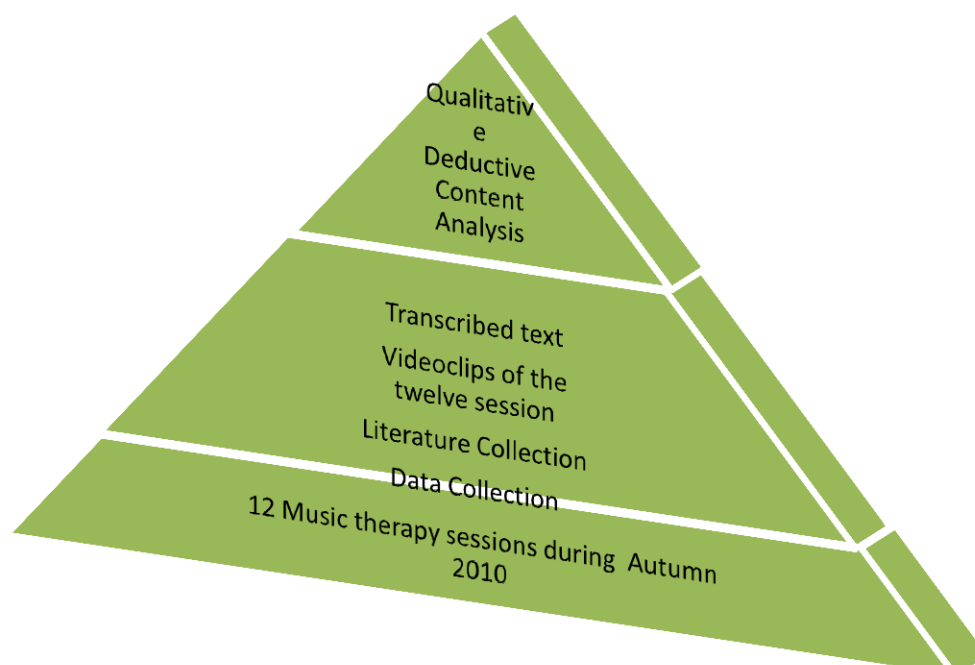
There were limits in the research design which affected my choice of methodology and theoretical thinking. I neither used any evaluation form, nor depression nor rating scale. The data is to some degree limited because it is a single case study. On the other hand, the results can highlight the therapeutic advantages of dance movement therapy in music therapy as well as provide knowledge and understanding about the process. Without this study, my client's voice would not have been heard; at least for me, her voice is now clearer.

On the other hand I saw also the strengths of the study. For example some of the therapeutic phenomena were pretty familiar to me so I was systematically using my theoretical knowledge and also I refused to separate art from ordinary experience. Those essential principles were my focal point during the music therapy process, but also when writing my thesis. My pre-conception and music therapy approach includes studies in Eino Roiha Institution, where the basic approach was music psychotherapy; to be precise, psychodynamic music psychotherapy. Those 4 years of studies to become qualified music therapist consisted of theory and research subjects, personal development and clinical training.

The qualitative content analysis was the most appropriate method for this research design because, in qualitative research, *'the researcher studies a social setting to understand the meaning of participants lives in the participants' own terms'* (Janesick, 2000, p. 382). Content analysis was also suited for this design, because it allows the researcher to test theoretical issues in order to enhance the understanding of the data. The general aim of deductive content analysis is to test an existing theory in a different situation or to compare categories at different time periods. (Elo & Kyngäs, 2008).

5 RESEARCH METHODS AND RESEARCH DESIGN

FIGURE 1 Research design displayed as pyramid.



The research design for this study is a qualitative case study. When defining case study research, Yin (2009) proposed: ‘The closeness aims to produce an invaluable and deep understanding - that is, an insightful appreciation of the case(s)- hopefully resulting in new learning about real- world behavior and its meaning’.

Also, according to Bruscia (2012b), case examples provide precious and exquisite insights into how different forms of therapy are practiced as well as how clients react to those therapies. In addition Woodside (2010) stated that case study research (CSR) focuses on understanding, describing, and predicting the individual.

5.1 Data Collection

As mentioned before, the therapy process from which the data was collected was part of my music therapy training at the Eino Roiha Foundation 2008-2011. Twelve music therapy sessions were recorded for scientific research and educational purposes. In this

particular study, the preparation phase involved the following; I watched all therapy session (12x 45min) and selected sessions in which body movements were an element. I chose the sessions to be analyzed because those in which there were movements followed by verbal reflection were of interest and importance to the research questions. According to Cavanagh, 1997 (as cited in Elo & Kyngäs, 2008), deciding on what to analyze and in what detail and sampling considerations, are prominent factors before selecting the units of analysis. I then chose four sessions and five different moments, where my client was verbally reflecting on her experience, after body movement-based interventions.

The selection was based on the idea that the focus be on the material which was relevant to my research question. I watched the video material in chronological order again and observed the moments more carefully where body movements occurred. After that, I transcribed my client's reflections and divided the material into the coding frame, which consisted of six main categories, which are as follows: depression, anxiety, an eating disorder, the positive future, body-image and self-esteem. In the next chapter I will explain more what subsumption strategy, main category formatting and concept-driven strategy mean in this research design.

5.2 Choosing the Method of Data Analysis

Qualitative content analysis was used in this study. Qualitative content analysis is commonly used for example in nursing studies, gerontology, psychiatry, and public health studies. Especially in nursing research, content analysis has been an essential way of providing evidence for a phenomenon where the qualitative approach used to be the only way to do this. Particularly for sensitive topics, the research design also plays a role (Elo & Kyngäs, 2008). When studying data that consists of transcribed text, content analysis is an appropriate research method (Schreier, 2012). Schreier also pointed out, that qualitative content analysis is an appropriate method for describing material that requires some degree of interpretation, which is the case with this material.

Narrative, discourse or thematic analysis would also be suitable research methods, to name a few. According to Rintala (2014), both discourse and content analysis examine the humane meanings of data in text form. Content analysis concentrates on the meanings themselves and discourse analysis aims to find out how the meanings are produced. Furthermore, discourse analysis can be either critical or descriptive, but qualitative content analysis is only a descriptive method.

Systematic qualitative content analysis was chosen as the method to deepen the understanding of how my client saw and gave meaning to the role of her own movement in music therapy. I investigated how Lea verbally reflected her experience and what she meant by doing that. As Kasila (2014) mentioned in qualitative content analysis, the researcher is interested in the meaning instead of the effectiveness of the phenomenon that he or she is investigating.

