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## **The Effect of Group Music Therapy on Adjustment Disorder for Korean Population in the United States**

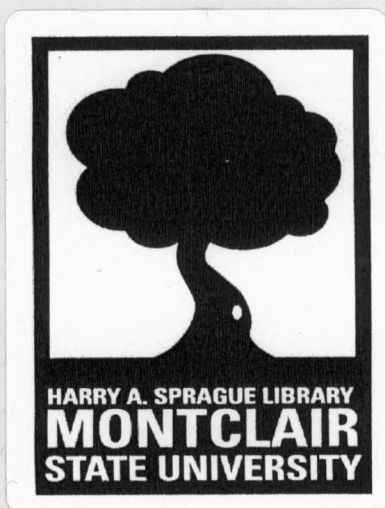
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THE EFFECT OF GROUP MUSIC THERAPY ON ADJUSTMENT DISORDER FOR THE  
KOREAN POPULATION IN THE UNITED STATES

by

YOU-RI LEE

A Master's Thesis Submitted to the Faculty of

Montclair State University

In Partial Fulfillment of the Requirements

For the Degree of Master's in Music: Concentration in Music Therapy

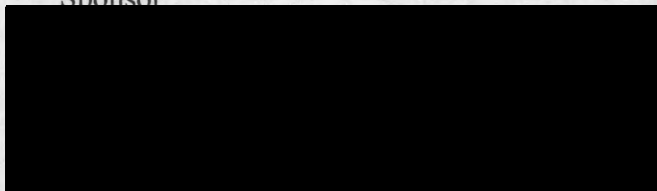
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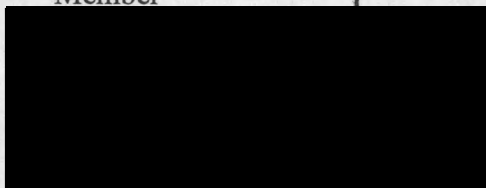
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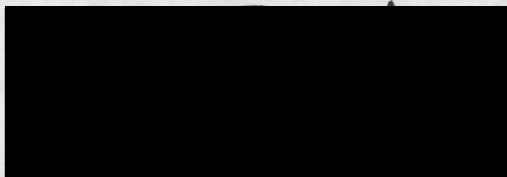


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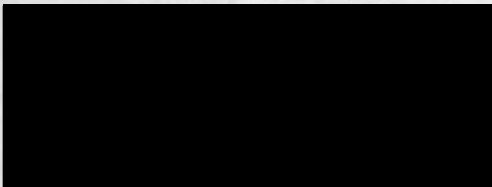
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Running Head: THE EFFECT OF GROUP MUSIC THERAPY ON ADJUSTMENT  
DISORDER FOR KOREAN POPULATION IN THE UNITED STATES

A THESIS

Submitted in partial fulfillment of requirements

For the degree of Master of Arts in Music:

Concentration in Music Therapy

by

YOU-RI LEE

Montclair State University

Montclair, NJ

September 2009

MONTCLAIR STATE UNIVERSITY

### **Abstract**

The purpose of this study is to present multiple case studies of three individuals between the ages of 19 and 31, living in the New York City area and participating in a music therapy group for Korean exchange students experiencing Adjustment Disorder in the United States. The study provides an in depth discussion of the group music therapy process, which took place over nine one hour sessions held at Montclair State University. The case study is preceded by an extensive literature review describing the needs of the population, the lack of music therapy interventions and/or models with this population, and related questions or concerns.

The case studies themselves provide the reader with detailed information on each client's background, and a rationale for therapy methods which included music improvisation, active music listening (pop songs and their favorite songs), song writing, singing along, rehearsal, and verbal processing. This is followed by an in-depth discussion of the music therapy process.

Based on the analysis of the participants' self reports, and video or audio taped data for each session, the case study analysis concludes that participants showed significant changes in their depressed emotions, negative thoughts and behaviors in order to adjust better to their society in the U.S.A. All participants reported most of the interventions to be enriching and helpful, and the series of session to be positive experiences, therefore suggesting that active group music therapy may be an effective intervention for the Korean population experiencing adjustment disorder, depression or other psychological issues in the United States.

### **Acknowledgements**

My thesis would not have been completed without the constant support, hope, and love of my friends, family, and colleagues.

I would especially like to thank Professor Goodman for constant support from my undergraduate to graduate study in Music Therapy at Montclair State University. You were not just my professor and advisor, but almost my mom in the United States. Your thoughtful consideration for international students has been truly supportive and never let us down in this field of music therapy.

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I would also like to thank my participants, JH, JY, and JW for participating in this project. Your efforts to travel from a distance for each session are appreciated. I will reflect upon this special group experience with you when I have to think about the "original intent" in my life. It would not have been possible to have this study succeed if you had not shown your active participation in each group. I am grateful for your trust throughout all the group music therapy sessions. I am hopeful that you have your own well being and accomplish your goals in the United States.

To Hyun Rhee, not only for giving JY a ride from N.Y. to N.J. for every session, but for unfailing support and patience. I could not have finished my thesis if you were not there with me. I will never forget what you have done for me since the very first day we met each other.

To my parents, Jae-boong Lee, and Young-shin Jeon, I know you have not slept well ever since you sent your daughter to the U.S.A. You are the best mother and father. I love

you so much.

To my only God, You gave me the purpose of my life. You guided me and supported me for every breath and every moment.

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## Introduction

When I came to the United States from Korea, I had limited English. I was an outgoing person in Korea, but language difficulty in this country made me a quiet person. My language difficulty interrupted my efforts to socialize in the USA, and, having no close friends in the USA, I became homesick. I became more and more of a quiet person, totally different from whom I was in my country.

From the very beginning of my studies in music therapy at Montclair State University, I believed music to be a healing method, one that would enrich the quality of people's life. As I experienced many clinical experiences at different sites with different populations, I developed more interest in treating depression. As I did my internship at the Institute for Music and Neurologic Functioning at Beth Abraham Hospital in The Bronx, New York, I wanted to work with the Korean population who suffered from adjustment disorder in the U.S.A. Moreover, I wanted to investigate the effect of group music therapy for those populations. Therefore, I decided to do my Masters' thesis on "The Effect of Group Music Therapy on Adjustment Disorder for the Korean population in the United States".

As a Master's level student, I took the opportunity to investigate the effect of group music therapy by holding a 60 minute group music therapy session once a week for nine weeks at Montclair State University. I obtained approval from IRB (Institutional Review Board at Montclair State University) and started the group sessions in summer, 2009.

The study provides an in depth discussion of the group music therapy process in an effort to relate this process to theory and/or practice for this population in music therapy. The case study is preceded by an extensive literature review describing the needs of the population, the lack of music therapy interventions and/or models with this population, and related

questions or concerns. In addition, the literature review provides a detailed discussion of the need for support of this population.

The case studies themselves provide the reader with detailed information on each client's background, therapist's philosophical orientation, and a rationale for therapy methods employed in the music therapy group. This is followed by an in depth discussion of the music therapy process. The conclusion provides a greater understanding, generally, of therapy processes for exchange students acclimating to the United States, and specifically, for therapy processes for Korean exchange students acclimating to the United States.

