Yalom's Group Psychotherapy Work and Its Implication for Group Music Therapy Practice

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Abstract

Irvin D. Yalom discusses eleven therapeutic factors which are present in group psychotherapy: Instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviors, interpersonal learning, group cohesiveness, catharsis, and existential factors. More recent work related to the topic of factors in group psychotherapy (Joyce, MacNair-Semands, Tasca, & Ogrodniczuk, 2011) suggests that there are four global therapeutic factors in group psychotherapy: instillation of hope, secure emotional expression, awareness of relational impact, and social learning. Joyce et al. (2011) created a Likert-type self-measurement scale to measure the presence or absence of these therapeutic factors, the Therapeutic Factors Inventory – 19 (TFI-19).

This masters thesis suggests the use of the TFI-19 to test the strength of the presence of Yalom’s therapeutic factors, and to test the changes that occur in the presence of these factors throughout nine group music therapy sessions with five college students who are having difficulty coping with the stress of school.

The results showed that one of the four global therapeutic factors, awareness of relational impact, had a statistically significant increase from week three to week nine, suggesting that this factor was more present at the end of the therapeutic process. Two factors, secure emotional expression and social learning, showed scores lowest during week six, and higher scores during week three and week nine, which may suggest that these factors were highest when instruments were being used (weeks one-two and weeks eight-nine). The therapeutic factor of instillation of hope had a slight increase from weeks
three to nine. The researcher analyzed the session content in context of the quantitative data, and found that the use of instruments in clinical improvisation is a music therapy intervention in the psychotherapy paradigm which showed generally higher scores in the TFI-19. This data may suggest that clinical improvisation is a beneficial music therapy intervention to administer in one’s music therapy practice. The researcher also analyzed the data compared to number of absences, and there was no trends to suggest that higher absences resulted in lower scores on the TFI-19. Due to limitations such as low generalization and a generally short session series, the researcher suggests that further research will lead to conclusions which better support group music therapy and its effectiveness in representing Yalom’s therapeutic factors (2005).
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by

Amanda Pelletier

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GROUP MUSIC THERAPY PRACTICE

A THESIS

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by

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Yalom’s Group Psychotherapy Work and its Implication for Group Music Therapy Practice

Introduction

Irvin D. Yalom is a widely known scholar in the world of psychotherapy. In his book The *Theory and practice of group psychotherapy* (2005), Yalom suggests that “therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences” which he refers to as “therapeutic factors” (2005, p. 1), originally termed “curative factors”. These eleven primary factors are as follows: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviors, interpersonal learning, group cohesiveness, catharsis, and existential factors. The most recent examination of these factors by Joyce, MacNair-Semands, Tasca, & Ogrodniczuk (2011) reduces these eleven factors to four more global factors which include instillation of hope, secure emotional expression, awareness of relational impact, and social learning. Yalom’s concepts on group therapy have fascinated me, and inspired me to pursue a design in group music therapy in order to investigate if music therapy techniques can produce behaviors which reflect these therapeutic elements in our group music therapy experience. Music therapy specifically is a form of therapy which focuses on messages expressed paraverbally, one aspect of metacommunication discussed by Yalom (2005). Metacommunication is the communication about a communication,
and when a message is expressed paraverbally, the focus is on an individual’s nuance, inflection, pitch, and tone. Musically, this can be a focus on an individual’s volume, tone, musical interaction, and articulation.

The scale being used is ‘Therapeutic Factors Inventory’ (Lese, MacNair-Semands 2000), which consists of measuring and comparing the appearance of Yalom’s therapeutic factors from start to finish during the group music therapy process. Recently, a newer, more reliable TFI, was published. This scale consisted of nineteen items and tested the four global therapeutic factors previously mentioned. Using this scale to test for the absence or presence of Yalom’s therapeutic factors, as well as testing the changes that occur in the prevalence of these factors throughout the entire nine week process, will help merge Yalom’s ideas into music therapy literature, providing further credibility for music therapy in the psychotherapy community.

Related Literature

Yalom’s Methods Explored

Irvin Yalom is a pioneer in group psychotherapy. In his book, The theory and practice of group psychotherapy (2005), Yalom discussed the most recent developments of group psychotherapy and discussed his eleven therapeutic factors in depth. He believed that by concentrating on identifying and measuring the therapeutic factors, the question “how does group music therapy help clients?” can be answered using “some measure of precision and certainty” (2005, p. 1). Even though Yalom (2005) listed eleven therapeutic factors, he feels they work interpedently and do not function separately. Being that the psychotherapy process is a complex one, these factors may represent
different sections of the group process. Different therapeutic factors may fall under different levels of the participants, such as one’s level of cognition, level of behavioral change, level of emotion, and preconditions for change (Yalom, 2005).

Therapeutic factors will be most prominent in groups with good client selection. The populations that Yalom helps in his psychotherapy groups are adults with common goals, typically with members who have “trod the same path” (2005, p. 6) in order to increase therapeutic factors such as ‘instillation of hope’ and ‘universality’. He mentions self-help groups as an example, such as “Compassionate Friends, Men Overcoming Violence, Survivors of Incest, and Mended Heart” (2005, p. 5). Another group Yalom mentions is the heterogeneous outpatient group. Even though this particular group is heterogeneous in nature, they have the same common goals of “symptomatic relief and characterological change” (2005, p. 231). Overall, psychotherapy groups should have a common goal in order for the group process to be beneficial.

Irvin D. Yalom not only wrote a book about the specifics of group psychotherapy, but he also produced a film entitled *Understanding group psychotherapy with Irvin Yalom* (2006). In this film, Yalom discussed methods he used in his psychotherapy group. Yalom focused on the ‘here and now’, which means he observed the way members related to one another right here, in real time in the therapy group. He believed that within the “underlying psychological symptoms there is some type of interpersonal pathology”, hence the use of the ‘here and now’ tactic. Relationships in society become recapitulated in the ‘here and now’, and these clients are able to work on these behaviors so they can cope better in the world outside of the ‘social microcosm’ represented in
group therapy. In order to test the presence of Yalom’s therapeutic factors, Lese and MacNair-Semands (2000) have worked towards a proper scale to measure these factors in group psychotherapy, which is titled the ‘Therapeutic Factors Inventory’.

**The Development of the Therapeutic Factors Inventory**

MacNair-Semands, R. and Lese, K. (2000) have developed a scale which assesses Yalom’s therapeutic factors, the ‘Therapeutic Factors Inventory’. Specifically, this scale is designed to provide a comprehensive empirically-based measure to determine the presence or absence of therapeutic factors in a particular group. In this scale, the item number has been narrowed down to nineteen items, and the Likert-type scale assesses if the participant strongly disagrees with the items presented, strongly agrees, or falls somewhere in the middle. This shorter form of the TFI, “reflects fewer, more global dimensions of the group process than the eleven factors suggested by Yalom (Macnair-Semands, Ogrodniczuk, & Joyce, 2010).” MacNair-Semands and Lese (2000) conducted a study using the longer form of the TFI, and their purpose was to demonstrate how the assessment of therapeutic factors in a group changes over time. Their hypothesis was that perceived therapeutic factors would strengthen with time in the group. MacNair-Semands, R. and Lese, K’s second purpose was to examine how perceived therapeutic factors may be related to member interpersonal difficulties. There was no hypothesis in relation to the second purpose because the authors explored the relationships empirically. MacNair-Semands and Lese explored a third purpose/goal in which they would continue to provide construct validation for the TFI, following past evidence of internal consistency and test-retest reliability for TFI. Findings from this study showed that as
members spent time participating in group therapy, strength of therapeutic factors solidified. Also found was that the members perception of therapeutic factors were consistent with group members' interpersonal problems. Lastly, it was discovered that clients whom had difficulties being assertive experienced stronger endorsement of factors, while those describing themselves as controlling tended to report lower levels. As shown here, the TFI may be an effective scale to assess the presence of Yalom's therapeutic factors within a group.

The TFI (Therapeutic Factors Inventory) was not always a 19 item test. The TFI was originally a 99 item self-measure test which tested the 11 therapeutic factors, developed by Lese and MacNair-Semands (2000). The length of the tool made the limitations significant, resulting in the 44 item TFI, which had 4 items per therapeutic factor. Upon further research to support a shorter, more user friendly TFI, the TFI was shortened to 23 items which focused on the four global therapeutic factors. The four global factors (Instillation of hope, secure emotional expression, awareness of relational impact, and social learning) were created because of the theoretical thought that the 11 therapeutic factors discussed by Yalom (2005) do not function separately within the group therapy process.

The TFI-19 (see Appendix A) was developed upon research showing that the four factor model was a good fit with the 23 item TFI-s (short form), but can be refined further into a shorter tool (Joyce, MacNair-Semands, Tasca & Ogrodniczuk, 2011). The deletion of four items was due to these four items being part of a three item pairing that contained a standardized covariance greater than 2.58, which Byrne (2001) states in problematic (as
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cited in Hoyce, MacNair-Semands, Tasca, & Orgrodniczuk, 2011, p. 8). In Joyce’s et al 2011 study, the focus was on confirming the TFI-19’s factor structure and evaluating aspects of its concurrent, discriminant, and predictive validity. The researchers used a sample of 435 clients from 52 therapy groups at eight different clinical sites in the U.S. and Canada. Their finding supported concurrent validity due to significant relationships between TFI-19 factors and subscales of group climate questionnaire – short form (which assessed members’ perception of group’s therapeutic environment). The researchers used a two level hierarchical linear model analyses, which showed significant relationships between the TFI-19 factors and post treatment status on symptomatic and interpersonal distress, providing support for predictive validity. These findings mean that the TFI-19 is a good measure to predict if participants had experienced Yalom’s therapeutic factors during a group psychotherapy process, also suggesting that the TFI-19 is a useful instrument to assess group members’ perception of more global therapeutic factors. (Joyce, et al 2011). This tool could also be utilized to test the prevalence of factors over time in music therapy psychotherapy groups.