The three main phases of the analysis processes are: preparation, organizing and reporting (see Figure 2). The whole research design (see Figure 1). These phases are in place to give a clear indication of the overall trustworthiness of a content analysis study (Elo et al., 2014). One challenge in this kind of flexible method, where there are no simple guidelines for data analysis, is that the outcome and results depend on the skills, insights, analytical abilities, and style of the investigator to capture the full meaning. Furthermore, the interpretation is only made by researcher.

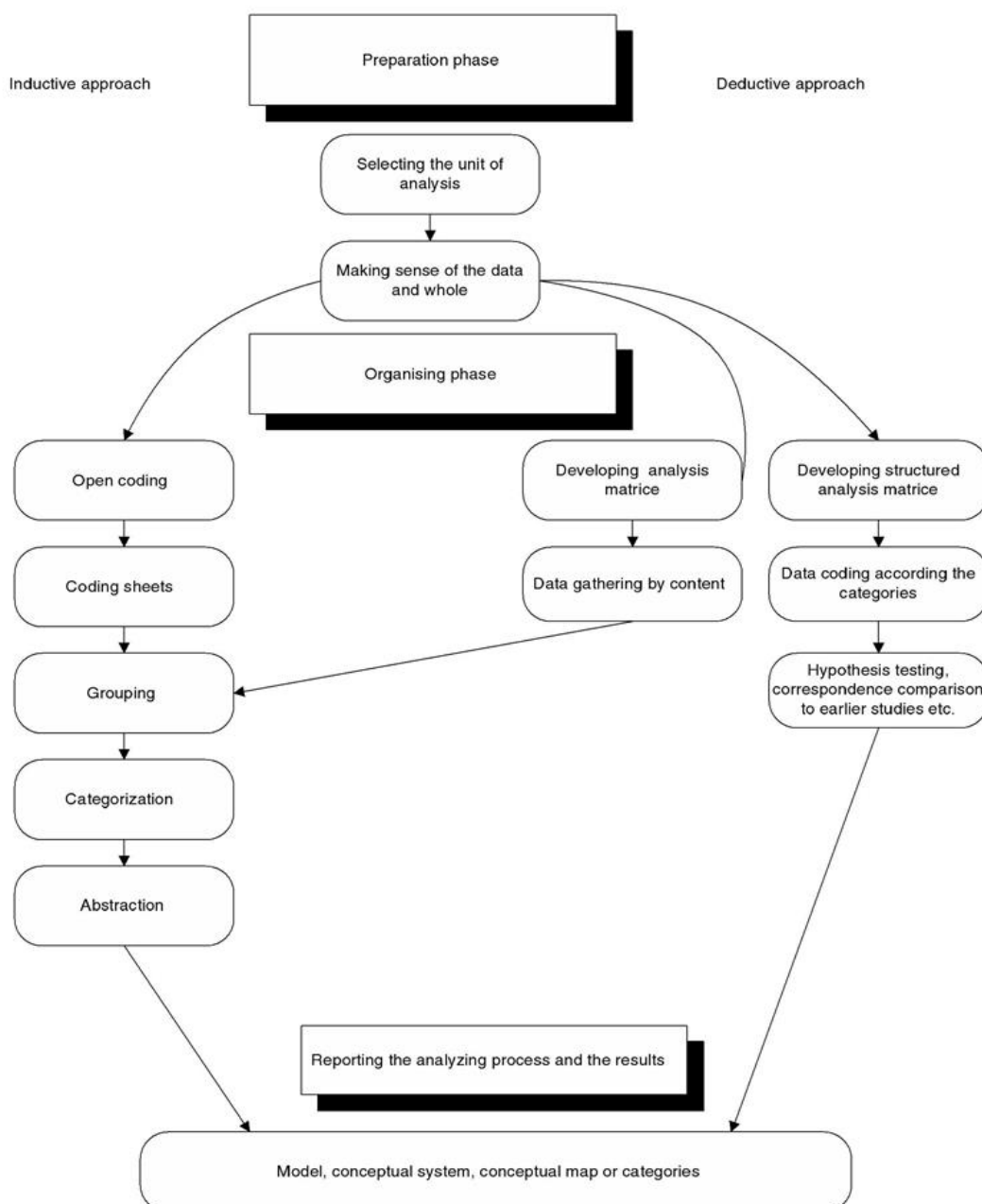


FIGURE 2: Stages of a Content Analysis approach (From Elo & Kyngäs, 2008) p. 110

Preparation phase: At the start of the analysis process, the first step was to choose the videos to be analysed. There was a risk of getting lost in the data, but as Schreier (2012) stated, the distinction between relevant and irrelevant material is not difficult; all material that has meaning upon the research question counts as relevant, and all material that does not can be considered irrelevant. I chose the relevant material from

the above-mentioned data by focusing on my main research question which was: what was the role of dance and body movements in the treatment of depression and eating disorder? I selected five different moments from four music therapy sessions and focused on substantial moments, where my client was reflecting on her experience after the movement-based intervention. The video material consisted of twelve 45 - minute music therapy sessions, in which there were interventions other than movement-based ones, for example; improvisation, singing, music listening, writing, and painting. Those interventions were also an important part of the therapy, but not relevant to my research question.

5.2.1 Contents and Definition of the Six Main Categories

TABLE 1 The main categorization matrix emerged from the mixture of the doctoral referral and from the initial assessment. These were used as main headings for dividing the data into sections.

Depression	Self -esteem
Anxiety disorder	Body-image
Eating disorder (anorexia)	Future direction

Category definition

In order for the reader to completely understand the following defines the categories in some detail.

Depression

- According to the World Health Organization (WHO, 2014), ‘Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration’.

Anxiety disorder

- According to American Psychological Association, anxiety is an emotion characterized by feelings of worried thoughts, tension or repetitive concerns.

Eating disorder (anorexia)

- According to DSM- IV, anorexia is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat.

Self- esteem

- Self- esteem is about competency and feeling loveable or approved of. Self- esteem involves the evaluation of the self-concept and is often unrelated to our true abilities. Brief definition of the self- concept by Plummer: self-concept is the overall view that we have of ourselves. This includes our temperament, ability, appearance, beliefs and attitudes (Deborah Plummer, 2005).

Body- image

- According to Sophia, B Greene, 2011, body image is considered a multi-dimensional concept that includes attitudinal, affective, perceptual, and behavioral dimensions. The definition of body image is the mental picture we have in our minds of the shape, size, and form of our bodies and our feelings concerning, these characteristics and one's part of the body.

Future direction

- In this context this means of positive possibilities in the future. One of the Lea's therapy goals.