### **Review of Literature**

“Overnight I became deaf and mute when I came to America”

(B.-L. C. Kim, 1996, p.286).-Anonymous Korean immigrant

The above statement might sound merely like another naïve grumble by an immigrant, but, in reality, the statement reflects difficulties that go beyond a language problem when one moves to a place where everyone looks different, speaks differently, and eats different food. The language difficulty is the ‘tip of the iceberg’ as many immigrants inevitably face various physical, social and cultural changes to survive in a new country (Y. Kim, 2002). Shuval (1993) points out that these changes can be potential stressors, which may lead to physical and mental health problems.

In this project, the researcher intends to find out the positive effect of group music therapy for the Korean population who are suffering with adjustment disorder along with other psychological issues. There are not many studies on the Korean immigrant experience adapting to the American culture (Yeh, 2003). In a 6-session group psycho-therapy pilot intervention, Kim, S. et al. (2006) carried out a pilot study to study to promote social relationship

skills and self-control skills for 35 Korean teenage girls who had problems in adjusting to a school-based environment in South Korea. However, it is unfortunate that there are no music therapy references pertaining to adjustment for Korean students moving to a different country.

Since this current study will focus only on the Koreans living in the United States, the literature review will begin by examining the demographic development of the Korean population in the United States, since the numerical evidence shows that much attention is needed for the well-being of this rapidly growing ethnic population.

Then, the researcher intends to take an in-depth look at the acculturation process and the difficulties that the Korean population may encounter in order to accomplish a successful life in a new country. This review will describe both theoretical and practical aspects of the group music therapy intervention to show its usefulness in helping Korean population with adjustment disorder.

### **Demographic Information: Koreans in the United States**

The first known Asian immigration to America dates back to the 1850s during the Gold Rush (Wing, 2005), and the Asian people increasingly immigrated in the mid-1900s (Shim, 2007). After the Immigration Act of 1965 was passed (Hurh, 1998), Asian immigrants quickly became one of the largest racial groups, representing 29 distinct ethnic groups (Liu, Pope-Davis, Nevitt, & Toporek, 1999).

In the United States, one of the fastest growing Asian immigrant groups is the Korean immigrant population (US Census Bureau, 2004; Kang 1996; Noh, Avison, Kasper, 1992), which makes up over 17.9% of the total Asian American population with more than 1 million (1,190,353) by the year of 2000 (US Census Bureau, 2004). Notably, the U.S. Census Bureau (2004) indicates that the cumulative percentage of the Korean-American population has

increased 42.4% between 1990 and 2000. This numerical evidence shows that more attention may be needed for the well-being of the rapidly growing Korean ethnic group.

### **Adjustment Difficulties in Populations from Different Cultures**

International immigration is significantly considered to be one of the most stressful events in one's life due to various hardships that one has to face in the new place. Sudden changes in many areas of a person's life (e.g., socioeconomic status, social networks, and family structure and function) and the adaptation process often exacerbate stress (Shen & Takeuchi, 2001). These stressors are closely linked to what could eventually lead to one's adjustment disorder.

Naturally, people living in a society confront all kinds of difficulties in their life, but the immigrants probably face a different set of obstacles because they might have dissimilar behavioral patterns and cultural norms than the host country. Immigrants moving to a new culture with ingrained values and roles from their culture of origin may experience conflict with the values of the new culture or environment on several levels, such as interpersonal relationships, language, social mores and role expectations. Korean immigrants - one of the largest ethnic sub-groups in the United States - are not the exception.

Adjustment Disorder is critically related to the acculturation process which can cause serious symptoms of stress, such as anxiety, feelings of alienation, hopelessness, and depression (Berry & Annis, 1974). Acculturation refers to the manner in which individuals negotiate two or more cultures (Birman, 1994). It is assumed that one culture is dominant while the other culture is perceived to have less cultural value (Berry, 1995). Ward and Kennedy (1994) differentiated between the culture of origin, which is referred to as 'the *national culture*,' and the culture of contact, which is referred to as 'the *host culture*.' The

acculturation process is determined by how individuals manage maintaining or letting go of their national culture in light of conflicting cultural values. Typically, individuals who deal with acculturation are those from the non-dominant cultural group (Berry, Kim, Minde, & Mok 1987). Berry et al. (1987) theorized an acculturation model with four adaptation strategies: assimilation, integration, separation, and marginalization. *Assimilation* is the strategy associated with rejecting one's cultural values in favor of entrance to the dominant cultural practices. *Integration* involves maintenance of one's cultural identity and participation in the dominant culture's values. *Separation* is the strategy associated with valuing one's cultural norms and not participating in the cultural norms of the dominant culture. Finally, *marginalization* is an adaptation strategy in which one does not participate in either one's own or the dominant group's cultural practices.

### **Adjustment Difficulty in Korean Population**

Many Korean immigrants suffer and go through a difficult time in adjusting to the life in the new country (Jung, 2008) due to the language difficulty and cultural differences. Furthermore, Kuo (1984) indicates in his study of Asian Americans that Korean immigrants reported higher levels of depressive symptoms than Chinese, Japanese, and Filipino immigrants. In addition to the mental health problems, Korean immigrants experience more adjustment difficulty, stressful events, and financial worries than other Asian immigrant groups (Kuo & Tsai, 1986). However, Korean immigrants suffering from mental health problems rarely seek the treatment they needed. Korean immigrants experience shame and humiliation in seeking help for their conflicts (Shin, 2002); there is a stigma associated with getting therapeutic help in traditional Korean culture (Kim & Rew, 1994). Korean immigrants suffering from depression rarely seek the treatment they need (Bernstein 2007, Kim & Rew, 1994). Pang (1998) explained



that Korean immigrants tend not to report their mental health problems because, in most cases, they do not see the physical symptoms, and they are taught to believe that mental suffering is a normal part of life. On the other hand, Americans understand that delay in treatment of mental health may result in risk for hospitalization, poor clinical prognosis, and diminished quality of Life (Mechanic & McAlpine, 2000). Asian Americans, including Koreans, tend to delay treatment when ill (1,553 days, than did Americans, 607.4 days according to Lin, Inui, Kleinman & Womack, 1982). These findings might explain why Korean immigrants may be at increased risk for mental health problems during the cultural adjustment process. Therefore, they need various means of emotional support, possibly including the use of music therapy, at this time.

### **Music as Treatment**

Nineteenth century German philosopher, Schopenhauer, mentions how music is different from the other forms of art by stating that music can be comprehended without previous training and that it is faithful imitation of the spectrum of human emotion from experiences (Bhunnoo, 2008). In music therapy, the therapist's role is to translate and apply Schopenhauer's view on music in each session to help the client's well being.

Steenbarger's (1994) review of the literature explains that a person is most open to change in a state of experiencing emotion. Those who benefited from the therapy report that they experienced high levels of emotional arousal (Beutler et al., 1992) and it was helpful to reconnect with their emotions affectively and cognitively (Tredor-Wolff, 1990; Wager, 1987). Music is a potential tool in therapy in order to provide both emotional connection and relief for a client, thus facilitating participation in the therapy. A number of studies show that the music is beneficial in evoking emotional change during a therapy session. Jones (2005) describes how music therapy is effective in eliciting emotional change in her clients:

“Music therapy significantly increased feelings of acceptance and joy/happiness/enjoyment and significantly reduced feelings of guilty/regretful/blame and fear/distrust. (Jones, 2005. p.94.)”