Development of Scales of Yalom’s Therapeutic Factors

Many respected psychologists have taken Yalom’s ideas and applied them to their own group therapy practices. One study in which Yalom’s therapeutic factors were investigated was designed by Choi, Y. and Park, K (2006). In this study, their goal was to discover the influence therapeutic factors have on the outcome of cognitive behavioral group treatment for social phobia. In this particular study, an abbreviated form of the curative factors questionnaire was used, which was Yalom’s original scale. It was
discovered that in this particular group, the therapeutic factors that were present most often were interpersonal learning, guidance, universality, and group cohesion. Upon comparison of MacNair-Semands and Lese’s (2000) TFI (Therapeutic Factors Inventory), the author concluded that this assesses the presence of therapeutic factors, and the curative factors questionnaire tests which factors were most helpful.

More research focused on the curative factors scale was conducted by Stone, et al. (1994). These researchers evaluated the short form of Yalom’s curative scale with the use of factor analysis. The result of the factor analysis of randomly assigned groups shows the potential of the organization of three categories. These are core elements in therapeutic group process, skill development and insight into professional role and responsibility, and receipt of guidance from group processes. The curative factors scale is a stable measure to analyze the therapeutic factors.

Various researchers did not necessarily test Yalom’s therapeutic factors; however the premise behind Yalom’s beliefs in group psychotherapy was still applicable in this study conducted by Chen, E. and Mallinkrodt, B (2002). In fact, in this study, groups were led according to the model of facilitating interpersonal growth. Measures used in this study, which tested attachment, group attraction and self-other agreement, were the ECRS scale (Experiences in Close Relationships Scale), inventory of interpersonal problems, and group attitude scale (GAS). It was found that attachment insecurities were significantly correlated with interpersonal problems and group attraction. Attachment anxiety and avoidance were associated with discrepancies in self-other perception. For
example, members with attachment avoidance overestimated hostile problems, and members with attachment anxiety overestimated with interpersonal problems.

Overall, Yalom’s models, methods and techniques are widely known among the psychology world. Yalom and his views on group psychotherapy provide ample opportunity to discover the power a group therapy session can contain over time. Group music therapy literature will be explored to bring to light the use of psychotherapy in music therapy groups.

**Group Music Therapy Literature**

Literature and research studies involving Yalom’s therapeutic factors and how they are operative in group music therapy is limited. Specifically, Goodman (2007) mentioned Yalom in her book *Music therapy groupwork with special needs children*. Goodman explored Yalom’s therapeutic factors in context of a music therapy group with multiply handicapped children she had just described in length; she suggested the application of Yalom’s therapeutic factors to other groups with children. (p. 212). Other books which have highlighted Yalom in music therapy included McFerran’s (2010) *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*, where the author contended that the music therapist needs to hold his or her ground during intense moments in a music psychotherapy group and to not retreat, which is Yalom’s belief for an effective group process. In her book, *Group analytic music therapy*, Ahonen-Eerikainen (2007) made the point that feeling safe in therapeutic atmosphere is important to promote trust in psychotherapy, which is important to have in session to further Yalom’s therapeutic factors such as group cohesion and social learning.
In general, in the group music therapy literature, group cohesion and interpersonal skills are often discussed, but literature involving all of Yalom’s therapeutic factors is not always distinct in music therapy literature.

Wang, J., Wang H., and Zhang D. (2011) discussed the impact of group music therapy on the depression mood of college students. According to Wang, Wang, and Zhang, “social, competition, academic pressure, interpersonal communication pressure, quarrelling with others, serious defeat, being not smooth or being disappointed in love, and disordered close family relationships can contribute to the depressive symptoms of college students (2011)”. In this study, depressions scores and mental health scores were the scales utilized. The particular depression score used was the self-rating depression scale (SDS). Wang, Wang, and Zhang used three stages in the group music therapy; stated as the introduction, implementation, and feedback. During the introduction, the therapists encouraged the college students to adapt better interpersonal skills, due to their tendency to withdraw from the group. The second stage was implementation, in which relaxation training, attention training, rhythm and movement training, music-painting training, and adaptive cognitive training were used. Finally, the third stage was the ‘feedback’ stage, in which the student were encouraged to apply what they learned in the therapy session to life outside the group. In conclusion, the researchers discovered that music therapy can effectively reduce college student’s depression symptoms and can also significantly improve mental health level among students.

James, M.R, and Freed, B.S. (1989) developed a sequential model for developing group cohesion in music therapy. In this model, Yalom’s therapeutic factor of ‘group
cohesion’ was explored fully. James and Freed techniques were to specify purpose for the group, set clear goals, challenge group members, and clarify to clients how completion of goals can meet their needs. Overall, James and Freed believed that risk taking is better for group cohesion, an aspect Yalom also believes hold true in group psychotherapy. In this model, the phases that took place were the warm up phase, goal setting activities, individual/parallel activities, cooperative group activities, self-disclosure activities, and group problem solving activities. Group cohesion was shown in this model to increase with the use of music therapy.

Another reference to group cohesion in music therapy was introduced by Gallagher and Steele (2002). Unlike Yalom, Gallagher and Steele identified goals that were common to all clients, including group cohesion as a focus for the group. After conducting group music therapy with offenders in a substance abuse/mental illness treatment program, interpersonal learning was shown to be low. Only 40% showed a full range of affect, and only 29% claimed positive change in mood during the session. Perhaps the combination of the production of general group goals and the lack of challenge was the reason why the percentages of change in these clients were low.

Edgerton (1990), chose a specific technique, songwriting, and used this technique to touch upon a couple of Yalom’s therapeutic factors, such as developing group cohesion and developing insight into feelings and needs, both of self and of others. Edgerton used this technique with a population consisting of emotionally impaired adolescents. The first step Edgerton focused on with this group was lyric analysis and interpretation, in which the group learned lyric writing techniques and expressed thoughts
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and feelings. Following this, the therapist introduced a music analysis technique in which the group learned new music composition techniques, improved listening skills, and identified creative techniques. The third step was theme and style selection, in which the group identified the main group issue, and group decision-making skills were improved. During the lyric-writing process, the group learned appropriate means of self-expression and contributed their individuality to group song. Step five was music composition, which was the most pertinent to Yalom’s model because this was the section of the group process in which the group developed and improved interpersonal relationships and challenged themselves. The final stage was the culmination, which was when the group developed a sense of pride. This demonstrates how useful the music therapy technique of songwriting is to improve interpersonal learning and group cohesion.

As previously mentioned, music therapy literature which purposely states the group process in relation to Yalom’s therapeutic factors is sparse. Even though Yalom is not actually mentioned often in music therapy literature, one can compare music therapy processes to his paradigm because of the mention of various therapeutic factors within the process. However, Goldberg, F., McNiel, D., and Binder, R. compare therapeutic factors in two forms of inpatient group psychotherapy: music therapy and verbal therapy (1988). These researchers ranked group psychotherapy “curative” (therapeutic) factors and completed satisfaction ratings. The most helpful factors for both groups were cohesiveness, instillation of hope, and altruism. However, music therapy involved more therapeutic interaction among patients and emotional expression, while verbal therapy emphasized concrete problem solving. This study represented the belief that Yalom’s
therapeutic factors can be applied to a music therapy psychotherapy group, in particular a group with college students living with an increased amount of stress.

**Stress and the College Student**

Stress and anxiety is a common burden among our society. Stress can be overwhelming if not handled properly, specifically because stress involves all the systems of the body; cardiovascular, endocrine, and neurological. (Hobfoll, 1988). High anxiety can manifest into the following symptoms: faster heart rate, skipped heartbeats, rapid breathing, sweating, trembling, dizziness, harder time focusing, a feeling of tiredness most of the time, and a frequent loss of temper (Zieve, D & Eltz, D., 2011). During college specifically, students face many unique stressors. The transition into college, the academic competition, and a feeling of a lost sense of self are among the stressors college students face (Tartakovsky, 2008).

Stress resistance is important to prevent stress, specifically among college students who are surrounded by potential high stressors. To prevent stress, one must limit its negative consequences. Hobfoll states “how people react to stressors and how successful they are in overcoming them are a function of deep-seated aspects of the self. (1988, p. xv)”. There have been various theories on how an individual can promote stress resistance. Victor Frankl, a psychiatrist that holds an existentialist perspective, believed people must create new meanings for existence when older, cherished meaning has lost validity (1963). Another perspective of stress resistance was proposed by Abraham Maslow (1968). The two perspectives on stress resistance are important for an individual to learn and understand in order to prevent stress. Abraham Maslow believed that
independence from the environment is important, because only then will one possess
great stability in the face of deprivation, challenge, frustration, failure, and loss.

Stress is a phenomenon that occurs in all social systems, such as interpersonal,
intrapersonal, the small group, the large group, and societal (Hobfoll, 1988). Using
Yalom's perspective of the "here and now" and the idea that group therapy is a social
microcosm, reaction to stressors can be explored in the group for the purpose of this
masters thesis. The reactions to stressors must ultimately depend on the person and one's
perception of the world.