Organizing phase: During this phase, there were several stages. First, I transcribed the discussions between therapist and client. Then the categories became the coding frame. Interpretations and reductions of the data can be made from these coding frames. Essentially, the categories are made before the data is analyzed. See Table 2 for the reductions of the transcriptions from session 7, which is the second of the five sessions included in the data set. This systematic progress is increasing in reliability (Kasila, 2014). Schreier (2012) reiterated, that when the researcher is dealing with rich data it requires interpretation. A more detailed explanation of data-driven interpretation and presenting the findings can be found in Chapter 7.

5.3 Data Analysis

After the preparation phase, the next step in the analysis process is to; aim to make sense of the data and to become familiar with it. Neither insights nor theories can arise from the data without the researcher becoming comprehensively familiar with it (Polit & Beck, 2004). After making sense of the data, analysis is carried out through using a deductive approach (Kynngäs & Vanhanen, 1999). A deductive approach is useful if the aim is to test an earlier theory in a different situation or in the case of this study to test how the subsumption strategy works when comparing categories and applying the

method at different time periods (Elo & Kyngäs, 2008). Schreier (2012) also pointed out that, in concept driven strategies, the researcher's knowledge can come from different sources, for example from previous research, a theory, from everyday experience, or from logic. The main categories, as mentioned before, were formed from the real-life situation. This means that the music therapy sessions happened in real life and in the therapeutic context.

The concept-driven strategy is such that one can make use of things that are already known, without even looking at the data (Schreier, 2012). Previous knowledge comes from practice, observation and experience, which is also combined with theoretical framework. In using the subsumption strategy researchers have already some idea of what they are looking for and the main category and categorization matrix have been decided on before the segmentation (Schreier, 2012) and deciding on the main categories (see subsection 5.2.1). The concept-driven strategy, as mentioned before, is also an interesting strategy, when considering my second research question; testing how well the deductive content analysis method, when using concept-driven and subsumption strategies, works in this kind of analysis process.

5.3.1 Applying the Deductive Content Analysis Method

In deductive content analysis, the organization phase involves categorization matrix development. That means, all data are reviewed for content and coded for correspondence to or exemplification of the identified categories (Polit & Beck, 2012 as cited in Elo et al., 2014). According to Schreier (2012), the categorization matrix can be considered as valid if the categorization matrix represents the concepts, and from the viewpoint of validity, the categorization matrix accurately captures what was intended.

In line with that, the coding frame is a way of structuring the material; of differentiating between different meanings Vis-a-vis your researcher questions (Schreier, 2012). Another essential point to take into consideration is that the music therapy happened in Finnish; transcribed texts were translated from Finnish into English. Even though a native English speaker was editing the text with me, the exact

original meanings and connotations may not be exactly the same. For the original and translated texts, see Appendices.

TABLE 2 An example of the original expression from **session 11 (9.12.2010)**. The purpose is to show the type of data to be analyzed

'Somehow this song, when the sing was playing it brought something a strong will to me. Like to do something because of me. I do not know. Like, like this rehabilitation work. Everything that I have done, I have done because of somebody else. Yes, yes. I have stayed alive because of that. Because I have relatives. I haven't stayed alive because I loved myself. This song was so powerful, somehow this song punched me. I have to write down the name somewhere'.

(The song was: Liian Myöhään, Uusi Fantasia, feat, Freeman. Chosen by the therapist).

After the deduction, which means, according to Schreier (2012), dividing the material into smaller units, I did trial coding (see Table 3). Trial coding is an essential phase when considering content validity. Trial coding took the form of Schreier's suggested outline in the way suggested by Schreier; I did first trial coding October 24, 2014 and after an interval of about 10-14 days, the second coding on November 6, 2014. The next step was trying out the subsumption strategy by using the coding frame (six main categories). A successful way to assess content validity is by using expert evaluation. Researchers should have someone who is familiar with the concepts on which the frame is based (Schreier, 2012). In this phase, my supervisor Dr. Marko Punkanen accepted my main category definition.

TABLE 3 After reading through the transcriptions, deductions of the text were compiled into tables. (See table 4) The following shows the researcher's interpretation of the data. *'I tried to find something in my body. I do not know. Maybe something beautiful and peaceful, but I do not know my body. It is something from where I should just live, but it is too big for me. Am I even human?'*

session 7 (the text above has been written in 28th of October)

-
1. Body-mind imbalance
 2. Trying/ Endeavoring
 3. Body-image distortion
 4. Self-evaluation with negative nuance
 5. Distressed mind
 6. Dissatisfaction about own look
 7. Who am I?
 8. Outsider feeling 'I do not know my body'

9. Self acceptance; it is not easy

According to Schreier (2012, p.133)

'When you decide upon your units of coding, it is important to keep in mind that each unit should fit into one subcategory only (Rustemeyer, 1992, Chapter 3). In terms of your coding frame, this is equivalent of saying that your subcategories should be mutually exclusive'.

In this study it was not possible to fit all units into one subcategory only. The area is holistic and according to Rintala (2014) it is not good to force the data to fit into only one main category. The authentic nature of this data and the main categories are overlapping and as mentioned before, depression and anxiety are combined comorbid states. Therefore, I did not at any point try to fit the material into only one main category. In this stage, the main focus was to examine how the transcribed data fit into the six main categories, to discover what kind of phenomena occur, and what kind of results were found, when thinking of the main research questions. Indeed according to Rintala (2014), different researchers can interpret the same data in different ways. In my research, November 11, 2014 two students from the qualitative research method course analyzed session 8 and they found similar findings to mine. The self-esteem category coding frame got the most reductions.

6 CASE STUDY

6.1 A Brief Personal History of the Client

Lea was 21 years old at the time of the music therapy process. She had been depressed for several years, and diagnosed with severe depression, anxiety and anorexia. She could not complete her studies because of her mental disorder. Lea was a patient in the psychiatric hospital. She had had fantasies about suicide and had lots of markings indicating self-harm. She was taking medication (antipsychotic and antidepressant) for depression and her anxiety disorder, before and during the music therapy. Lea had been playing flute since she was seven years old and she reported: *'the flute is part of my personality!'* After the first music therapy session she also mentioned: *'I really missed music!'*

From the beginning until the end of the process it was obvious that this musical girl was motivated and committed to the therapeutic work. She wanted to deal with and process her problematic relationship with her co-morbid illness, which presented itself in the form of anxiety, depression, and problems with eating. She was able to reflect and verbalize her experience and feelings in so many different ways. She had experience with verbal therapy, electroconvulsive therapy, medication and group music therapy, which took place in a psychiatric hospital ward, in addition to her medication. Individual music therapy was new for her and at the beginning of the music therapy she wanted to see me and the music therapy clinic. Her problems were complex and my approach with this talkative girl was to somehow find new ways of being in interaction. The initial music therapy goals for Lea were greater self-esteem, building more positive future directions, and body image.