Henderson (1983) and Thaut (1989) support the above statement by their research on music therapy interventions which demonstrates that positive emotional change helps the clients to improve their health. While many participants reported that music therapy was more pleasurable than the traditional psychotherapy (Heaney, 1992), therapists found music engaged reluctant clients during sessions (Bednarcz&Nikkel, 1992; Brooks, 1989). Importantly, music therapy was proven to improve on-task behaviors and to increase internal locus of control, self-confidence, and self-esteem (James, 1988; Keen, 2004; Ward, 1996). Therefore, music therapy interventions improved participation in other group experiences outside the therapy session (Miller, 1970).

### **Music Therapy for Adjustment Disorder**

Adjustment disorders have been found to be the most frequent psychiatric diagnosis in medical illness (Strain et al., 1998). According to DSM-IV-TR (1994), adjustment disorder is defined as “the development of clinically significant emotional or behavioral symptoms, such as subjective distress, depression and anxiety” (p.679). These symptoms usually cause significant impairment in social or interactive functioning. The clinical symptoms of adjustment disorder are accompanied by depressed mood, anxiety, and disturbance of emotion, and they may impair behaviors of daily life. There have been a number of studies exploring the beneficial aspects of music therapy for people suffering with various mental disorders such as adjustment disorders.

For example, clinically trained music therapists, Christian Gold, Hans Petter Solli, and Viggo Kruger (2009), describe music therapy as an effective therapy for serious mental disorders, beneficial for patients in order to improve global state, symptoms, and functioning. They also find that music helps in at least three different ways—as a motivating factor, as a medium for emotional expression, and as a social endeavor. The types of music therapy techniques that Gold et. al. (2009) uses in their study are free and structured improvisation, other types of active music-making by patients, and listening to music. Improvisation is perhaps the most prominent form of musical interaction in music therapy. In order to support by providing rhythmical or tonal grounding, to clarify, to confront or to challenge the client's expression in the music, these music therapists intervened therapeutically within the music therapy sessions by including improvisation activities (Gold et. al., 2009; Wigram 2004).

Music therapy has been used to maintain sound health for people suffering with emotional and behavioral disorders, people who have a wide variety of problems and diagnoses – low self-esteem, difficulty relating to people, and a low frustration tolerance. (Sausser and Waller, 2005). Many researchers and therapists have reported success with the use of music therapy interventions in eliciting positive changes and facilitating the development of emotional, behavioral, and social skills (Hanser, 1974; Steele, 1977). Sausser and Waller (2005), studying 13 hospitalized patients with adjustment, emotional and behavioral problems, concluded that music is a non-invasive medium that enhances self-expression, self-esteem, motor skills, coordination, and socialization.

### **Techniques of Music Therapy**

In music therapy, various techniques can be used with the group, such as song discussion, listening, songwriting, lyric analysis, composing and performing music. In the

case of working with clients whose second language is English, songwriting, listening, and lyric analysis can help them to learn English. Composing and performing music can allow them to learn social skills.

**Songwriting and lyric analysis.** Songwriting and lyric analysis are frequently cited techniques employed by music therapists. These interventions have means of accessing the emotions of clients generally buried by denial, Freed (1987) indicates that the primary goal of songwriting is the expression of feelings related to an individual's situation.

Songwriting can elicit greater use of emotional words than other playing interventions (Cordobes, 1997). Further, compared to poetry and journal writing, Roscoe, Krug, and Schmidt (1985) noticed that writing songs generally brings positive emotion in word usages. As the musical part of a song may provide emotional arousal and increased receptivity to the text (Galizio&Hendrick, 1972; Stratton &Zalanowski, 1994), the text of the music itself directly presents life's misfortunes, difficulties, and various problems in a non-threatening manner (Charlesworth, 1982). Writing a song is useful for people who have difficulties communicating verbally, and songs may help them to project their own feelings by empathizing with the song's main character (Clendenon-Wallen, 1991). Jones (2005) concludes these music therapy techniques are capable of creating emotional arousal in a positive manner, possibly increasing clients' willingness to change for their own well-being.

Many studies find songwriting to be an effective technique in eliciting emotional changes. Ficken states that the performance of a newly composed song can provide immediate feedback to the writer (Jones 2005, p.97). Therefore it may be helpful for the participants in a music therapy group to disclose their emotions through the songwriting experience and share their lyrics with other participants in order to get a feeling of understanding and empathy.

Performing the song that the participants compose together can help the participants to get a feeling of belonging and identifying with the group song for their own well being.

**Improvisation in music therapy.** The use of improvisation in music therapy has been developed over the years since Paul Nordoff and Clive Robbins's pioneering work in the 1960s with handicapped children (Nordoff and Robbins, 1965). Music therapy improvisation can be used with a wide range of clients suffering from a variety of clinical problems (Bruscia, 1987). Improvisation can be used as the sole method in music therapy, or it can be connected to playing or listening to pre-composed music, other musical activity, or other non-musical activity, such as visual art or discussion. Whichever approach is taken, there is always musical and non-verbal communications present in the improvisational situation in which the therapist communicate with the client, and encourage them to act in a desired way. Pavlicevic (1999) describes improvisation in music therapy as follows:

“In sessions, therapist and clients together create spontaneous sounds on a variety of tuned and untuned percussion instruments. These include marimbas, xylophones, metallophones, a variety of drums (congas, bongos, bass drum, side drum), cymbals, and where possible, piano and guitar. In individual sessions, clients usually begin to play spontaneously on any of these instruments, and the therapist listens closely to the quality of clients' musical utterances before joining in, improvising in a manner that supports and meets these musical utterances. It is the act of meeting, and of sharing, the client's world through sound that generates the therapeutic process (Pavlicevic, 1999, p.95)”.

Goals of an improvisation session are typically related to the client's physiological, cognitive, emotional or social functioning (Lucket al., 2008). As mentioned above, one of the

key areas in which improvisational music therapy is used is to encourage changes in a client's emotional functioning. Thus, the connection between musical expression and perceived emotional meaning is essential. Indeed, most improvisational models of music therapy emphasize the role of improvisation in exploring and expressing emotions (Bruscia, 2001). Improvisation session will also help those who suffer from adjustment disorder experiencing negative emotions, such as withdrawal, alienation, lethargy, low self esteem by exploring and expressing negative emotions and elicit positive emotions to socially function better.

Pavlicevic(1999) describes improvisation in music therapy as non-verbal communication eliciting emotions and extending clients' expressive, communicative and relational capacities. She also describes group members experiencing positive effects of improvising music in a group setting. Studies have demonstrated the efficacy of active music therapy in alleviating stress in a range of adult populations. Nolan (1989) describes how the use of the improvisation provides an opportunity for patients to explore the expressive range of instruments as well as an opportunity for group members to be spontaneous with each other. Sloboda(1995) states that improvisation helps participants become more conscious of their emotional state.