Statement of Purpose

The purpose of this thesis is to investigate Yalom's primary factors and to test if
the strength of these therapeutic factors will increase in a music psychotherapy group in a
nine week span with college students that are experiencing stress. To test whether
Yalom's therapeutic elements are present in the group, the researcher will ask the clients
to take the newest "Therapeutic Factors Inventory" scale, TFI-19 (see Appendix A),
which has been evaluated and been shown to possess support for concurrent,
discriminant, and predictive validity (Joyce, MacNair-Semands, Tasca, & Ogrodniczuk,
2011). The four therapeutic factors being assessed are instillation of hope, secure
emotional expression, awareness of relational impact, and social learning. The following
research questions will be addressed:

1) According to the TFI-19, do Yalom's therapeutic factors become more prevalent
throughout a group music therapy process containing a group of college students
experiencing stress?
2) According to the TFI-19, are different factors more prevalent at different stages of therapy?

3) According to the TFI-19, do increased absences from group affect overall strength of therapeutic factors?

These factors can be expressed in particular music therapy techniques such as clinical improvisation (Wang, J., Wang, H., and Zhang, D., 2011), songwriting, and lyric analysis (Edgerton, 1990).

The researcher uses the repeated measures of analysis of variance to declare if the averages of the participants over time are statistically significant, which will suggest that the strength of therapeutic factors increases. Another expectation is that the average of those participants who misses more sessions will have lower scores in general than those who miss less sessions. The researcher also explores the four global therapeutic factors in relation to the time the questionnaire is taken to declare if one factor appears generally higher than the other during a particular time period.

**Method**

My research design was a quasi-experimental design, specifically longitudinal because of the repeated observations of the same variables over a period of time. This pilot study explored music therapy as the independent variable due to the person centered nature of the psychotherapy paradigm. The researcher sought out to test if certain music therapy factors would increase Yalom’s therapeutic factors over time. The study consisted of a nine week session series in which music therapy was held once a week for one hour. Various music therapy techniques were presented to provide the students with
techniques to solidify Yalom’s therapeutic factors throughout the group process. Interventions that were addressed included songwriting, clinical improvisation, and active song listening which was followed by a discussion.

**Recruitment**

After receiving permission from Dr. Cart, director of the Cali School of Music, to use the building for my research (see Appendix B), an e-mail was sent to Gina Balestracci, academic administrator of the music school, which was forwarded to the music student list serv (see Appendix C). The e-mail called for participants in the music school between the ages of eighteen and twenty-one, for the purpose of universality amongst participants. The e-mail also called for participants experiencing stress, who were interested in being part of a music therapy group to help relieve their stress. Refer to Appendix C for complete recruitment e-mail.

**Participants**

The group contained five participants whom were solicited via e-mail to all music students using the listserv. These participants were the sole five that responded to the researcher’s recruitment e-mail and fit the criteria. The group contained college students between the ages of eighteen and twenty-one. Four of these students were women and one was a man. These participants’ data was anonymous to the researcher, which was achieved by each participant picking a number one to five, and consistently labeling their TFI-19 tests with these numbers. For the purpose of the research, participants were asked to record their number of absences on the final TFI-19 in the following way, to support anonymity:
0-1 absences

1-2 absences

2-3 absences.

All five participants remained in the study until the end, week nine.

**Procedure**

The following procedure was followed during session one:

1. The researcher asked the participants to sign the consent form (see Appendix D), and reminded the participants that no one but the researcher would be viewing the video tapes of the session. Further, the researcher explained that pseudonyms would be used in the thesis, to protect student privacy.

2. The researcher introduced the clients to music therapy in the following way: Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship. Music therapy can also be non-threatening in nature because of the ability to communicate thoughts and emotions via music, when these thoughts and emotions may not be easy to express in words.
   a. The researcher asked the participants if there were any questions about music therapy they would like addressed.

3. The researcher explained the purpose of the study
   a. The researcher explained that she would be testing the presence and importance of therapeutic factors proposed by Yalom (2005), the four global therapeutic factors
being instillation of hope, secure emotional expression, awareness of relational impact, and social learning.

b. The researcher explained that participants would take three questionnaires which are self-assessment measures. These questionnaires would be completed after weeks three, six, and nine.

c. The researcher explained that as this was a psychotherapy group; participants would be encouraged to freely interact. Focus would be on the process of the group.

4. The music therapy interventions that were used in sessions were presented to the group members as follows:

   a. Clinical improvisation, active song writing/lyric analysis, songwriting. The researcher explained that there may be opportunities in which improvisations are recorded for the purpose of listening back and discussing.

Clinical Interventions

During sessions, the music therapist concentrated on interpersonal relationships in the ‘here and now’, and looked at the way members related to one another right here, in real time in the therapy group (Yalom, 2006).

The music therapist adhered to the following tasks, as discussed by Yalom (2005).

1) Creation and maintenance of the group

2) Building a group culture

3) Activation and illumination of the here-and-now

The music therapist often encouraged group members to freely interact to support psychotherapy work. To encourage this interaction, the music therapist suggested that
participants start the improvisations. There was also emphasis on the idea that the
improvisations had no leader, and the music therapist’s only purpose was to facilitate
discussion.

The nine week sessions were organized in the following fashion:

-Weeks 1-2 – Clinical Improvisation

-Weeks 3-5 – Active Song Listening / Lyric Analysis

-Weeks 6-7 – Song writing

-Weeks 8-9 – Re-visit Clinical Improvisation

Clinical improvisation.

1. Structured Clinical Improvisation

a. Various instruments were placed in the middle of the circle, and participants were
asked to choose an instrument. The music therapist asked the participants to participate in
various improvisational interventions as suggested by Wigram (2004). The
improvisations were “passing a message”, “Create a musical portrait of oneself”, “Create
a musical portrait of another”, “The Echo game”, “Soft-loud-soft”.

b. Once the group appeared comfortable with musical improvisation, the music therapist
suggested that the group play with the theme of “stress” in mind. The music therapist did
not take leadership role, instead, suggested that other group members start the process.

c. The researcher asked participants to think of a particular stressful event, and two
participants were asked to share. These participants received the drum and led an
improvisation while everyone else supported their playing. The following questions were
asked after improvisation:
i. How did you feel while the other participants were playing?

ii. Was it strange to have their support?

iii. Did you feel supported?

iv. Would you express this level of anger in life outside of this group?

v. How can you lessen the stress?

d. Many improvisations were recorded and listened back for the purpose of process illumination among the group.

2. Unstructured Clinical Improvisation

a. Upon feeling an uncomfortable sense in the room, the music therapist asked that the participants choose instruments and portray the mood of the room, which was followed up with a discussion.

Example of questions which were asked by the music therapist: Why did you play a certain musical passage in a particular way? Why did you choose that instrument? What thoughts occurred in the silence [after improvisation ended]?

Active song listening/lyrics analysis

1. Songs the group listened to that fit the theme of “stress” included “Pressure” by Billy Joel, “Gravity” by John Mayer, and “Leave out all the rest” by Lincoln Park. The music therapist asked participants about the emotions that were present in the song. The music therapist asked which song was more relevant to the group in the moment.

2. The music therapist asked participants to bring in songs which expressed “how they feel when they are stressed” or “songs which help lessen the feeling of stress”. Focus was on interpersonal relatedness, as well as the attitudes each participant had about stress.
Song writing.

Together as a group, participants composed a song about stress. The music therapist stopped when necessary to ask why students felt particular ways about stress. The music therapist encouraged participants to ask each other questions about how and why they handle stress a specific way, which is an important step in Yalom’s “process illumination”.

Data Collection

The tool used to measure Yalom’s therapeutic factors was the most recent scale of the “Therapeutic Factors Inventory”, which is the TFI-19 (see Appendix A). This scale determined the presence or absence of therapeutic factors in a particular group (Lese & MacNair-Semands, 2000). This Likert-type scale presented to the clients contained a choice of either 1(strong disagree) through 7(strongly agree), to questions that measured the strength of Yalom’s therapeutic factors in group therapy. This self-measurement questionnaire aided in gaining insight into the participant’s experiences in group music therapy session. After extensive research by Joyce, MacNair-Semands, Tasca, & Ogrodniczuk (2011), the tool developers, evidence suggested there to be fewer, more global therapeutic factors in group treatment. These factors include instillation of hope, secure emotional expression, awareness of relational impact, and social learning. These factors “demonstrate a sensitivity to change over time in group treatment (Joyce et al. 2011)”. The participants took the TFI-19 after the third, sixth, and ninth session. In order to respect the participant’s confidentiality to the researcher, their names were not put on the scale. Numbers that were anonymously chosen by the participants were put on the
questionnaire for the researcher to track their progress. This was done to protect the identity of the participants as well as to keep their answers anonymous to the researcher. The researcher asked the participants to be honest when filling out the TFI-19. Refer to the research tool in Appendix A.

**Data Analysis**

Upon completion of the study, the researcher compared the means and standard deviation of each of the four following global therapeutic factors (note: these combine Yalom’s eleven original therapeutic factors into four categories): Instillation of hope, secure emotional expression, awareness of relational impact, and social learning. The researcher analyzed whether there was a significant increase from week three to week nine for each factor, as well as whether there was a point during the nine week session series in which the factors are highest. The researcher also analyzed if there was causality between number of absences and strength of therapeutic factors. The questions related to each of the four therapeutic factors are listed below:

**Instillation of hope:**

Question #2. Things seem more hopeful since joining the group

Question #8. Group helps me feel more positive about my future

Question #13. This group inspires me about the future

Question #16. This group helps empower me to make a difference in my own life

**Secure emotional expression:**

Question #3. I feel a sense of belonging in this group
Question #5. It’s OK for me to be angry in group

Question #9. It touches me that people in group are caring towards each other

Question #11. In group, the members are more alike than different from each other.