6.2 The Process

This research process started in 2010 when I was doing my first clinical internship, as part of my music therapy training; at the Eino Roiha Foundation and Institute. The twelve music therapy sessions with my client Lea were thought-provoking and challenged my knowledge of clinical practice. Lea had experienced verbal psychotherapy, electroconvulsive therapy and medication, but not individual music therapy. The treatment was carried out once a week for forty-five minutes per session. As mentioned before, the importance of using body movements or body-based interventions in these music therapy sessions arose from the practice thereof. This investigation was fuelled not only by personal interest but from a lack of research in this field. The premise that music therapy using movement may promote well-being and self-expression should be taken into account.

I was privileged to provide support through which Lea was able to express herself using music and movement. She got new insights into her life and while reflecting on her experience verbally, at one point she also expressed (see Figure 3): *'I could not believe that I can move like this'*. My role was to help, support and witness Lea's self-exploration, insights and expression. During the process, Lea was able to identify her own goal in the processes. Priestley (1975) emphasized that the client's experience of possible insight is one of the primary goals for therapy.

The data was collected using video recordings and before and after every session, I wrote a reflective diary. I also received supervision immediately after every session. Any counselling or advice given in those sessions was written down, but in this design, they are not relevant. Assessing the strength and weakness of data has been taken into consideration, for example, I was involved in the process so it might affect how I interpret things.

6.3 Central Themes in the Process

Lea was suffering from a severe depression. The central themes in the process were treatment of the depression and anxiety and the ways it affected Lea's daily life. Overall, Lea's three main symptoms were depression with anxiety, and an eating disorder. She felt at the beginning of the therapy, that anxiety and depression were a major part of her life and it was difficult to live with them. My experience was three-pronged: being a therapist, being in action, and also being a researcher. The main focus was Lea's body movements and their meaning and role in the treatment of depression and an eating disorder. The focus was her verbal reflection after the intervention, where body movements took the main role of her expression. I chose five different sessions in which Lea was verbally reflecting her experience after the body movement-based intervention. Overall the themes of those five different sessions were:

- **Session 5** (28.10.2010): Anxiety, Complexity with body-image.
- **Session 7** (11.11.2010): Anxiety.
- **Session 8** (18.11.2010): Self-esteem, problematic relationship; exhaustion, depression, an eating disorder: the future and hope.
- **Session 11** (9.12.2010): Self-esteem.
- **Session 11** (9.12.2010): Future directions, surrendering to life and self-love.

At the beginning of the process, the themes were more or less anxiety-and depression-driven. Lea felt that anxiety was part of her personality and she had to just live with that. In the middle of the process the themes were more self-esteem related and the direction was more explorative and hopeful. Lea noticed that emotional expression is something which is difficult for her. At the end the themes were more positive and Lea said that, due to the fact that life is strong it is good to surrender to life. She was able to express herself in a new way and due to that, her future directions were more positive.

6.4 Relationship Between Client and Therapist

According to Bruscia (2012b) music therapy clinicians want to know what works and does not work when working with a client. Additionally the following questions might be relevant when working as music therapist:

1. *'Based on this case, what should I be looking for in clients? What client needs and resources do I need to address more in my own work? How can I assess these facets of the client in music therapy?*
2. *Based on this case, what kind of therapist- client relationship is best for this kind of client, and what is the best way of forming such a relationship.*
3. *What is the role of music in working with this client? What types of music experiences are most therapeutically relevant and effective? What styles of music are most appropriate?*
4. *Based on this case, what are the best ways of responding to the client when he or she is acting out, abreacting, resisting, or not progressing?*
5. *Based on this case, what clinical criteria should be used in evaluating the client's therapeutic progress' (p. 9).*

The verbal excerpt shown in Table 4 illustrates the establishment of the long-term relationship and where the long-term relationship and Lea's ability to reflect on her experiences after the movement-based intervention can be seen. As the dialogue shows, Lea gained important insights for herself through the relationship of music and dance.

TABLE 4 Music therapy session November 18, 2010. The music used in this task was chosen by the client: Indica. Murheiden maa.

Th: What happened?

L: I need to let go. At some point I felt, like, something, like, somehow, like, it felt lovely, that the music took the lead. Then something like hope came. I did a cartwheel and something like that. But then it was just somehow, like, that I just gave permission to let it out. I screamed and yelled, and well I hit the djembes. It was like much easier when the music was louder to somehow let the movement take over.

Th: It, it was really powerful.

L: Hmm, for me it is quite hard, difficult, yes, yes, somehow I am piling those emotions, but it almost pissed me off, or actually it did piss me off, when I cannot express my emotions.

Th: Did you just now, have the feeling, that you were able to release your emotions enough?

L: Yes, I did. It felt like really good, when I got to vent. When I had permission. When normally I feel like that, I do not have permission, like; I cannot vent my emotions anywhere. Then I just lie under the blanket and let the bad feelings flood over me.

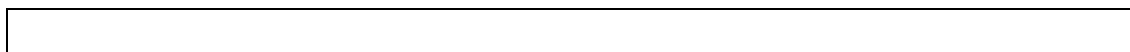


FIGURE 3 The two panels at the top show the movements with **heaviness and anxiety** while the panels at the bottom show the movements with **lightness and liberation**. The themes for the movements come from the dialogue where Lea is telling about her bad feelings (see Table 4). The therapist asked after the heaviness and anxiety talks, what the opposite of that would be and could we put those feelings into the movements. After the movement Lea reflected her experience: *'I could not believe that I can move like this'*. The music used in this task was: Kate Bush, Ariel, A Sky of Honey: Prologue.

6.5 The Therapist's Role in the Process

When the researcher is also the therapist, the duality in roles has an influence. It might affect a certain level of expectation or assumptions, and because there is no single truth the researcher might underline, focus or analyze the data in such a way that the answer is suitable only for the researchers' benefits. Despite that, it should not limit or

control the whole research process. The fact that this internship was my first has also influenced the process and the analysis thereof. Being a beginner, with fresh thoughts and ideas, has a lot of potential, but it is not always easy to keep in mind that the client is the star of the show. He or she is the one who does the actual work. The therapist should give space and trust the process and the client. Being a therapist, one must find the key to the patient's primary form of communication. In my view, there are three key elements in therapy which support the building process of the potential space: real listening, trusting the client, and creativeness in diverse forms.