**Active listening to music.** According to Chamorro Premuzic and colleagues (2009), there is an association between personality and music preferences. For example, a preference for reflective and complex music and intense and rebellious music may be positively associated with the personality factor of openness to experience. By contrast, a preference for upbeat and conventional music may be positively related to extraversion, agreeableness, and conscientiousness, but negatively relate to openness to experience. Zentner, et al (2009) in their study found that emotional responses vary greatly according to musical genre and type of

response (felt vs. perceived). Mitchell, and his colleagues (2009) find that preferred music can significantly increase tolerance and perceived control over the painful stimulus and decrease anxiety compared with both the visual distraction and silence conditions.

Furthermore, frequent listening to the chosen piece in everyday life can negatively correlate with anxiety level, and extent of knowledge of the lyrics further positively correlated with tolerance of the stimulus and perceived control. Their general importance of music in everyday life also correlates with perceived control reiterates the importance of relationship and familiarity with favorite music as key to its therapeutic effect.

**Drumming exercise.** Watson (2002) found that rhythm-based music therapy helps aid the goals for intimacy, social skills, awareness, and expression of emotions. Camilleri (2002) states, "The use of drum circles with entire classes and with small groups of students has proved to be a valuable way of breaking through cultural, racial and religious differences, making connections, and creating community (p.262)." Hawkins (1999) states "Drumming together is a powerful means of unification—reaching beyond language and belief system—to bring people together through heart connection" (as cited in Camillieri, 2002, p.262). Camilleri (2002) describes structured drumming exercises that provide a safe and predictable framework within which children learn to come together, becoming positive and active group members. The author states that listening, concentration, sharing, cooperating, respecting, risk-taking, and many more, are developed through the fun and motivating medium of drumming. As trust develops in the group through successful experiences of playing together, the way is paved for individual to be creative, to try new things to discover their own imaginative capacities, and to work on important personal issues (p.262).

### **Importance of Group Therapy Process**

To explain the inside dynamic development of the group, Pavlicevic (2003) describes Tuckman's (1965) formulation of the group process. According to Tuckman's (1965) formulation model, the ideal group decision-making should occur in four stages or phases: *norming, storming, forming, and performing*. The psychology of this group process can also be applied to a music therapy group, where different people with various backgrounds come together to make one coherent music group.

Norming is the first phase of the group in which everyone tries to identify what they have in common. Norming is important in any group because in this stage the members of the group get to know one another and make new friends. This is also a good opportunity to see how each member of the group works as an individual and how they respond to pressure.

In the second phase, storming, everyone is trying to identify how different they are from one another. The storming stage is necessary to the growth of the group. It can be contentious, unpleasant, conflictive, and even painful to members who are averse to conflict. Tolerance of each member and their differences need to be emphasized. Without tolerance and patience the group could become fractious and difficult. This phase can become destructive to the team and will lower motivation if allowed to get out of control. Understanding the theoretical concept of the phase will be a big help in managing and containing the fractiousness. Fortunately, in the next phase, forming, members adjust their behavior to each other as they develop work habits that make teamwork seem more natural and fluid; they come together once again with a more "realistic and balanced understanding" of one another. The last phase of Tuckman's formulation is performing: the group functions as a whole, aware of differences and similarities, and performing its tasks. The point about understanding group process is that this helps you to reflect on, make sense of, and prepare for the next group



music therapy session.

### **Summary, Literature Review**

Naturally, people living in a society confront all kinds of difficulties in their lives but the immigrants probably face a different set of obstacles because they might have dissimilar behavioral patterns and cultural norms than the host country. Korean immigrants - one of the largest ethnic sub-groups in the United States - are not the exception. In fact, international migration is significantly considered to be one of the most stressful events in one's life due to various hardships that one has to face in the new place. Sudden changes in many areas of a person's life (e.g., socioeconomic status, social networks, and family structure and function) within a short period of time and the adaptation process often exacerbates his or her stress (Shen & Takeuchi, 2001). These stressors are closely linked to what could eventually lead to one's adjustment disorder and its subsequent problems.

For people suffering with behavioral and emotional difficulties, various studies by the experts in the field find that music therapy is a helpful medium to enhance and facilitate self-express, self-esteem, creativity, independence and socialization. For example, active group music therapy, in which participants are encouraged to build self-confidence and channel frustration in a positive and creative way, offers opportunities for positive social interactions among group members through musical improvisations. With proper planning of activities and sessions, music therapy can be a beneficial therapeutic treatment for Korean population suffering with adjustment disorders.

## **Research Study**

### **Purpose of the Study**

The purpose of this study is to present multiple case studies of individuals participating in a music therapy group for Korean exchange students experiencing adjustment disorder in the United State. The study provides an in depth discussion of the group music therapy process in an effort to relate this to theory and/or practice for this population.

### **Ethical Consideration**

The Montclair State University Institutional Review Board approved and gave permission for this study to be carried out (Appendix K). A written informed consent form for each participant's involvement in the study was obtained( Appendix E & F). For the bilingual participants, all documents were presented in both English and Korean, and all the sessions were conducted in both English and Korean.

### **Research Method: Multiple Case Study Analysis**

**Recruitment of participants.** In order to recruit the participants for this study, the researcher advertised on the website, what is called <HeyKorean.com>. The researcher held individual pre-screening interviews based on the questionnaires (appendix C&D) with prospective participants for the study who had emailed the researcher and expressed an interest in participating in the study. As a result of prescreening interviews in person, three participants were chosen to come to nine hour long group music therapy sessions.

**Participants biographies.** The participants for this study were three Korean people, aged between 19 and 30. All the participants were born in South Korea, and they came to the United States for purposes of education. They all live in the New York and New Jersey area. They self-identified as having adjustment disorder, and they also reported having other

psychological issues, such as depression.

The researcher informed the participants about the mechanics of the study through the use of a informed consent form written in both English and Korean language. The informed consent form (Appendix E&F) included the following information:

1) Individual entrance interview to be held in the initial session, 2) Statement that the nine group music therapy sessions (60 minutes for each session) would be videotaped or audio taped, 3) Statement that each session would consist of a variety of music therapy techniques, such as music improvisation, active music listening (pop songs and their favorite songs), song writing, singing along, rehearsal, and sharing thoughts, 4) Statement that an individual exit interview would be held in the final session.

All participants read and signed the informed consent form to participate in the study. Both entrance interview questionnaires (Appendix G & H) and the final interview questionnaires (Appendix I& J) were conducted by the researcher. The participants in the study are described below.

***JY: Biographical snapshot.*** JY, nineteen years old, was the only female participant in this study. She came to the United States at age nine for her education in piano performance. In the beginning, she experienced language problem, but became fluent in English. However, once she developed a misconception toward her body image, she struggled with an eating disorder for a few years of her high school, and had stopped playing the piano, which, previously, was her passion. She became depressed and was subsequently treated with a combination of medication, acupuncture, and verbal counseling sessions with a psychologist. JY lived in Flushing, NY with her family. She was an only daughter of her parents. She could not speak well due to the medication for her depression, but she was a bright and charming

girl. She came with her father, who loved her very much. He said that JY used to be an outgoing and normal child, but she had been changed due to the eating disorder. She was still on the medication dealing with her depression during the study.