Question #14. Even though we have differences, our group feels secure to me.

Question #17. I get to vent my feelings in group

Question #19. I can “let it all out” in my group

Awareness of relational impact:

Question #4. I find myself thinking about my family a surprising amount in group

Question #6. In group I’ve really seen the social impact my family has had on my life.

Question #12. It’s surprising, but despite needing support from my group, I’ve also learned to be more self-sufficient

Question #15. By getting honest feedback from members and facilitators, I’ve learned a lot about my impact on other people.

Questions #18. Group has shown me the importance of other people in my life.

Social learning:

Questions #1. Because I’ve got a lot in common with other group members, I’m starting to think that I may have something in common with people outside group too.

Question #7. My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life.

Question #10. In group sometimes I learn by watching and later imitating what happens.
Results

The chart below represents the means and standard deviations of all participants for each therapeutic factor on the TFI-19 over a span of nine weeks. Refer to Appendix E for individual scores on TFI-19 over time.

**Progress chart 1 Means and SD of the Subscales.**

<table>
<thead>
<tr>
<th>TFI-19 Factor</th>
<th>Week 3 (N = 5)</th>
<th>Week 6 (N = 5)</th>
<th>Week 9 (N = 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Social learning</td>
<td>5.53</td>
<td>.34</td>
<td>5.13</td>
</tr>
<tr>
<td>Instillation of hope</td>
<td>5.3</td>
<td>.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Secure emotional expression</td>
<td>6.11</td>
<td>.38</td>
<td>5.8</td>
</tr>
<tr>
<td>Awareness of Relational Impact</td>
<td>5.24</td>
<td>.87</td>
<td>5.68</td>
</tr>
</tbody>
</table>

The following line graph of the means and standard deviations of the therapeutic factors represents the therapeutic factors over the course of nine weeks.
Figure 1 Means from Subscales

Means from Subscales

- Social Learning
- Instillation of hope
- Secure emotional expression
- Awareness of relational impact

Week 3
Week 5
Week 9
In order to determine if meaningful changes were observed over the course of 9 sessions, an analysis of variance (ANOVA) was used to compare the means of each therapeutic factor over time for statistical significance. The following graphs represent the means of each separate therapeutic factor over time, as well as the P value to represent each factor’s statistical significance.
Figure 3 Awareness of Relational Impact on TFI-19 Across Time

Awareness of Relational Impact on TFI-19 Across Time
Current effect: $F(2, 8)=2.0700$, $p=0.18857$
Effective hypothesis decomposition
Vertical bars denote 0.95 confidence intervals
Figure 4 Secure Emotional Expression on TFI-19 Across Time

Secure Emotional Expression on TFI-19 Across Time
Current effect: F(2, 8)=.60155, p=.57098
Effective hypothesis decomposition
Vertical bars denote 0.95 confidence intervals

Figure 5 Instillation of Hope on TFI-19 Across Time

Instillation of Hope on TFI-19 Across Time
Current effect: F(2, 8)=.17722, p=.84080
Effective hypothesis decomposition
Vertical bars denote 0.95 confidence intervals
Out of the four therapeutic factors, one was statistically significant when scores were compared from week three to week nine. This therapeutic factor was awareness of relational impact, which had a statistical significance of .08 using a one tail t-test. With the p value being .08, the therapeutic factor of awareness of relational impact is significantly significant. The following graph represents the increase of the means from the first TFI-19 (week 3) to the final TFI-19 (week 9).
Figure 7 Awareness of Relational Impact on TFI-19 from Week 3 to Week 9

The following graph represents the participants' absences from group correlated with the mean number from each subscale taken from the TFI-19 at week 9.
The purpose of this thesis was to investigate the Therapeutic Factors Inventory-19 (TFI-19) to test the strength of the presence of Yalom’s therapeutic factors, and to test the changes that occur in the presence of these factors throughout nine group music therapy sessions with college students whom are having difficulty coping with the stress of school. The five participants were given the TFI-19 to fill out week three, week six, and week nine. Their responses to each statement were anonymous, even to the researcher. The researcher hypothesized that each therapeutic factor; instillation of hope, secure emotional expression, awareness of relational impact, and social learning, would increase significantly from week three to week nine. Other incidental research questions were: 1) According to the TFI-19, are different factors more prevalent at different stages of
therapy?; 2) According to the TFI-19, do increased absences from group affect overall strength of therapeutic factors?

This discussion will explore the statistical outcomes, presented in the results section, in context of what happened in the sessions, specifically comments which were generated from musical interventions such as clinical improvisation, active song listening and discussion, and songwriting. This subjective commentary and further variables will be discussed to determine how this may be relevant in considering outcomes overall. For detailed description of the group sessions, refer to Appendix F. Each therapeutic factor will be addressed separately in order for the researcher to explore what happened in the sessions compared to the trend of that specific therapeutic factor. Further, this discussion will also address the participants’ absences compared to the scores on the final TFI-19 to explore if increased absences affect overall strength of therapeutic factors.

**Therapeutic Factors in Context**

**Awareness of relational impact.**

The data shows that one therapeutic factor showed a statistically significant increase with the p value of .08, which was the awareness of relational impact. From week three to week nine the means increased from 5.24 to 5.72 (refer to Figure 7, pg. 39). The statements on the TFI-19 that correlated with the awareness of relational impact are listed below:

Question #4. I find myself thinking about my family a surprising amount in group.

Question #6. In group I’ve really seen the social impact my family has had on my life,
Question #12. It’s surprising, but despite needing support from my group, I’ve also learned to be more self-sufficient.

Question #15. By getting honest feedback from members and facilitators, I’ve learned a lot about my impact on other people.

Question #18. Group has shown me the importance of other people in my life.

Upon further examination of general group discussions, family was an issue that was often brought to light by the participants. Ashley first mentioned her parents in week one, stating that her improvisation of her “musical portrait” (Wigram, 2004, p.186), represented her life as “an emotional rollercoaster”, in which Ashley often started fights with loved one, including her family, but didn’t want to do that anymore. During an active song listening discussion in week three, both Mary and Ashley shared that the song ‘Leave out all the rest’ by Linkin Park reminded them of their parents. At the end of week four, there was a group discussion over Mary’s song ‘It’s the best it’s going to get’ by Celldweller. Even though there were many different reactions to this song, Johnnie and Ashley found a connection in which they both felt angry after the song was finished playing. Their anger was similar in that the feelings were related to their parents, and Johnnie and Ashley appeared to find comfort that they both had similar feelings towards their parents. Ashley suggested that perhaps this was because of their similar Spanish background, and Johnnie agreed.

Near the end of the nine week session series, family was mentioned frequently due to these sessions falling after Thanksgiving break, in which participants had just come back from being at home. Participants related to one another due to their respective
stressful home situations. Ashley felt her mom “didn’t listen” to her, and Mary couldn’t empathize with her mom in her depressed state because she herself was “such a rock”. Johnnie felt separated from his family, stating he didn’t feel like he lived at home, even with his commuter status. Participants were able to relate and also able to see the social impact their family had on their lives in this group.

Discussion of family was not the only reason there was an increase of the therapeutic factor ‘awareness of relational impact’. The importance of the other members in the group seemed more apparent near the end of the nine week session series. During session at week nine, the participants were asked to express on the drum what they took out of this group. Ashley started to play the drum softly, then increased the volume. She explained that the soft playing in the beginning represented her feeling apprehensive in group in the beginning of the nine weeks. After a while, she “felt safe” in the group, which was represented by her loud playing on the drum. Another participant, Mary, felt that the group has a “solid foundation” and that there was a “strong family unit”, hence her strong steady beat on the drum.

There were also moments near the end of group in which members displayed their ability to be self-sufficient. During week eight of the session series in which participants were discussing themes during a songwriting experience, Mary stated that group helped her to “explore different options” to improve her mental health outside of group, such as reading articles and talking to people outside her group of friends. During a spontaneous clinical improvisation in week eight, both Ashley and Johnnie had a xylophone, and Ashley stated that she was “scared of dissonance”, perhaps feeling a need to blend in. At
the end of the clinical improvisation, Ashley shared that the dissonance “felt cool at the end”, perhaps musically feeling that it’s ok to not blend in and be self-sufficient in the music.

**Instillation of hope.**

The therapeutic factor ‘instillation of hope’, did not contain a statistically significant increase. However, there was a very slight increase from week three (mean of 5.3) to week nine (mean of 5.55) that will be discussed, (refer to Figure 5, pg. 37). The following statements represent instillation of hope from TFI-19:

Question #2. Things seem more hopeful since joining group.

Question #8. Group helps me feel more positive about my future.

Question #13. This group inspires me about the future.

Question #16. This group helps empower me to make a difference in my own life

Upon further examination of the sessions, it had been observed that in the beginning of week two, several participants, Lily and Mary, reported that they “came out of group feeling better” after the very first session. This may suggest that the slight increase of ‘instillation of hope’ was due to the participants already scoring high from the start. Mary stated in week two that she “felt better portraying musical self and putting own emotions into music” because there are “not many chances to do that”. Susie stated that she felt hopeful know that there were “other people going through the same situation” as her.

During the lyric analysis experience from week three to week five, two participants had the same feeling of being empowered by a song entitled ‘Your perfect
world has been upset’ by Celldweller. Mary stated that the song helped her realize that she should “make do with what you got” and Susie stated that she felt “empowered”, perhaps instilling in these participants to make a difference in their life, increasing the therapeutic factor of ‘instillation of hope’.