7 RESULTS

'Simply observing and interviewing do not ensure that the research is qualitative; the qualitative researcher must also interpret the beliefs and behaviors of participants'.

Valerie J. Janesick (2000)

This section will present the results regarding the six main categories.

My intention was to help Lea find a primary form of non-verbal communication by using music and other creative methods. As mentioned before, Lea knew how to speak but on some level the words did not allow her to reach her true feelings and thoughts. Transformation processes moving toward a deeper and more profound level happened by using music and dance, as are illustrated here:

"I could not imagine before, that I like would dare to like move this way".

session 11 (The second dialogue. 9.12.2010)

"I should have gotten to know myself and my thoughts much deeper like via it it was the music".

session 11 (The second dialogue. 9.12.2010)

Theme 1: Depression

Lea pointed out, that she could not express emotions. Dealing with anger was something that she felt, but she is not allowed to express or feel. She was piling her emotions on top of each other, because she felt that she had no permission to show her emotions anywhere. The movements were allowing her to express her feelings.

Another finding that emerged from the data was Lea's self-evaluation of negative nuance, which was also seen in self-acceptation, which was difficult.

'When normally I feel like that, I do not have permission, like; I cannot vent my emotions anywhere'.

session 8 (18.11.2010)

'I am piling those emotions, but it almost pissed me off, or actually it did piss me off, when I cannot express my emotions'.

session 8 (18.11.2010)

'Am I even human?'

session 7 (the text has been written 28 th of October)

Theme 2: Anxiety

The feelings of worry, negative thoughts and anxiety were one of the findings, which came from the data analysis.

The anxiety was alleviated when doing body centered interventions but came back as soon as the task had stopped. Lea's mood changed during the dance movement exercises.

'Well, it was beautiful exercise, at somehow even though I like maybe would have like, like more freedom from anxiety, that well now when it is finished, it feels like, that the anxiety grows when we stopped the freedom and hope'.

session 5 (28.10.2010)

'The anxiety and that, that I would start like again to deal with it, the anxiety with the thoughts around my eating disorder, that with no eating, that I feel that, I am controlling the anxiety when I do not eat'.

session 7 (11.11.2010)

Theme 3: Eating disorder

'I do not know my body. It is something from where I should just live, but it is too big for me'. **session 7 (the text has been written 11 th of November)**

This excerpt above illustrates Lea's reflection and shows the body-mind imbalance and dissatisfaction about her own look. The thoughts surrounding eating are strongly present. She felt she could control her anxiety, when she did not eat.

The initial music therapy goals for Lea were greater self-esteem, and building more positive future directions and body-image. The results showed that these goals were achieved on some level by the use of music, and the client's own body movement and dance.

Theme 4: Future directions

Lea was full of despair when it came to the future. She got insights about self-respect and love toward herself which enhanced her view of the future.

'This song, when the song was playing it brought something a strong will to me. Like to do something because of me. I do not know. Like, like in this rehabilitation work. Everything that I have done, I have done because of somebody else'.

session11 (9.12.2010)

Theme 5: Self-esteem

'I should have gotten to know myself and my own thoughts much deeper'.

session 11. (The second dialogue. 9.12. 2010)

The self-esteem main category coding frame got the most deductions. Self-esteem strengthening was the main finding in this study and it was strengthened by the support of music, which in turn supported the movement and dance. New experiences, especially the movement and dance, empowered Lea's self-esteem. The systematic application of using dance and music gave her a novel window of opportunity to self-explore. It has an impact for more positive interaction with others.

Theme 6: Body image

'I tried to find something in my body. I do not know. Maybe something beautiful and peaceful, but I do not know my body'.

session 7 (the text has been written in 28th October)

Body image distortion and outsider feelings were present in this case. The body-mind connection was imbalanced and her mental picture, about how her body size, shape and form was twisted. During the process Lea's body image changed. She explored new ways of being because of the music, body-movement, dance and the therapy

process. It has an impact for her well-being and healthy functioning and emotional skills such as identifying and expressing emotions developed during the process. Lea became aware of different connections and links. She reflected and processed her experiences and identified and expressed emotions in a way which supported her discovery toward more positive body-image.

7.1 Music as an additional theme

Music had not been in the main category, however it was the theme that arose from the data. Music was a major aspect of the therapy according to Lea. The following shows more of Lea's thoughts about using music in therapy.

'I should have gotten to know myself and my own thoughts much deeper like via it it was the music. Like before I did not have something like through which I like examined like myself and everything somehow came from there, then music therapy helped me a lot'.

session 11 (The second dialogue. 9.12.2010)

As it was very central to the success of the intervention, it was decided to be added to the categories at this point.

8 DISCUSSION

The aim of this study was to investigate and gain understanding of the role and effects of body-movement in music therapy for the treatment of depression and an eating disorder. The purpose was to understand more about the different possibilities that music and movement as a combination might have to offer in a music therapy context. Although many questions regarding the emotional power of music and music therapy have been addressed, there has been little research on music therapy and dance movement therapy intervention for depression. This study aimed to fill that gap, yet body-movements and their role in music need still more attention in the field of music therapy.

Furthermore, the second aim of this study was to examine and test how the deductive content analysis method works in this type of case study when using concept-driven and subsumption strategy methods.

The results of this study show that the client's self-esteem was strengthened by the use of music, and the client's own body movement and dance; the music supported the movement and dance. The body-centered approach and music interventions helped to expand the client's experiences, i.e. the strong supportive role of the music reinforced her mental well-being and supported her self-esteem and self-expression. The role of dance and body movements was supporting Lea's self-esteem and self-expression. It was not only the dance and body movements themselves, it was also the music. Music was the anchor that helped Lea to express her feelings and by the support of the music Lea got insights, which empowered, promoted, and reinforced her mental well-being. New experiences in the dance and music in music therapy encouraged Lea to express herself, and it afforded her the ability to build stronger self-esteem.

When viewing previous studies related to music, movement, and depression, as was discussed earlier, it is clear that depression affects a person's ability to recognize and express emotions. Recognition and expression of emotion may have been inhibited in this case, but passiveness, slowness, and closed postures are not the bodily expressions seen in this study, as were discussed by Leinonen (2013). Lea was expressing herself in many ways, for example: using the whole space in music therapy clinic, making

rapid movements, and different dynamics and rhythm patterns were seen in her bodily expression. The exercises with application in dance movement therapy interventions expanded her experience, this expansion can lead the client to explore deeper levels of being instead of being narrow minded and stuck. Of course it has an influence that I was also moving and dancing with Lea. Some of the movements can be something, that I am doing first, and then Lea is repeating that.