***JW: Biographical snapshot.*** JW was a thin, tall and tense looking young man who I first met him in the Star-bucks café in New Jersey for the prescreening interview. He lived in New Jersey and worked at an animal hospital as a veterinary assistant. He came to the United States a few years ago to complete his degree in science.

He was distressed by problems in his job and an unsatisfying life in the United States. He had been distressed with a preoccupation about what would happen when he assisted the veterinarian during the animal surgery. He was afraid that he would cause a failure of surgery. He usually ate lunch by himself in the car and couldn't get along with people at the work. He reads and writes English very well, but his speaking ability did not improved. He married in the United States, but after one year of marriage, he decided to become divorced.

He also mentioned that he contemplated and thought about death often. He said he had been always afraid of the death since he was young. However, his love of music couldn't stop him from learning new instruments, such as the Kayakum, and he hoped for having a better life. That was his reason to participate in group music therapy.

***JH: Biographical snapshot.*** JH came to the United States after completing his military service in South Korea. He lived in Staten Island, NY. We met in a Korean café in Manhattan for the prescreening interview. His love of music was exceptional. He had been playing clarinet since he was very young. However, he had to stop playing the clarinet due to the objection of his family, especially from his father. His father's generation in South Korea thought that musicians were considered to be clowns especially for the men. For the reasons,

JH's family forced him to stop playing the clarinet. He experienced a lot of disappointment, confusion, stress, and adjustment difficulty.

He entered business school, but he was unhappy without music. He had also given up many previous interests in his life. He volunteered to get into the military service earlier than other people of his age, and decided to come to the United State after finishing the military duty. After he came to the United States, he never talked with his family on the phone. He brought his clarinet to the United States, but he had not played it since his high school years. He buried his talent, passions, and reminiscences with his clarinet in the unopened case.

### **Setting for Group Therapy**

The music therapy group was conducted in nine hour long sessions.. Each group music therapy session was held in a music therapy classroom at Montclair State University. All the instruments including piano, guitar, keyboard, and other percussion instruments were available for use, and the researcher ran each session. Each session was video or audio taped for the in depth case study analysis, and all the soft and hard data were securely save

### **Design: Multiple Case Study Analysis**

The case studies themselves provide the reader with detailed information on each client's background, music therapy goals, and a rationale for therapy methods which included music improvisation, active music listening (pop songs and their favorite songs), song writing, singing along, rehearsal, and verbal processing. This is followed by an in depth discussion of the music therapy process.

### **Music Therapy Goals**

The goals of this music therapy intervention for the clients were the following: (1) to help them explore their suppressed feelings and to elicit positive emotions, (2) to help them

learn social skills that can be utilize to enhance their quality of life in the USA.

### **Procedure**

The following music therapy interventions were utilized randomly in each session. All activities were designed and conducted by the researcher:

- Improvising freely - Instrumental and voice
- Songwriting in groups- Rewriting and composing
- Singing and playing together
- Playing familiar songs on the instruments
- Listening to popular songs and analyzing them.
- Listening to favorite songs of other participants and drawing while listening
- Relaxing while listening to live music produced by the music therapist
- Performing drumming exercises.

### **Research Result**

#### **Music therapy session: description and analysis.**

*Session 1.* In this 1-hour-long session, 3 main activities took place: Answering the entrance questionnaires by the participants. Experimenting with various musical instruments in group music improvisation. Relaxing by listening to the piano improvised by the researcher. Only JY was on time to the session, JH had a long journey coming all the way from Staten Island, NY, to Montclair State University, NJ, that involved taking different kinds of transportations. JW had a meeting with his friend before coming to the session and couldn't avoid the heavy traffic from NY to NJ. When everyone arrived, the entrance questionnaires were distributed and the client's current state of mind and emotions were observed. The questionnaires (Appendix E& E-1) took about five minutes. According to the entrance

interviews, the clients were having severe difficulty in adjusting to their society in the U.S.A. They all had a certain period of time suffering from depression due to the conflict with their family, friends, and also within themselves. They felt they could not open their hearts to anybody. The English difficulty interrupted them to socialize with friends, and they felt more and more isolated in the U.S.A. They hoped that this group music therapy experiences would help them to become emotionally stable, and to socialize better in their school and job.

*1<sup>st</sup> Activity: Music improvisation.* Through music improvisation, any changes in musical tendency and behaviors of each participant could be observed. These noticeable changes, whether significant or minimal, can tell the characteristics of the participants.

There were four chairs in a semi-circle, a piano, an electronic keyboard, drums and other small instruments in the prepared group music therapy room. Participants were asked to choose an instrument: JY chose the piano; JH sat on the floor and chose the xylophone; JW chose the Kalimba, an African thumb harp. After a brief introduction about "free music improvisation," the participants freely experimented with their instruments without any instruction. This was the participants' first time experience with the musical improvisation. Their awkward behaviors with their instruments showed that they were not sure what to do.

After a moment of hesitancy, JY tried to play a song she knew on the piano, but didn't finish it because she couldn't remember the whole song. She said that she had never played the piano without a sheet of music. JY was encouraged to trust herself and find some sound that she liked. While she was looking for some sound she liked, other participants were also trying to improvise on their instruments.

JH chose to play the xylophone. He looked rather uninterested, but he kept playing some notes on the xylophone. Kalimba was a new instrument for JW as he mentioned that he

had not seen a Kalimba before. He experimented how to play the instrument by plucking the iron bar and tapping on the wooden surface. JW and JH sounded dissonant.

The only instruction in this improvisation was that the participants should play the chosen instruments freely and spontaneously. After a while, the electronic keyboard was provided as a mean to support the participants' actions and their sounds. After a while, JY stopped playing the piano, and she asked if she could dance to the music. She was encouraged to dance to music. JY stood up and danced with a maraca in her hand. The researcher took JY's place to play the piano with the group.

"Sharing of thoughts and feelings followed"

JY: It was challenging to try to match up with the group. I was worrying about how it should sound first, but I wasn't worrying later on. It came from whatever it came from...

JH: (He played the xylophone.) When I played some notes by accident, you (music therapist) caught that note and tried to match your sound to mine with the piano, so that it didn't sound too awkward. Then, I felt little more comfortable about the sound I was making with the xylophone. The sound actually became natural and harmonized together after you joined us.

JW: (He chose Kalimba, an African thumb harp.) I chose on purpose an instrument that could produce only a little sound because I was not good at playing any instruments. Since the piano and keyboard sounded so loud, I tried to find some notes to match up with the piano and keyboard later.

*2<sup>nd</sup> Activity: Relaxation with Lively Improvised Music on the piano by Music Therapist.* In order to resolve some of possible negative emotions, such as nervousness, anxiety, elicited by the music improvisation, a relaxation session followed. The participants listened to and relaxed to the live music that the researcher improvised on the piano. The



improvised music was not changed in tempo and rhythm too much in order to create a peaceful music. The free improvisation mixed up both major and minor keys to encourage relaxation. They sat back and closed their eyes; they looked relaxed and comfortable. The piano improvisation intentionally ended with an incomplete sound in order to keep participants' creative mind to remain alive.