More themes of ‘instillation of hope’ was brought up during the lyric analysis experience. After listening to ‘Time Flies’ by Enya during week five, the group discussed one particular line which stated “a new day is on its way, let yesterday go.” Johnnie stated that this made him “appreciate the past” and he is “moving towards the future”. Lily stated that she should “think this [the Enya quote] more often”.

Social learning.

According to the data collected from the TFI-19, there was a decrease in the therapeutic factor of social learning from week three (mean of 5.53) to week six (mean of 5.13), then an increase from week six to week nine (mean of 5.6). This suggests that these factors were more prevalent in the early stages of the group music therapy process as well as the final stage (refer to Figure 6, pg. 38). The following statements represent social learning from the TFI-19:

Question #1. Because I’ve got a lot in common with other group members, I’m starting to think that I may have something in common with people outside group too.

Question #7. My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life.

Question #10. In group sometimes I learn by watching and later imitating what happens.
Group members may not have felt they had as much in common with other group members as originally perceived, hence the decrease in the social learning factors. During week three to week five, group members participated in active song listening and discussion with songs related to stress. The researcher shared songs and also asked participants to bring in songs which expressed how they felt when they’re stressed or songs that helped lessen the feelings of stress. One song in particular, brought in by Mary, entitled ‘The Best it’s Gonna Get’ by Celldweller brought forth very different feelings from the different participants. Mary stated the song pumped her up, stating that she feels she should “make do with what she has”. Susie felt “empowered”. Johnnie felt “angry”, and shared that he felt the song had an “I told you so” attitude, which was frustrating for him. Ashley pictured herself yelling at her parents, because “they always insist that she must listen to them”. This lack of cohesion amongst group members may be an example of the decrease in social learning amongst participants during this time in the nine week session series.

One participant, Ashley, often mentioned that “people haven’t gone through what I’ve gone through” and that she “can’t find empathy”. This was mentioned in week four as well as week five. Ashley never verbally discussed what she had gone through. This suggests that perhaps Ashley did not feel she was like the other group members, which may have decreased her score of social learning during week six, as was the general trend (refer to Figure 6, pg. 38).

Weeks seven to nine in the nine week session series showed that there was an overall increase in social learning. During week seven, many participants shared that
being home for Thanksgiving break was stressful. This may suggest that the participants felt they had this in common with others. Ashley stated that “being home was stressful” because she didn’t feel like she “belonged”, and also expressed tension with her mother during the break. Mary also expressed that being home was stressful, in her case this stress was due to memories of her ex-boyfriend. Mary also mentioned tension with her mother. Johnnie also joined the conversation about stress at home, stating that even though he is a commuter, he feels like he is “cut off” from his family. These similar feelings of stressful home situations may have increased the social learning therapeutic factors, generally showing an increase in the data.

During week eight, there were musical moments in clinical improvisations which may have helped participants see that the group is a social microcosm of the outside world, perhaps the reason for the increase from week six to week nine. One moment in particular involved Ashley, who stated that she can’t express what she wants to say in group. Ashley was encouraged to express what she “can’t say” on an instrument, and the rest of the group played in support. After the clinical improvisation in which Ashley played the cabasa, Ashley stated that she felt “uncomfortable” because she felt she had to lead. Ashley and the group then reflected that perhaps, in the world outside of group, Ashley doesn’t allow herself to feel supported. This was a moment in the group in which the music allowed the participants to express herself and process her emotions, because talking was difficult.

Secure emotional expression.
According to the data collected from the TFI-19, there was a decrease in the therapeutic factor of secure emotional expression from week three (mean of 6.11) to week six (mean of 5.8), then an increase from week six to week nine (mean of 6.03), similar to the therapeutic factor of 'social learning', which was previously discussed. This suggests that these factors were more prevalent in the early stages of the group music therapy process as well as the final stage (refer to Figure 4, pg. 37). The following questions represent the secure emotional expression statements on the TFI-19.

Question #3. I feel a sense of belonging in the group.

Question #5. It's okay for me to be angry in group.

Question #9. It touches me that people in group are caring toward each other

Question #11. In group, the members are more alike than different from each other

Question #14. Even though we have differences, our group feels secure to me.

Question #17. I get to vent my feelings in group.

Question #19. I can “let it all out” in group.

Upon further analysis of the occurrences in the nine week session series to reflect the data, the researcher noted that during the first three weeks of the nine week session series, there were many opportunities to use instruments to express emotion during various clinical improvisation. During week four to week six, no instruments were used because participants were analyzing lyrics and verbally discussing these lyrics. During week seven to week nine, instruments were reintroduced. Perhaps this decrease of the factor 'secure emotional expression' in week six is due to the lack of playing music. Without this musical outlet, some participants may have felt that they were not able to
express their emotions and feel cathartic by “letting it all out”. Generally, the researcher feels this group was timid, and perhaps playing instruments was a way for these participants to be expressive, versus talking.

One instance in which a participant could “vent” on an instrument involved Lily, who was angry during week two. She expressed this anger on the drum during an improvisation. She stated that she felt “supported in group”. More musical instruments were played in the beginning and end of sessions, perhaps suggesting that using instruments to portray emotions and let out anger is a great therapeutic tool when group members are too shy to talk out their feelings. Group members overall seemed timid.

These participants also allowed the music to demonstrate empathy towards others in the group. For example, during week one, the participants were asked to do a clinical improvisation in which they were to portray stress within the music. Susie stated that in this particular improvisation, she felt that there were moment of imitation, perhaps expressing “empathy in the music”. Using the instruments to listen to one another and “empathize” promoted group cohesion and may have been the cause of the increase of the therapeutic factor ‘secure emotional expression’ when there was instruments being used.

Another moment in a clinical improvisation which may have led to an increase in the ‘secure emotional expression’ factor was when Susie took control of the improvisation during week two. This particular clinical improvisation was entitled “soft-loud-soft”, and participants were asking to listen to each other while increasing their volume, then decreasing their volume until the music stops. The point of this exercise is to build group cohesion by listening to each other. When Susie took control, she felt it
was “nerve wrecking”. Susie felt she “over did it” because she was pretending to be confident, when in actuality she did not feel confident. A discussion was started to explore whether this lack of confidence is also apparent outside of group. All participants agreed they felt the same, and that they “fake it until they make it”. This experience may have promoted a sense of belonging among the group as well as a chance to “let it all out”.

During week seven through nine, participants had many opportunities to be angry and vent their feelings out using instruments, as well as through songwriting. Together, the group wrote the following lyrics, and sang them while the music therapist played the piano:

\[
\text{So little time} \\
\text{Music that’s so sweet yet bitter} \\
\text{Always one step forward and two steps back} \\
\text{There’s great work we do but little results we see} \\
\text{They says “Just do it”} \\
\text{But let me be}
\]

After the songwriting process, the participants appeared less timid, and more comfortable with each other, which was evidenced by the joined celebratory laughter after singing through the song. This song writing process may have increased the factor ‘secure emotional expression’, because they could relate to one another through the song as well as “let it all out” in the songwriting process.
More instrumental moments that may have increased the participants’ ‘secure emotional expression’ took place during weeks eight and nine, in which clinical improvisation was used to express feeling and to feel supported. In particular, Ashley expressed what she couldn’t say out loud on instruments (cabasa and drum) during week eight. Other participants were asked to think of a situation in which they didn’t quite feel supported and convey this on the drum, allowing the other participants to “play with you and support you musically”. After this experience, Mary stated “I’m just sad”, while Johnnie stated “It was fun”. During the final session, participants were asked to play the drum after saying the mantra “Before I say goodbye, I will take with me from this group”. This was another opportunity to express emotion. Overall these musical experiences may have increased the participants’ ‘secure emotional expression’ factor at week three as well as week nine.

Participant’s Absences

The data which compared the mean scores for each therapeutic factor during week nine in relation to number of absences from group showed that those participant(s) who had 1-2 absences scored highest in all four therapeutic factors (refer to figure 8, pg. 40). The participant(s) with the least absences (0-1) had the lowest score for each therapeutic factor, expect for awareness of relational impact. The participants with the most absences had the middle score for every therapeutic factor except for awareness of relational impact, in which they had the lowest score. The high score for the participant(s) with 1-2 absences may suggest that these individuals felt that through the nine weeks they have been helped, and that the therapeutic factors were present. However, their absences in the
group did not relate to these high scores. Generally speaking, the scores for each therapeutic factor were the same, suggesting that absences did not affect one's outcome on the TFI-19.

As stated, the data does not seem to suggest a trend of increased absences resulting in decreased absences from group. However, as discussed, there was a decrease in both social learning and secure emotional expression in week six, which was when the second TFI-19 was taken. In week one to week three all five participants were present, and collectively took the TFI-19 during week three. Due to school conflicts and illnesses, there were more absences during week four to week six. During week four, there were four participants. During week five there were also four participants. Week six only had three participants. The group in its entirety was never present from week four to week six, which may have resulted in a general low score during week six when the second TFI-19 was taken. However, in general, increased absences did not affect the overall score of the third and final TFI-19.

**Confounding Variables and Implications**

During the course of this study, there have been some confounding variables which should be altered in future research. The study had low generalization, due to the low number of participants. In future studies, there should be an increase in the number of participants as well as a balanced mix of men and woman. Also, after the completion of the study, the researcher felt that participants would have been more open and honest about their feelings if they did not know the other participants prior to the start of the group. The overall feeling of the group felt timid, and this could be perhaps some
members were friends, and did not want to share dark, intimate feelings with friends and classmates. In future research, the researcher suggests to not limit the participants to such a small participation pool, in this case being the music undergraduate students at Montclair State University.