Studies mentioned above were conducted in a laboratory setting whereas this study was a more authentic, real-life setting, which had an influence on the whole study. The therapist-client relationship is indeed different than a relationship with the experimenter and researcher.

One important finding was also the moment when Lea was expressing herself by doing a cartwheel, screaming, yelling and hitting the djembes (see the page 39, verbal excerpt), and she gave herself permission to let it out. The music used in this moment was chosen by Lea and the music was played back at a high volume. Lea had a different experience than that which was reported in the above-mentioned studies and by using her own music, she was able to be extremely expressive in her vocalization and movement. Interesting further questions here could include what was the reason that Lea was able to let go, and whether it was related to the music selection being her own preferred music and the volume of the music?

Being in the moment and listening your own preferred music with high volume, can give mental and creative space for self-expression. Therefore, the combination of these two can be more of an all-encompassing experience. Nevertheless, when depression takes so many forms, this topic would be interesting to study further in order to have a deeper understanding of this phenomenon and whether the ability to express emotions through movement when using one's own music gives additional information about emotional functioning. It would also be beneficial to examine what kind of mechanism is working when bodily expression is systematically supported by the music selected by the client.

Additionally, we have seen that depression causes a lot of problems, in particular, the inability to express and regulate emotion, especially of anger expression (e.g., Punkanen, 2011). Experience indicates that this was the same case seen in this study. The client felt that she could not express her emotions. The results state, that the music was the key element that somehow also let the movement take over.

8.1 What did I learn?

According to Backman & Kyngäs (1998) the researcher's own actions and insights may be difficult to put into words. During the thesis writing process I noticed that more questions than answers came into view. One of my research aims was to understand using the method; I wanted to research how the deductive content analysis method, by using concept-driven and subsumption strategy works in this kind of data analyzing process. As mentioned before, narrative or discourse analysis would be another suitable approach for this study, but I wanted test how deductive content analysis, by using concept-driven and subsumption driven strategy works in this kind of study setting. At the beginning of the analysis process, I doubted my methodological decisions. This was my first experience of writing a master's thesis so the various methodological decisions were unclear to me. Luckily I found an additional course on qualitative research method from the faculty of Sport Science. It instructed my knowledge to a deeper lever of the methodological world and guided my main analysis process. Content analysis by using deductive concept-driven and subsumption strategy was maybe not the best or easiest choice; it meant I based my work on previous knowledge. The source was an everyday experience, and those six main categories and coding frames, were predefined. This kind of approach is not so common in qualitative research.

This approach provided six main categories based on what I already knew, which was like a theory in this study. I did not only want to trust my everyday knowledge and intuition, so I did not change the methodological decision.

Nevertheless even though I did not let the categories emerge from the data, I kept the research questions in my mind and did the data analysis with the settings, mentioned before.

My English language writing and thinking skills improved during this process, keeping in mind there was huge help from a native English speaker. It will help me in the future. In the work scene I am able to conduct music therapy in English, but my English also improved in terms general knowledge and education. Finally, there will be always new things to discover. Our body exists in here and now, nowhere else. The here and now is always changing and always flowing. It is the only place where the change can take the place. Due to that, we have our unique styles and preferences that can guide us to meaningful changes in life.

8.2 Research Reliability and Validity

Validity according to (Guest, MacQueen, & Namey, 2012) can be enhanced through all steps of the research process, beginning with the research design. The most critical question the researcher can ask is: in qualitative research, how do we know if your data, and our summaries and interpretation of them, are valid? Can the information learned in this case be applied to other cases?

There were also a few limitations in this study. It was a case study so it would be different if the data set would be larger. Indeed one should keep in mind that this was only one case study and results cannot be generalized. It would be worthwhile to extend this case study with more clients of similar diagnoses for investigating the applicability of the therapy approach.

The six main coding frames used in the main analysis were somehow limiting. Even though the coding frames were formed from the real-life situation, and from the therapy context, the music category was missing. So if the method would be a combination of concept-driven and data-driven strategies, the analysis phase would have been different. Or in the discursive analysis method the themes would rise from the data and the whole research design would have been seen as an inductive approach. Then maybe some categories that I did not even think about would then have arisen.

I had some presumptions before starting this research. I believed that it was the movement and dance that mostly helped my client but after the analysis, I realized that it was the music. Music was supporting the movement and dance and within this it reinforced the self-esteem and supported self-expression.

This study showed me that it was not absolutely only the movement that improved the client's mental well-being; it was self-esteem strengthening by the use of music, the client's own body movement and dance.

This helps us to understand more about the diversity and different art forms, which combined, give novel windows of opportunity. With more opportunities in self-exploration and within the arts, one can safely make that voyage.

9 CONCLUSION AND FUTURE DIRECTIONS

Depression and eating disorders cause various kinds of problems in our society, but also in the sufferer's own life. In the field of mental health and well-being, it is important to conduct and keep doing research. It is important to develop strong interventions with which we can support mental health and well-being. In this study, ideas are outlined how dance movement interventions can alleviate client's problems and how they can be implemented in therapy.

Future research could study movement and music in music therapy context more, by using both music and movement; it would significantly add to the field of music therapy and to the treatment of depression. It would be important to decide whether the application of dance movement interventions suits every client, yet it should be considered as an addition to music therapy.

In addition, future research in interdisciplinary co-operation, between music, psychology and sport science could imagine a study focusing on listening to preferred music by using dance and movement interventions in the treatment of depression. It would be interesting to examine whether clients would systematically choose their favorite music and whether a body-centered approach would add new information to studying depression.

Moreover it could be helpful if masters' theses could be written in pairs. Information is much richer when there are two people collaborating and sharing ideas. Data analysis and interpretations are then not only one person's interpretation. Input of two persons' also affect the reliability and validity of the research.

Even though these findings indicate that music and dance were reinforcing mental well-being and individual growth of self-esteem on some level, we have to keep in mind that it might not be always the same case. Movement-based interventions in music therapy suit some people but not everybody. Therapists are different and have their

individual way of working and every client has their own stories and needs. So this study only shows one case, and I hope that readers will find their own creative way to apply what I have tried to share.

APPENDIX A, FINNISH TRANSCRIPTS

Appendix A.1

Sessio 5. 28.10.2010

Th: Millasia mielikuvia, ajatuksia, tunteita?