“Sharing feelings and thoughts were followed”

JY: I was very relaxed and I almost wanted to dance. That's how much I like music.

JH: When I was listening, I imagined a peaceful scene. However, it disappeared all of a sudden because the melody turned to the sad mood. I thought I would be more satisfied if there were one more melodic line by another instrument in addition to the piano part. I wished the music ended with incomplete sound, and the therapist finished the song with incomplete sound as I wished. I was very happy with that.

JW: I don't know much about music, but I was little surprised that the therapist finished the song where I thought it shouldn't be.

Even though JY said that she hadn't played the piano for a couple of years, she didn't seem to be afraid of playing the piano in the group. She was actively participating in the activity and tried to play the piano without a sheet of music JW chose to play Kalimba, which only produces a small sound. When the researcher demonstrated echoing their sounds on the piano, the participants realized someone was eagerly listening to them. The participants were able to listen to the supportive sound. JW was echoing back to what he had heard. JH was also echoing back to interact with the sound that he heard. The participants interacted with the sound they heard only because they got the response from someone else. They only focused on their own sound and echoing sound.

*Interpretation of session.* Through the discussion, they shared their honest feelings about the relaxation experience. It seemed natural to have different opinions when people are from different background.

Since it was the participants' first group music session, and their first time experience with music improvisation, all the participants were uncomfortable and unsure of their actions. However, the participants were guided by the supportive sound toward the goal of making sounds together.

*Session 2.* in this 1-hour-long session, 2 main activities took place: Emotionally eliciting music improvisation in order to have participants get ready for the 2<sup>nd</sup> activity. Listening to a popular song, "Take a bow," by Rihanna. (Brief "Good-bye" improvisation was added)

*1<sup>st</sup> Activity: A warming up – music improvisation.* During the improvisation activity, JY improvised a beautiful song in C major while JH played a hand drum, and JW played a big drum. Just like the first session, the researcher joined them with a string sound on the keyboard to produce the supportive sound. The sound became more pleasant to the ear.

"Sharing of thoughts and feelings followed"

JY: I played the piano at home after I had the first group music therapy session. It was very interesting to make songs that I had never played before.

JH: The improvisation sounded much nicer than the first session. However, I think it would be better if we got more instruction to go. It was hard to play an instrument without any direction.

JW: I still don't know what to play. I was just playing the simple, unvarying beats on the drum. Again, I am not good at playing the instrument.

*2<sup>nd</sup> Activity: Listening to popular song. 'Take a Bow,' by Rihanna.* Active listening to

American popular songs was our next activity. Participants were expected to learn English vocabularies and understand the American culture by getting familiar with the American popular song. In addition, the participants were expected to share their thoughts and feelings about the song. Interestingly, the participants in this study reported that they didn't usually listen to American pop music. They rather listened to other music, such as traditional music from foreign countries. In order to get familiar with the American culture, a popular American song was provided.

The participants were asked to write down why they thought the song became so popular and the feeling of the song after they listened to it. The music was played a few times because one of the participants reported he couldn't understand the English lyrics well. The song was translated orally in Korean later for those who couldn't understand the lyrics well.

"Sharing of thoughts and feelings followed"

JW: I don't know why this song became so popular. I think there aren't many good songs out there right now. This song isn't so special, so good, but it is not too bad. It was just ok to me. The rhythm of this song was ok to follow. I wouldn't buy the CD of this singer though.

JH: I think this song is in between American and British music in terms of style. The singer's voice was attractive at the beginning, but was still depended upon the chorus too much. I didn't understand what the song was about because of the difficulty in English. So, maybe, I couldn't understand why this song was so popular. I can guess that it might be possible that the lyrics were good enough to get caught by many people in these days in the United States.

JY: I haven't heard this song a lot, but I guess people are able to just relate to the song.

The participants were neither enthusiastic about the song nor hated the song: One participant could not relate to the song; one could not understand the song; and another

participant did not have a chance to hear the song.

More discussion was expected, but since they were not too interested in the popular music, the discussion ended shortly. Since there was little more time left, the researcher proposed to have a brief music improvisation on a theme of parting with drums. All participants agreed to try the improvisation. Jambé drums were given to each participant. They played the drums to say 'Good-bye' to each other. JY started first and the other group members joined in. There was neither a rule nor a time limit. They looked shy and embarrassed with each other during the 'good-bye' improvisation.

*Interpretation of session 2.* During the prescreening interview, JY revealed that she hadn't played the piano since she had developed an eating disorder. The eating disorder put her into a depression, and then the depression blocked her enjoyment of many activities. Playing the piano - her passion - was one of them. However, she played the piano in the first session as if she had waited for this group music therapy for a long time. It was like she had been waiting for something to happen just so she could play the piano again. The opportunity to participate in the group music therapy gave her an occasion to play the piano once again. The event allowed JY an excuse to open herself - a chance to remind herself of what she had really been missing in her life. Nobody could imagine how much the piano meant to her, but it was possible to see how eagerly she wanted to play the piano, which was her joy and passion. JH still appeared to be stiff during this music therapy activity and the discussion. He carefully gave his opinion that lack of direction might be a problem in the improvisation. His musical capacity and need for perfection could not bear the lack of instruction in the improvisation. JW's modest sound hid behind two other members' sounds, reflecting his own personality. He said he was not a leading person, but a follower. He justified his passive behavior by saying

that he had naturally a passive personality.

### *Session 3*

*1<sup>st</sup> Activity: Music Improvisation.* The participants had done free improvisation three times so far, including the last activity of the second session. The participants played their choice of instruments. Comparing to the last session, the sound of improvised music got better. While discussing the unsatisfying sound that they produced, the participants realized that they had only focused on playing their own instruments, rather than listening to each other. The music improvisation was done one more time, this time with the participants asked to listen to each other more carefully. With this one request to listen to each other carefully during the improvisation, the group members sounded more musically related, and eventually sounded harmonious with each other.

*2nd Activity.* In the last session, the researcher had asked the participants to bring their favorite piece of music to share with other group members.

JY brought her favorite music CD. The song was 'People' by Barbara Streisand. JY introduced her favorite song, and other participants gave her a feedback about the song.

#### "People"

People,  
People who need people,  
Are the luckiest people in the world  
We're children, needing other children  
And yet letting a grownup pride  
Hide all the need inside  
Acting more like children than children  
Lovers are very special people  
They're the luckiest people in the world  
With one person one very special person  
A feeling deep in your soul  
Says you were half now you're whole  
No more hunger and thirst  
But first be a person who needs people

People who need people  
Are the luckiest people in the world

“Sharing of thought and feelings followed”

JY: It is a beautiful song, and has a lot of meaning to me. The singer tells in the song that ‘People’ who need people are the luckiest people in the world. Sometimes you think independence is a great thing, but when you need somebody, you love them, and you want somebody to be with you. I think it’s really nice.

JH: This song was marvelous, and romantic. This song told us that we were important people. And, I like the song especially because of the instrument used. The sound of the French Horn and the voice of the song were perfectly matched and sounded so related.

JW: Her choice of music was very sophisticated. I haven’t heard of this song before, but I think I like the mood of the song, and the lyrics as well.