As this was a pilot study with a small population, this researcher suggests having a control group in future research to increase validity. The stress level of the students should also be tested, perhaps with a trait anxiety test, in order to test whether these particular students fit the criteria of “stress” to be in the study and increase the therapeutic factor of universality. To further provide credibility, future researchers may want to have a multi-factor design to test if the music therapy interventions themselves are directly related to the presence or absence of therapeutic factors.

Not only were the participants in general a confounding variable, but the researcher/music therapist also had limitations since this was her first experience in running a psychotherapy group. The music therapist may have felt timid at times to ask tough questions to the participants, which may have resulted in a lack of proper psychotherapy interventions. For future research, a seasoned music psychotherapist may aid in a better increase in the prevalence of Yalom’s therapeutic factors.

Another confounding variable was the time constraint. Due to time limitations, there were only nine weeks in the session series, but the researcher felt twelve weeks might have produced better results. Ideally, at least six months in group is best to help motivated clients, states Yalom (2005, p. 5) A longer time may result in higher group cohesion and a general increase in therapeutic factors.
The researcher also observed that the TFI-19 had no negative statements. As a Likert-type scale structure, this questionnaire should include both positive and negative statements so that the scale is balanced. Using negative statements could prevent an acquiescence bias, which is when a participant agrees with all statements. In future research, the researcher suggests adding negative statements to the TFI-19 and testing this new scale on participants.

**Concluding thoughts**

This research study produced significant results in so far as one out of the four global therapeutic factors, awareness of relational impact, had a significant increase from the third week (mean of 5.24), in which the first TFI-19 was taken, to the ninth and final week (mean of 5.72), in which the third TFI-19 was taken. This may suggest that in my particular music psychotherapy group, the playing and discussion of music proved to be a powerful means of noticing and acknowledging others in relation to one’s own thoughts and feelings. This group allowed these students an opportunity to support each other and to find a connection within the music, enhancing the therapeutic factor of awareness of relational impact. Even though the results for the remaining three therapeutic factors, namely, secure emotional expression, social learning, and instillation of hope, were not statistically significant, the researcher felt, based on the narrative of the discussion section of this paper, that there were moments in which these factors were present, and participants in the group were generally helped over the nine week session series.

This study is valuable for music therapy practice because music therapists can review which music therapy interventions resulted in an increased presence of Yalom’s
therapeutic factors. For example, clinical improvisation was an intervention which the music therapist used at the beginning and the end of the session series, and this was when the two factors of social learning and secure emotional expression were at their highest. Another intervention that may have contributed to results of relational impact was that of songwriting. General themes which all participants shared came to light during the songwriting activity. Even though the song was not completed in the group, the process of brainstorming themes proved to be beneficial in promoting awareness of relational impact, as this was an activity which occurred towards the end of the nine week session series (weeks seven and eight): participants agreed on some general themes such as not feeling good enough, striving for perfection, identity crises, and overwhelming expectations.

In terms of the group membership, having a group with similar backgrounds may also be useful in promoting instillation of hope, which also had a slight increase, as the group had commonality and showed genuine empathy within the music. The empathy appeared to manifest in clinical improvisation when participants supported one participant musically, perhaps by mimicking another to express “I’m listening” or by holding a steady beat to support the music of another.

This study aimed at investigating the relationships between Yalom’s therapeutic factor in the context of group music therapy and related interventions. This may provide additional credibility to music psychotherapy group utilizing this model. As is evident in the literature review, studies in music therapy which specifically reflect the use of Yalom’s therapeutic factors are limited. This researcher hopes that this study, which was
limited in nature, will serve as a foundational study for future research. Music therapy, as opposed to verbal therapy, can be quite powerful when one feels there are no words to express how they feel within. As Danish author Hans Christian Anderson states, “When words fail, music speaks”.
References


anxiety among college students.


Appendices

Appendix A –

Therapeutic Factors Inventory-19


Please rate the following statements as they apply to your experience in your group by circling the corresponding number, using the following scale:

1= Strongly Disagree to 7= Strongly Agree

1. Because I’ve got a lot in common with other group members, I’m starting to think that I may have something in common with people outside group too.

   1  2  3  4  5  6  7

2. Things seem more hopeful since joining group.

   1  2  3  4  5  6  7

3. I feel a sense of belonging in this group.

   1  2  3  4  5  6  7

4. I find myself thinking about my family a surprising amount in group.

   1  2  3  4  5  6  7

5. It’s okay for me to be angry in group.

   1  2  3  4  5  6  7

6. In group I’ve really seen the social impact my family has had on my life.

   1  2  3  4  5  6  7
7. My group is kind of like a little piece of the larger world I live in: I see the same patterns, and working them out in group helps me work them out in my outside life.

8. Group helps me feel more positive about my future.

9. It touches me that people in group are caring toward each other.

10. In group sometimes I learn by watching and later imitating what happens.

11. In group, the members are more alike than different from each other.

12. It’s surprising, but despite needing support from my group, I’ve also learned to be more self-sufficient.

13. This group inspires me about the future.

14. Even though we have differences, our group feels secure to me.

15. By getting honest feedback from members and facilitators, I’ve learned a lot about my impact on other people.

16. This group helps empower me to make a difference in my own life.
17. I get to vent my feelings in group.

18. Group has shown me the importance of other people in my life.

19. I can “let it all out” in my group.
Appendix B – Site Approval

February 13, 2013

Attn: Institutional Review Board
Montclair State University
1 Normal Avenue
College Hall, Room 248
Montclair, NJ 07043

Re: Yalom's Group Psychotherapy Work and its Implication for Group Music Therapy Practice
Amanda Pelletier

Dear Review Board,

This letter serves to give permission to Amanda Pelletier to complete their research project, “Yalom's Group Psychotherapy Work and its implication for Group Music Therapy Practice” during Spring Semester 2013 at our facility. Amanda Pelletier will have access to our site, the John J Cali School of Music, to conduct her research project. The research project has been described to me to my satisfaction.

Sincerely,

[Signature]

Dr. Robert Cart
Director, John J. Cali School of Music
Appendix C – Recruitment Form

Recruitment Form (E-mail to solicit music students)

Hello,

Thank you for taking the time to read this e-mail. My name is Amanda Pelletier. I am a board certified music therapist and a music therapy graduate student here at Montclair State University. I am looking for undergraduate music students to serve as participants in my research study on ‘Yalom’s Group Psychotherapy and its implication for Group Music Therapy Practice’. Irvin D. Yalom is a widely known scholar in the world of psychotherapy. In his book entitled “The Theory and Practice of Group Psychotherapy (2005)”, Yalom suggests that “therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences” which he refers to as “therapeutic factors” (2005, pg. 1). These eleven primary factors are as follows: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviors, interpersonal learning, group cohesiveness, catharsis, and existential factors. The purpose of my study is to investigate if music therapy techniques can produce behaviors which reflect these therapeutic elements in our group music therapy experience.

Those students interested in participating in my study will receive free music therapy services from myself, a board certified music therapist. Students looking to participate in this study must have the following criteria:
1. Students generally stressed by school/life. Students must experience one or more of the following symptoms: faster heart rate, skipped heartbeats, rapid breathing, sweating, trembling, dizziness, experiencing a harder time focusing, feeling tired most of the time, and/or frequently losing one's temper.

2. Montclair State University College music student, ages 18-21

3. Availability to meet Mondays and Wednesdays, 7:00 pm to 8:00 pm, on the Montclair State University Campus, Chapin Hall. Day and time can be altered if necessary.

These sessions will last for six weeks, two one hour sessions per week. Sessions will be video-taped for the purpose of review by the researcher only.

If you meet the criteria for inclusion in this study and are interested in participating or have any questions about this research, please contact me via e-mail, at pelletieral@mail.montclair.edu. Thank you again for your time.

Sincerely,

Amanda Pelletier, MT-BC

Montclair State University M.M.T student

Pelletieral@mail.montclair.edu
Appendix D – Consent Form

A CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: Yalom’s Group Psychotherapy Work and its Implications for Group Music Therapy Practice

Why is this study being done? Irvin D. Yalom is a widely known scholar in the world of psychotherapy. In his book entitled “The Theory and Practice of Group Psychotherapy (2005)”, Yalom suggests that “therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences” which he refers to as “therapeutic factors” (2005). These eleven primary factors are as follows: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviors, interpersonal learning, group cohesiveness, catharsis, and existential factors. The purpose of my study is to investigate if music therapy techniques can produce behaviors which reflect these therapeutic elements in our group music therapy experience.

What will happen while you are in the study? You will participate in group music therapy for nine sessions, an hour per session. After every four sessions, you will be asked to fill out a questionnaire which will contain statements about the sessions so far, and you will be asked to choose a number between 1 and 7 for each statement, choosing 1 if you strongly disagree and 7 if you strongly agree. These questionnaires will be anonymous. Also throughout the sessions I shall be videotaping for the purpose of review by myself only. The tapes will be destroyed upon completion of the thesis. There will also be moments throughout the sessions in which we will audio tape music improvisation for the purpose of listening back to discuss in session. These tapes will also be destroyed upon completion of the thesis.

Time: This study will take about 1 hour per nine sessions.

Risks: You may feel emotionally vulnerable at some points of the sessions, as these are therapy sessions in which we will be sharing our thoughts and feelings with others. Discomfort may be felt when discussing attitudes and behaviors of group members. Subject matter discussed in sessions will be kept private, however the researcher cannot control what is said by group members outside of the group about the content of the sessions.
Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.