L: No toi oli tosi ihana harjotus, et jotenkin vaikken mä niinku ehkä olisin halunnu niinku enemmän vapautua siitä ahdistuksesta, että tota nyt kun se loppu niin, tuntuu et niinku, että ahdistus lisäänty kun lopetettiin se vapaus ja toivo. Et niinku nyt on niinku raskaampi hengittää heti, siis mä huomasin sen heti, et niinku tuntuu et täs ois joku niinku, joku (näyttää rintaa) taakka, jota mä niinku kannan.

Th: Ymmärsinks mä oikein, että sä sait kiinni tossa tekemisessä

L: Joo

Th: Kiinni siitä vapaudesta

L. joo

Th: Ja siitä toivosta.

L: Sain

Th: Ja nyt kun sä istuit tähän niin se loppu.

L: Niin

Th: Niin se ahdistus tuli suhun takas

L: joo ja lisäänty

Appendix A.2

Sessio 7. 11.11.2010

Th. lukee Lean kirjoituksen, jonka hän kirjoitti 14.10.2010. Tehtävänä oli kirjoittaa ankkureista.

” Minä yritin löytää kehostani jotain, en tiedä, ehkä jotain kaunista ja rauhallista, mutta minä en tunne kehoani. Se on jotain missä on vain asuttava, mutta se on liian iso minulle. Olenko edes ihminen”.

Th: Me tehtiin silloin muutama kerta sitten, meillä oli teemana liikkeessä raskaus, ahdistus

L: joo

Th: vapautuminen ja tietynlainen keveys

L:joo

Th:Sä oot kirjoittanut tänne yheks ankkuriksi veden

L: joo

Th:liikkeen ja tanssin. Niin mennään yhdessä hetkeksi mielikuvissa veteen, elikkä yhteen sun ankkuripaikkaan.

L:joo

Th: ja otetaan liikkeeseen pelkästään rauhaa ja kauneutta.

L: joo.

Th: sopiiko?

L:sopii

Arvo Pärt (Fur Alina)liikkuminen ja tanssi

Th: Miltä susta tuntuu? Millanen kokemus?

L: No, ihan hyvältä, ihan. Tuntu rauhalliselta ja oli jotenkin tärkeitä, että siinä oli nimenomaan se vesi nyttien niinku. Sai niinku mielikuvissa niinku olla siinä vedessä.

Th.joo

Appendix A.3

Sessio 8. 18.11.2010

Th. Mitä se liike voisi olla?

L. Mää luulen, että se tulee sen musiikin aikana.

Th. Mitä mielessä?

L. Oli jotenkin vaikeeta, en ole ennen liikkunut tähän biisiin. En saanut päällimmäisiä tunteita siihen liikkeeseen. Elikkä semmosta ahdistusta ja sitten semmosta epätoivoa. Tosi vahvaa epätoivoa tulevaisuudesta.

(Musiikki kovemmalle, sanallinen tuki ja ohjeistus: ” otetaan se tunne ihan kokonaan.

Miltä tää ehdotus tuntuu susta?

(Indica. Murheiden maa ja toinen tanssi.)

L: Ihan hyvältä?

Th: Mitä tapahtui?

L: No piti vähän päästellä. et välillä tuli semmonen niinku jotenkin, semmonen et tuntu ihanalta et se musiikki niinku anto vaan viedä. Ja sitten tuli vähän semmosta toiveikkuutta siihen. Tein kärynpyörän ja semmosta, mutta sitten oli niinku vaan semmonen niinku, että anto vaan niinku tulla välillä. Kilju ja huusi ja noita niinku djembejä hakkas.

Et niinku oli paljon helpompi kun se musiikki oli kovemalla. Niinku jotenkin antaa sen liikkeen viedä.

Th: joo, se, se oli tosi voimakasta.

L: Hmm. Et mun ehkä on niinku ehkä aika vaikee, vaikee tota noin niinku jotenkin et mä patoon niitä tunteita. Mut mua melkein niinku pistää vihaks, tai siis pistää vihaks niinku et mä en saa niitä purettua.

Th: Tuliko nyt semmonen olo et sä sait tarpeeksi purettua?

L. Joo, tuli, et niinku tuntu tosi hyvältä et kun sai purettua. Kun oli lupa siihen. Kun yleensä mulla tuntuu, et mulla niinku ei oo lupaa purkaa mitään mun oloa mihinkään. Että sit mä vaan makaan peiton alla ja annan sen pahan olon tulvia ylitse.

Appendix A.4

Sessio 11. 9.12.2010

Th. Mikä kysymys nousi tuolta kappaleen sisältä? Mikä oli se sun ensimmäinen?

L. Että miksi yrittää?

Th: miksi yrittää?

L: Niin

Th: Kirjota siihen miksi yrittää? Ja sitten tästä kappaleesta. Mitä odottaa elämältä? Sä sanoit, että sä odotat paljon. Niin toinen kysymys.

L: Kirjotanko mä tähän?

Th. Joo

Th. Mitä odotat elämältä?

L. Koska elämä on voimakas ja sen takia niin niin pitää antautua.

TH: antautua mille?

L. elämälle

TH. tää on tosi kauniisti sanottu.

L: Jotenkin ton kappaleen myötä, se sai mussa aikaan jotain sellaista tahtoa niinku tehdä jotain itteni vuoksi. en mä tiedä. Niin, niin tässä kuntoutustyössä. Kaikki mitä mä oon tehnyt niin, ku mä oon tehnyt sen toisten vuoksi. Niin, niin, mä oon pysynyt hengissä sen takia, että mulla on läheisiä. En oo pysynyt hengissä sen takia, että rakastaisin itseäni. Toi kappale oli niin voimakas, jotenkin siis toi kappale se niinku kolahti. Mun on pakko kirjottaa jonnekin ylös se nimi. Voinko mä saada palan paperia?

Th. voit repiä tuolta.

L: Joo se kappale sai mut jotenkin niinku heittäytymään vielä enemmän kun edellisillä kerroilla. Varsinkin tää viimeinen kerta kun me kuunneltiin se. niin jotenkin mää siis, mä heittäydyin.

Appendix A.5

Sessio 11. 9.12.2010

Th: Ja tosi paljon tässä on tapahtunut asioita yhdentoista kerran aikana.

L: Niin.

Th: Miten sä itse koet sen?

L: No.

Th: Tai miltä se kuulosti kun mä sanoin sen äsken, että on tapahtunut, tää mun äskeinen puhe niin mitä, mitä ajatuksia tai tunteita se herättää?