JH’s favorite music was variation and fugue on a theme of Handel, by Johannes Brahms. It was 25 minutes long. JH downloaded his favorite music in his cell phone. He explained about the origin of the song, and the instruments played. His love of and knowledge of music was impressive, yet he was humble about it. We knew that he just wanted to share his knowledge with other group members. The music was very long so it gave the participants plenty of time to draw or write down while they were listening. Sharing feeling and thoughts were followed.

JH: How was my favorite music...?

JY: I thought of ‘love’ when I listened. The music reminded me of my hometown in Korea when I was little. It was a very peaceful farm and there were a lot of dogs in my house.

JW: I don’t know much about the classical music, but I liked the sound of the French horn, which sounded very peaceful to me.

*Interpretation of session 3.* By sharing JY's favorite song, the researcher could realize that her favorite song possibly met her unconscious needs, which is her longing for people, her needs of people's love. Due to the timing of her eating disorder and the depression, she must have been lonely and had been isolated for most of her high school years. From her own experience, she could relate to the song, "People," that tells how precious the people are in their life.

JH's musical preference reflected his musical knowledge. Even though his favorite music was very long, other participants enjoyed and respected it. Even more, they reported that they had plenty of time to imagine and go on a journey while listening to the music.

As the participants listened to the song, they seemed like that they could quickly relate to the song. They could find many things they liked about the song, and happily shared their feelings. It was such a different reaction from the last week's pop song activity when they didn't even like to talk about it. When the participants talked about their favorite songs, they could also share their personal experience associated with the song. That gave them the opportunities to bring up more topics to share with each other.

JW's favorite song couldn't be shared due to the time limit.

#### *Session 4*

*Activity: songwriting (re-writing words in the original song).* The researcher intended for the participants to express and disclose their emotions by rewriting lyrics of an original song. The performance of a song that the participants rewrote would give them opportunity to get immediate feedback about themselves.

The participants were going to rewrite the lyrics of the song. "Sometimes I feel like a motherless child." The song's melody and rhythm were very simple. The participants were

asked to write about their own feelings.

JH:

Weird dough, stranger, patient in the hospital,

Tuft thumper, Demian (from the novel), eruption or volcano

Blue ocean, gladdening star, I am in black winter night against the nasty greens

JW:

Alien in the strange world,

Dreamer in a dream of paradise

Pray mentis in front of a man

JY:

Motherless child

Useless child

Needless child

After sharing those feelings, the researcher had the participants decide how to put those words in the song. JW suggested that each member should choose one feeling out of those feelings that they wrote. Since the participants agreed at JH's idea, they chose one line and put it in the song.

Sometimes I feel like a Alien in the (strange) world

Sometimes I feel like a Alien in the (strange) world

Sometimes I feel like a Alien in the (strange) world

In singing the song, JW decided to delete the word, "strange" to adjust to the melody.

Sometimes I feel like a Patient in the hospital (on the bed)



Sometimes I feel like a Patient in the hospital (on the bed)

Sometimes I feel like a Patient in the hospital (on the bed).

In singing his part, JH also changed the lyrics to “Patient on the bed” to adjust to the melody.

Sometimes I feel like a needless child

Sometimes I feel like a needless child

Sometimes I feel like a needless child

The participants wrote and sang the song together. As they repeated the song, voices got louder and clearer; they sounded more confident. JH added a strong drumbeat at the end of the song and we all smiled.

“Sharing of thoughts and feelings followed”

JH: I was feeling depressed before I came to the session, but I was in the mood for listening to that kind of song, so, thank you for bring up the song for us. When I was listening to the song, I had imagined that I was drinking a cocktail at the bar. I thought about the reason why you (the researcher) chose this song for us to rewrite onto. I thought you wanted to check our moods through the rewriting activity. And, I actually really liked what JW wrote. It was a very unique expression that I had never been heard from anywhere else.

JW: In the beginning, I felt the song was too depressing. However, I want to say that I also liked what JH wrote. What he wrote was what I might have written. His thought was very special and unique.

JY: I sometimes felt too depressed, that’s why I made up the lyrics like that. I could relate to what others told through the song. Those were very special expression, and I was very impressed.

Through the rewriting exercise, they had a chance of, not only expressing their own emotions, but also learning what other people's feelings would be like. During the discussion, they praised each other about the unique expression and contribution for the song.

*Interpretation of session 4.* They seemed to be very shy to share their personal feelings they had experienced. They were also shy about singing the song aloud. However, while they tried to match the lyrics in the right rhythm of the song, they started to forget their shyness, and only focused on making a good song. Through the process of creating the lyrics and adjusting them to the right rhythm, they also showed dependence upon each other, which could mean that they started to trust each other more. The rewriting experience encouraged the participants to use their voices for singing, and not to be shy about sharing their personal feelings with trusting members.

*Session 5 : JH Played the Clarinet.* JH had brought his clarinet into every group music therapy sessions, but he had never opened to play it for four sessions. The researcher didn't try to persuade him to play the clarinet, but just waited until he was fully ready to play.

When we started the music improvisation, he opened his clarinet case and took the clarinet out of the case. It was thrilling to see him opening the case and tuning up to play the clarinet. After he tuned up his clarinet, he started to play it. His clarinet sounded quiet at the beginning. He looked a bit nervous. When the sounds got dissonant, the group stopped playing all the instruments. JH told the group members that the clarinet's C is different from C on the piano. Then, JH suggested that we should play some songs that we all knew. Then he demonstrated "Joyful, Joyful" on the clarinet. Other group members joined him with their instruments. When they played, the researcher became a part of the group members and played the keyboard. Playing the song we all knew was a lot easier to us than the

improvisation. The group enjoyed playing and repeating the song. After the song, the group tried to find another song that we all knew. "Ah-Ri-Lang", a traditional song from Korea was chosen. JH played the clarinet, JW played the hand drum, JY played the piano, and the researcher played the egg shakers. The song translates as this;

"Ah-Ri-Lang"

My beautiful lover whom I miss

I shall wait with my heart so broken

Here, the heart-breaking farewell for my fair lover

Ah-Ri-Lang can mean both "beautiful lover", or "a person so dearly missed".

**Interpretation of session 5.** In the first interview with JH, he said that he had not played the clarinet for many years. He hoped that this group music therapy could get him back to play the instrument, which held a lot of reminiscences of his past. He was not persuaded to play the clarinet in any session. As he experienced each group music therapy session, whether those experiences contained enough length of time or not, he seemed to be ready to confront his psychological obstacles. Finally his love of music enabled him to play the clarinet once again. This could be the starting point to open his heart to his family and friends. His active participation, love of music, hopes for a better life stimulated him to confront his obstacles. He played his clarinet with joy, freedom, and confidence.

### **Session 6**

*1<sup>st</sup> Activity: Drumming exercise: The healing power of the drum.* JY couldn't make this session because of her cousin's marriage. JH and JW had a drum exercise that was from the book, "THE HEALING POWER OF THE DRUM". During the researcher's internship, the book was introduced to the researcher by the supervisor at the Institute of Music and

### Neurologic Functioning at Beth Abraham Hospital.

These instructions for the drumming exercise were given to the participants.