**Benefits:** You may benefit from this study because you will be receiving free music therapy services from a board certified music therapist. Your stress may decrease and attitudes about your stress may alter to make life more manageable.

Others may benefit from this study because there may be an increase in credibility towards music therapy in the psychotherapy paradigm.

**Who will know that you are in this study?** You will not be linked to any presentations. We will keep who you are confidential. The researcher will use pseudonyms to identify participants in the thesis. The researcher will also keep video and audio tapes from session in a password protected, hidden folder on her personal laptop. No one but the researcher will view these tapes.

**Do you have to be in the study?**
You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

**Do you have any questions about this study?** Phone or email the Principal Investigator:
Amanda Pelletier
101 Glenridge Avenue
Montclair NJ, 07042
401-215-7182
Pelletieral@mail.montclair.edu

And/or the Faculty Sponsor:
Professor Karen Goodman
973-655-5268
Goodmank1@mail.montclair.edu

**Do you have any questions about your rights as a research participant?** Phone or email the IRB Chair, Dr. Katrina Bulkley, at 973-655-5189 or reviewboard@mail.montclair.edu.

*It is okay to audiotape and videotape me while I am in this study:
Please initial: ________ Yes ________ No*
One copy of this consent form is for you to keep.

**Statement of Consent**
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

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### Appendix E – Individual Scores from TFI-19 Over Time

<table>
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<tr>
<th>STATEMENTS</th>
<th>Week 3 (N = 5)</th>
<th>Week 6 (N = 5)</th>
<th>Week 9 (N = 5)</th>
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<tbody>
<tr>
<td>1. Because I’ve got a lot in common with other group members, I’m starting to think that I may have something in common with people outside group too. (Social learning)</td>
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<td>Mean – 6</td>
<td>Mean – 5.4</td>
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<td>2. Things seem more hopeful since joining group. (Instillation of hope)</td>
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<td>Mean – 4.6</td>
<td>Mean – 5.2</td>
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<td>3. I feel a sense of belonging in this group. (Secure emotional expression)</td>
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<td>Mean – 6.2</td>
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<tr>
<td>4. I find myself thinking about my family a surprising amount in group. (Awareness of relational impact)</td>
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<td>5. It’s ok for me to be angry in group. (Secure emotional expression)</td>
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<td>6. In group I've really seen the social impact my family has had on my life. (Awareness of relational impact)</td>
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<td>7. My group is kind of like a little piece of the larger world I live in: I see the patterns, and working them out in group helps me work them out in my outside life. (Social learning)</td>
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<td>8. Group helps me feel more positive about my future. (Instillation of hope)</td>
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<td>9. It touches me that people in group are caring towards each other. (Secure emotional expression)</td>
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<td>10. In group sometimes I learn by watching and later imitating what happens. (Social learning)</td>
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<td>11. In group, the members are more alike than different from each other. (Secure emotional expression)</td>
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12. It’s surprising, but despite needing support from my group, I’ve also learned to be more self-sufficient. (Awareness of relational impact)

| #1 – 4 | #1 – 6 | #1 – 5 |
| #2 – 6 | #2 – 7 | #2 – 7 |
| #3 – 5 | #3 – 6 | #3 – 5 |
| #4 – 7 | #4 – 6 | #4 – 6 |
| #5 – 3 | #5 – 4 | #5 – 3 |
| Mean – 5 | Mean – 5.8 | Mean – 5.2 |

13. This group inspires me about the future. (Instillation of hope)

| #1 – 6 | #1 – 5 | #1 – 5 |
| #2 – 5 | #2 – 7 | #2 – 7 |
| #3 – 4 | #3 – 6 | #3 – 5 |
| #4 – 7 | #4 – 6 | #4 – 6 |
| #5 – 4 | #5 – 5 | #5 – 3 |
| Mean – 5.2 | Mean – 5.8 | Mean – 5.2 |

14. Even though we have differences, our group feels secure to me. (Secure emotional expression)

| #1 – 7 | #1 – 7 | #1 – 6 |
| #2 – 5 | #2 – 7 | #2 – 7 |
| #3 – 7 | #3 – 6 | #3 – 7 |
| #4 – 7 | #4 – 6 | #4 – 7 |
| #5 – 3 | #5 – 5 | #5 – 6 |
| Mean – 5.8 | Mean – 6.2 | Mean – 6.6 |

15. By getting honest feedback from members and facilitators, I’ve learned a lot about my impact on other people. (Awareness of relational impact)

| #1 – 7 | #1 – 6 | #1 – 5 |
| #2 – 6 | #2 – 7 | #2 – 7 |
| #3 – 4 | #3 – 4 | #3 – 5 |
| #4 – 7 | #4 – 5 | #4 – 6 |
| #5 – 3 | #5 – 4 | #5 – 5 |
| Mean - 5.4 | Mean – 5.2 | Mean – 5.6 |

16. This group helps empower me to make a difference in my own life. (Instillation of hope)

| #1 – 7 | #1 – 6 | #1 – 6 |
| #2 – 7 | #2 – 7 | #2 – 7 |
| #3 – 6 | #3 – 6 | #3 – 5 |
| #4 – 7 | #4 – 5 | #4 – 6 |
| #5 – 3 | #5 – 5 | #5 – 5 |
| Mean – 6 | Mean – 5.8 | Mean – 5.8 |

17. I get to vent my feelings in group. (Secure emotional expression)

| #1 – 6 | #1 – 2 | #1 – 4 |
| #2 – 7 | #2 – 4 | #2 – 4 |
| #3 – 6 | #3 – 6 | #3 – 6 |
| #4 – 7 | #4 – 7 | #4 – 7 |
| #5 – 6 | #5 – 5 | #5 – 5 |
| Mean - 6.4 | Mean – 4.8 | Mean – 5.2 |
18. Group has shown me the importance of other people in my life. (Awareness of relational impact)

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19. I can “let it all out” in my group. (Secure emotional expression)

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Appendix F – Description of Group Sessions

Nine Week Session Series

Week One

Five Participants were present.

Clinical Improvisation

As a warm up, participants were asked to pick instruments, choose a participant, and “send a musical message”. The participant receiving the message should listen and “receive” the message. Following this warm up activity, the participants were asked to create a musical portrait of themselves, as they are in this phase of school. The participants had the choice to verbally explain their improvisation or leave it as a musical experience. All participants explained their improvisations and their statements are listed below:

Lily – “School is kicking my butt this semester, and I have a horrendous friend.”

Mary – “I’ve had losses in my life, and there has been a lot of change”

Ashley – “I’m on an emotional rollercoaster, and I’m driving myself to sickness. I start fights with loved ones, but I don’t want to do that”

Susie – “Life makes no sense, and I’m having a hard time adjusting to college”

Johnnie – “I’m just YOLOing” This participant is stating that he is living his life with the expression “you only live once” in mind.

The participants were then asked to musically create a portrait of their “ideal self”. Some participant’s statements are listed:
Ashley – “The way we react to stress is the kind of person we are.”

The following quote about stress was read to the participants by the music therapist:
“How people react to stressor and how successful they are in overcoming them are a function of deep-seated aspects of the self.” – Abraham Maslow

To comment on this quote, Mary stated “Stress can be perceived how you grow up and impact of family members”.

Participants were asked to participate in a clinical improvisation collectively to portray stress using instruments. The following participants commented:

Lily – “that felt good”

Mary – “gonna pull out my hair” – in response to a high point in the music

Susie – “we were imitating each other, showing empathy within the music”

**Week Two**

Five Participants were present.

**Clinical Improvisation**

The music therapist asked if there were any initial comments after last week’s improvisations. Lily and Mary stated that they “came out of group feeling better”. Mary stated she “felt better portraying musical self and putting own emotions into the music, because there are not many chances to do that.” Susie stated that it “felt good” knowing that other people were going through the same situation as her.

The participants were asked to, again, “send a musical message”. After this warm up improvisation, the participants participated in the “soft-loud-soft” activity, in which the participants listened to each other while gradually getting louder, and then gradually
getting softer, without anyone leading. After the first “soft-loud-soft” improvisation, Mary stated that she picked an “unpredictable” instrument because she feels that is how her week will be. The general comments by participants were that they felt stuck in one spot in the music. After participating in the “soft-loud-soft” improvisation for a second time, Susie shared that she took control in the music, but felt it was “nerve wrecking”. Susie also shared that she felt she over did it because she didn’t feel confident, so she pretended to be confident. Everyone related to the idea of pretending to feel confident in society.

For the final improvisation, the music therapist asked for a participant to volunteer and share a particular stressful event that made them angry. Lily volunteered, and she played the drum and led while everyone supported her within the music using various instruments. After sharing a story about her problems with a friend, Lily said she “felt supported musically from the group, like a net.”

**Week Three**

Five participants were present.

**Active Song Listening / Lyric Analysis**

The music therapist explained to the participants that we would be listening to songs and discussing them. The first song was “Gravity” by John Mayer, and the participants were given lyric sheets as well as writing utensils so that they could make comments if preferred. Below are comments from participants in regards to “Gravity” by John Mayer:

Lily – felt the song was “heavy”, “holding me down”, “giving me anxiety”
Johnnie – “Gravity is personified, as if there are exterior forces to keep him contained”.

Ashley – “People are bringing me down. I can’t be good enough for them”

Susie – “felt opposite than Lily”

Mary – felt the song was a “negative song”. Mary read the lyric “wanting more is going to send me to my knees”, and responded that “everything is wrong” and she “wants to be happy”.

The next song the music therapist presented to the participants was “Leave out all the rest” by Linkin Park. Below are comments from participants in regards to the Linkin Park song.