L: Siis mää on saanut hirvittävästi uusia kokemuksia ja sitten semmosta niinku rohkeutta ilmaista itseäni. Et niinku mä en ees olis aikaisemmin kuvitellutkaan, että mä niinku uskaltaisin tällä tavalla niinku liikkua, musiikin mukana ja tota noin, niin niin, niinku soittaa jollekin muulle kun soiton opettajalle tai sitten ne pakolliset matineat, jotka on aina tosi vaikeita mulle. Niin sitten sulle, sun kanssa soittaminen oli tosi hienoo.

L: Sitten tää liikkuminen on ollut mun mielestä yks keskeisimmistä asioista, että ollaan liikuttu musiikin mukana tai tahdissa ja annettu vaan mennä.

Th: Nhh..

L: On niinku ollu sillai niinku, sä oot hirveesti rohkaissu siihen, et L anna mennä ja se on auttanut mua ihan hirveesti.

Tää niin niin 11 kertaa on jo niin antanut mulle ihan mielettömästi, että just semmosta et on niinku pitänyt tutustua itseensä ja omiin ajatuksiin vielä syvemmin sillai jonkun, jonku kautta ja se on ollut se musiikki. Niinku ku ku mulla ei oo ollu mitään semmosta niinku minkä kautta mä niinku tarkastelisin niinku omaa itteeni ja kaikkea niin jotenkin siihen tuli sit tää musiikkiterapia niin se on hirveesti mua auttanut.

APPENDIX B, ENGLISH TRANSCRIPTS

Appendix B.1

Session 5. 28th of October 2010

Th: What kind of images, thoughts and feelings?

L: Well, it was beautiful exercise, at somehow even though I like maybe would have like, like more freedom from Anxiety, that well now when it is finished, it feels like, that the anxiety grows when we stopped the freedom and hope. Well like now it is like hard to breathe now. Well I noticed it now, well it feel like (points to her chest), burden, that I am carrying.

Th: Did I got right, that in the movement you got

L: Yes

Th: You reached the freedom

L: Yes

Th: And the hope

L: I got

Th: And now when you sat down it finished?

L: Yes

Th: And the anxiety came back?

L: Yes and grew

Appendix B.2

Session 7. 11th of November 2010

L: 'I tried to find something in my body. I do not know. Maybe something beautiful and peaceful, but I do not know my body. It is something from where I should just live, but it is too big for me. Am I even human?' (the text has been written in 28 th of October)

Th: We were doing the exercise few weeks ago, where the theme in the movement was heaviness, anxiety.

L: Yes

Th: The freedom and some kind of lightness

L: Yes

Th: You have written that one anchor for you is water

L: Yes

Th: Movement and dance. So let's go in to those images for a while in to the water, so into to your one major anchor place

L: Yes

Th: And let's take into the movement only peace and beauty

L: Yes

Th: Is that all right?

L: Yes

Th: How do you feel? What kind of experience it was?

L: Well quite well. I feel peaceful, it was somehow important that there was the element of water.

Th: Yes

L: Well I let myself be in water in my imagination. I feel really bad, that I just was not able to go to the swimming pool for the last two weeks. To do a water treading and swimming. I have dealt with so much stuff and now I will have to settle in my new home.

Th: What is the most difficult thing in that you are moving into a new home?

L: The anxiety and that, that I would start like again to deal with it, the anxiety with the thoughts around my eating disorder, that with no eating, that I feel that, I am controlling the anxiety when I do not eat.

Th: Yes

L: And then my weight starts to drop and all the work has been done would be pointless.

Appendix B.3

Session 8. 18th of November 2010

Th: What the movement would be?

L: I think it comes during the music

Th: What is in your mind?

L: Somehow it was difficult, I haven't move with this song. I could not get the emotions into the movement. I mean like, anxiety and the like despair. Really strong despair what comes to the future.

Th: Let's put music louder and try to take the emotion in whole. How this suggestion sound?

L: Okay.

Th: What happened?

L: I need to let go. At some point I felt, like, something, like, somehow, like, it felt lovely, that the music took the lead. Then something like hope came. I did a cartwheel and something like that. But then it was just somehow, like, that I just gave permission to let it out.

I screamed and yelled, and well I hit the djembes.

It was like much easier when the music was louder to somehow let the movement take over.

Th: It, it was really powerful.

L: Hmm, for me it is quite hard, difficult, yes, yes, somehow I am piling those emotions, but it almost pissed me off, or actually it did piss me off, when I cannot express my emotions.

Th: Did you just now, have the feeling, that you were able to release your emotions enough?

L: Yes, I did. It felt like really good, when I got to vent. When I had permission.

*When normally I feel like that, I do not have permission, like; I cannot vent my emotions anywhere.
Then I just lie under the blanket and let the bad feelings flood over me.*

Appendix B.4

Session 11. 9th of December 2010

Th: What question came from the song? What was the first?

L: That why to try?

Th: why to try?

L: Yes

Th: Please wrote down, why to try? And then from the song? What do you expect from life? You said, that you expect a lot. So the second question.

L: Should I wrote it in here?

Th: Yes

Th: What do you expect from life?

L: Because life is strong, due to that well, well, I have to surrender.

Th: Surrender to what?

L: To life

Th. It is beautiful said

L: Somehow this song, when the song was playing it brought something a strong will to me. Like to do something because of me. I do not know. Like, like in this rehabilitation work. Everything that I have done, I have done because of somebody else. Yes, yes. I have stayed alive because of that. Because I have relatives. I haven't stayed alive because I loved myself. This song was so powerful, somehow this song punched me. I have write down the name somewhere. Can you give me a piece of paper?

Th. You can rip from there

L: Yes, the song made me somehow surrender, more than before. Especially, the last time when we listened to it. Yes, I totally surrendered.

Appendix B.5

Session 11. The second dialogue. 9th of December 2010

Th: And really much has happened during these eleven time

L: Yes

Th: You self, how do you feel it?

L: Well

Th: Or how does it sound, when I said, that lot of things has happened? How was my speech, well, what kind of thoughts and feelings it arise?

L: Yes I have gotten an enormous amount of new experiences and the somehow courage to express myself. Well like I could not image before that I like I would dare to like move this way. With the music, like so, yes, yes like play to somebody else other than to my music teacher or then compulsory performances, which are always really difficult for me. So then to you, with you, playing was really nice.

L: Then this moving has been in my opinion one of the main things, that we have moved to the music or to the rhythm and let it go.

Th: Nhh..

L: Well it is like, like, you have really supported me in that: Lea let it go and it has helped me a lot

L: This eleventh time has given a lot of that just like, like, I should have gotten to know myself and my own thoughts much deeper like via it it was the music. Like before I did not have something like through which I like examined like myself and references (some everything somehow came from there, then music therapy helped me a lot.

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