Johnnie – “The singer is a stranger to himself”. Also shared that the line “save me from myself” could relate to his life, because he “gets stuck” in his head, and he “needs to shut off and process”.

Mary – compared the song to her relationship with her mother.

Ashley – related to Mary, in which she also thought about her parents while listening to the song. Shared that she wrote “I’m sorry” on her lyric sheet.

Participants were asked by the music therapist to bring in their own songs the next week which reflect how they feel when their stressed, or songs that help lessen the feeling of stress.

At the end of session three, the five participants took the TFI-19, first picking numbers out of a hat (one through five) to label on the test so that the test could be anonymous but the researcher can track progress.

**Week Four**
Four participants were present

**Active Song Listening / Lyric Analysis**

At the start of session four, the music therapist asked if anyone brought in songs and would like to share them. Susie volunteered, and the group listened to “Golden” by Switchfoot. Below are comments in regards to the Switchfoot song.

Ashley – “Can’t always find sympathy.” “Never wants to be home.”

Mary – stated the lyric “more we learn, the less we know”, and in response to that stated “less we follow our own gut”.

At this point in the session, the music therapist felt it would be beneficial to impart information, sharing a quote from Victor Frankl.

“People must create new meanings for existence when older, cherished meaning have lost validity”.

The participants discussed this quote, and the general theme which came out of this conversation was that it is stressful making decision and being unsure what direction to go into in life. The following responses are below:

Mary – “My drive to perform has changed to wanting to make a difference”. “People don’t care about the music anymore, they’re too competitive”. Mary described this as “unsettling”.

Johnnie – Shared that in high school, was unsure whether to go into “science or music”. He described this as a “stressful time”.

The next song shared by a participant, Mary, was ‘Best it’s gonna get’ by Celldweller.

Below are comments by participants in regards to the Celldweller song.
Mary - brought in this song, and shared that the lyric “your perfect world has been upset” reminds her of being put in the middle of her parent’s divorce. This song prevents Mary from being “lazy”, she should “always be doing something”, and to “make do with what you got”.

Susie – felt “empowered” after listening.

Johnnie – felt “angry” and “frustrated” because of the “I told you so” attitude of the song.

Ashley - also felt “angry”, pictured herself yelling at her parents, telling them “you must listen to me”.

This was followed by a discussion about family upbringings, and perhaps Johnnie and Ashley felt the same because of their Spanish background.

**Week Five**

Four participants were present.

**Active Song Listening / Lyric Analysis**

This session started with a discussion on why the group had such different responses to the same song. Mary stated that it may be because we have “different interpretations of music”.

Another song was shared by Mary, which was “Time Flies” by Enya. Below are comments by participants in regards to the Enya song.

Mary – “think back through time”

Johnnie – “appreciating past, moving to future”. Felt it was a “thick sounding song” and there were “many memories flying by”.

Lily – In response to the lyric “A new day is on its way, let yesterday go”, Lily stated that she should “think this more often”.

The next song was shared by the music therapist, which was “Pressure” by Billy Joel.

Below are comments by participants in regards to the Billy Joel song.

Mary – “Music doesn’t coincide with the lyrics”.

Johnnie – “My heart was racing during this song. I felt weak and shaky, and had moments I felt I couldn’t support myself.” Upon further discussion, Johnnie stated he was “unsure” why he felt that way. He had a fight or flight response to the song.

Mary – agreed with Johnnie, and stated that there were “spaces between the lines that caused anticipation for the next line”.

Mary’s comment led into a discussion about anticipating life events.

Ashley – “people haven’t gone through what I’ve gone through”. Referred to the lyric “you have no scars on your face”, and stated “yes, because they’re hidden”.

Johnnie – in response to Billy Joel song, stated “someone is giving me advice, but they don’t know what they’re talking about.”

Lily – refers to lyric “only thing you’ll feel is loaded guns to your face and you’ll have to deal”. Stated that this is the “real world” and “you’ll have to deal with this eventually. You’ll have to deal with pressure”.

The led into a conversation about placing blame on an outside source. Lily shares that she “snaps at others” often because she is “projecting” her stress. The music therapist felt it was the right time to impart information and share a quote by Maslow she felt was beneficial to the participants in the moment.
“Independence from the environment is important because then will one possess great stability in the face of deprivation, challenge, frustration, failure, and loss.” – Abraham Maslow.

In response to the quote Johnnie stated that you have to “detach yourself” from life to process emotions. Lily shared she is “influenced easily” and her “perception can change”. She states that when this happens she is “not herself” and there is an “inner conflict”.

**Week Six**

Three participants were present.

**Songwriting**

During session six, the music therapist stated that we would start brainstorming for a song we would write together, with the theme of stress in mind. The following list reflect the brainstorming that occurred within the group.

- Expectations are too great
- So little time
- Professionals don’t understand my back story
- No matter how much I do and try to improve it’s not good enough
- Just do it?
- “It’s on you”
- Tension in music reflects my life
- Stop looking for acceptance
- Feel like eyes are on me
- Hiding behind the music stand
- School sucks my social life away
- I feel left out/takes away from my social life
- Lives surrounded by music
- We love music, but the love is loss once it becomes our job
- Identity crisis/we are losing passion for music
- "What am I?"
- Give and take
- Music surround us
- Music that's bright but dark
- Music that's sweet yet bitter
- Emotions swept under the rug
- Parents downplay my stress
- Parents make me feel insignificant
- Convincing yourself that things will be better
- Why bother

After the brainstorming session, participants were asked to take the second TFI-19. The two participants not present took the test at the beginning of the following session (session seven).

**Week Seven**

Five participants were present.

**Songwriting**
As this session fell after Thanksgiving break, participants came to session with added stress from being at home. Ashley shared that being home was stressful and she didn’t feel as if she belonged. Ashley also shared that she tried to talk to her mom about her problems but her mom would not listen. She felt her mom couldn’t put herself in her shoes. Mary shared that her home situation was also stressful because of memories, specifically of her ex-boyfriend. “It hurts”, Mary shared, and she felt when she was home she shut down and became annoyed and frustrated. Mary stated “I’m such a rock right now” that she couldn’t be there for her mother, who was depressed. Johnnie stated that he feels he doesn’t feel like he lives at home, even though he is a commuter. He barely speaks to his parents because he never sees them. Johnnie feels “cut off from family” and stated that Thanksgiving break was “depressing”.

The group created the following chorus to their song:

*So little time*

*Music that’s so sweet yet bitter*

*Always one step forward and two steps back*

*There’s great work we do but little results we see*

*They say “Just do it”*

*But let me be*

**Week Eight**

Three participants were present

**Songwriting/Clinical Improvisation**
At the beginning of session eight, a conversation was started about the song that the group was writing, and general confusion about what the theme was. The following comments were made by participants about the songwriting process and also group process over the eight weeks:

Mary – “what’s the theme of the song? It sounds disjointed because the thoughts don’t flow”. She felt that the song should be re-written because it did not center on a theme. Mary also shared that “we’re all stuck, and we need personal growth”.

Ashley – felt the songwriting process was “hard”, because “we have such different opinions, it’s hard to find lyrics to apply to everyone”. Ashley also shared that it’s “hard to come to group” because she can’t say what she wants to say.

The music therapist decided to change the direction of the session, scratch the song, and concentrate on exploring these negative feelings which Ashley can’t express verbally. The music therapist encouraged Ashley to express herself using an instrument, instead of verbally. Ashley grabbed a cabasa and participated in an improvisation in which she played and everyone else was her support system using various instruments. After the improvisation, Ashley stated that she felt “uncomfortable” because she didn’t know what to play but she felt she had to lead. The group participated in a discussion about Ashley outside the group, relating her uncomfortableness in the group to her unwillingness to get support from others. Ashley then changed her instrument to a drum, and was told that she was not the leader, so she would not feel that pressure on herself. After this improvisation, Mary stated that “the music was a lot prettier”.

The drum was then passed to Mary, and she was asked to think of a situation in which she didn’t feel supported. Mary was asked by the music therapist to convey this feeling on the drum. Johnnie and Ashley both played on tuned instruments, and Ashley stated that she was scared of the dissonance that may be created in the music.

After the improvisation, Mary stated “I’m just sad” and “sometimes it’s easier not to think about it.” The music therapist asked Ashley how it felt to live in the dissonance. Ashley said that she was “scared” of the dissonance at first, but then it “felt cool at the end”.

Johnnie had the next opportunity to play the drum for an improvisation to convey a situation in which he didn’t quite feel supported. After his improvisation in which he played and was supported by others in the group, he stated “it was fun”.

**Week Nine**

Three participants were present.

**Clinical Improvisation/Closure**

For the final activity, participants were asked to state the mantra “Before I say goodbye, I will take with me from this experience ______” and fill in the blank using a drum. They will have the option to describe what they played verbally, or let it live within the music.

Below are responses from participants about this final closing musical activity.

Mary – shared that there was a difference of opinions, but yet the group had a solid foundation and felt like a “strong family unit”

Lily – After playing a strong steady beat, Lily shared that it was nice to hear that the group had similar stressors, because she initially felt that everyone in the group had their
life together outside the group. In reaction to this comments, the general theme by the other participants was that they put up a “good front”, and often when they cry in public, they try desperately to cover it up with laughter.

Ashley – After starting her drum playing soft, then gradually getting louder, Ashley shared that she “felt apprehensive” in the beginning because she knew people in the group from her classes, but after a while she “felt safe”.

The music therapist then passed out the third and final TFI-19 for the participants to take. The two participants missing that day met up with the music therapist at a later date to complete the TFI-19.