Put your hand on your heart or your wrist in order to get a feel for your own heartbeat, and transfer the heartbeat rhythm into the drum. One person plays a steady heartbeat rhythm while the other is given the freedom to explore his or her creativity through free-style improvisation.

The two clients sat next to each other, and started the exercise. They were holding their breaths to get a feeling for the heartbeat. Once they got their heartbeat, which took more than 5 minutes, JW played the steady beats while JH varied the rhythmic pattern on the drum. At first, the researcher noticed that both had a hard time communicating to each other's drumbeat - JH's uneven beat distracted JW's steady beat.

“Sharing of thoughts and feelings followed”

JH: In the beginning, I was trying to get a heart beat, but the more I became relaxed the harder I could get a feel for the heartbeat. I was only focusing on my own heartbeat than anything else. Human's heartbeat cannot be perfectly even, so, I wanted to try to challenge the steady beat. I wanted to maximize the uneven rhythm and chase the steady beat, but it wasn't successful. Then, I tried dividing up the steady beat by two or four. I also wanted to try Korean traditional percussion quartet rhythm on the drum. It still sounded unrelated to each other. Toward the end, once I tried harder to relate his rhythm to mine by listening, it made more sense.

JW: In the beginning, JH's uneven rhythm was bothering my steady beat. However, later, I heard JH create some traditional Korean drumbeat.

Figure 1. Korean traditional rhythm (One bar gets 1/16 beats)

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I started enjoying his improvisation on the drum a lot and could play the drum with him better toward the end.

Since both were sharing the same sound path, they sometimes needed to yield to each other's sound to make one harmonized sound together. JH's sound was louder and dynamic, and JW's sound was smaller and steady. Even though JW liked to play a simple beat or melody, he was affected by JH's sound a lot. JH's upbeat and creative rhythmic pattern affected JW's steady beat most of the time. In contrast, JH got more opportunity to vary his beats with JW's supportive steady beat.

*2<sup>nd</sup> Activity: Heartbeat drumming experience with listening to each other carefully.*

The participants were asked to do the heartbeat exercise one more time. At this time, focusing on other person's drumbeat was the priority purpose for the exercise. In the result, listening to each other's beat helped the sound significantly relating and connecting to each other.

“Sharing of thoughts and feelings followed”

JH: I was waiting for JW for a while to start it off, and while I was waiting for him, a classical rhythmic pattern suddenly came across my mind. I started beating the drum, and felt that he could not follow my beats. In order for him to join my drumbeat, I started to slow down and focus on what he was doing. As I slowed down, I heard he matched my beat naturally, and

then it finally got more harmonized.

The next drumming exercise asked that both people to improvise on the drum:

JH started off with a strong beat on the drum and JW joined him. He played very complicated rhythm on the drum. However, with the experience of previous exercise together, they could relate easier and more comfortable than they did.

*Interpretation of session 6.* This drum exercise invited the participants to get to know each other better and more deeply understand one another. There was a period of uncomfortable, discordant time while they tried to adjust their sound. The exercise gave them the opportunity to learn how to solve the conflicts within the group, and how to build a trustworthy relationship, practices that could be utilized in their daily life. Drumming also allowed the participants to focus on themselves and others, as it requires both listening and producing a sound simultaneously.

### *Session 7*

JW brought his Kayakum into the session. Kayakum is a traditional string instrument from Korea. He started learning the new instrument a few months ago. JW said that tuning the Kayakum was very difficult for him. He said that because he couldn't find the right notes by ear, he just played it without tuning up the Kayakum. Moreover, the strings would get looser easily as he carried it around. He showed a little bit of anxiety and the lack of confidence playing it. When JW was asked if he could play anything on the Kayakum, JW started playing "Ah Ri Lang," a traditional song from Korea. We had played in the previous session. But the Ah-Ri-Lang has many different versions by regions in Korea. What he played was the Milyang Ah-Ri-Lang versions, which originated in the city of Milyang. The Milyang Ah-Ri-Lang had faster tempo and was more delightful than the Ah-Ri-lang that we played in the

previous session. At the beginning, JW played the Kayakum very softly. He plucked the strings and did vibrato on the Kayakum. The Kayakum sounded so beautiful and graceful, and it even touched other members' heartstrings.

JW showed a little bit of anxiety playing the instrument alone in front of the group members, but he seemed to overcome his anxiety when he finished the song. As the song continued, he looked more peaceful and brighter.

“Sharing of thoughts and feelings followed”

JY: I felt we connected really well. I love the melody from Kayakum, and I supported everything. I listened to everyone.

JW: It was a great experience, and I became not too nervous to play the Kayakum in front of people.

JH: His Kayakum sounded so graceful, and I liked it so much.

*Interpretation of session 7.* The harmony of Eastern and Western instruments was not bad during playing the Korean song, Ah-Ri-Lang. JY took a lead for the song on the piano, and Kayakum and other instruments were played slightly after her. The participants repeated the song many times without making any comment. It was noticed that JW was taking a lead toward the end of the song. It was extremely a different behavior from what JW had been showing in the group music therapy sessions. He was a passive person and he said this himself several times in the group setting. He mentioned that he didn't usually take a lead in most of the situations in his life. He tended to follow the crowd, not to put himself forward in front of the crowd. He was very conscious about making the first sound on his chosen instrument during the improvisation activities. But not this time, whether or not he was conscious of it, he was taking a lead with his newly learned instrument. It showed his musical behavior was

changed in this session.

Overall, each participant's musical behavior and comments showed their changes of behaviors and thoughts. Now, after six complete sessions, when they played instruments, they didn't only focus on their own sounds but listened to each other more, trying to tune to other instruments in order to create harmonized music .

### *Session 8*

*Activity: Song Writing : "My Favorite Thing"*. The group had done the rewriting activity in the fourth session. This time, the song, "My favorite things," was used. The song consisted of three stanzas and one chorus. The participants re-wrote the lyrics with their own thoughts. The chorus part was kept as it was. The participants were asked to choose different topics for each stanza, and starts writing the lyrics related to those topics. Each participant contributed one line of each stanza.

Feeling: Sleeping and yawning and drowsy and tired

So I dozed off and fell asleep in the small hammock

So dreaming about being in a fairy tale

These are a few of my favorite things

Color: Purple hued violets and red scarlet roses

Silky grey cloud spreading over the mountain

Black is the clam and truly pure peace

Theses are few of my favorite things

Chorus: When the dog bites when the bee stings

When I am feeling sad

I simply remember my favorite things



And then I don't feel so bad

Place: Forbidden green valleys when the people can't approach

Beautiful shimmery skies full of bright sparkles

Gazing the full moon on the hill in deep woods

These are few of my favorite thing.

*Interpretation of session 8.* Figure 1 shows JH wrote down the rhythms and music notes, and even wrote the accent marks on the paper. It showed his musical talent and effort in order to make good music. The participants were singing the song with an accompaniment by the keyboard. Their singing voices were clear and loud. Their choice of topics was familiar, but their expression of lyrics was very unique. They showed their honest feelings in the song, and became more open to each other.

They all made a great effort to coordinate their lyrics with the rhythm and melody of the song. The melody on the electronic keyboard was provided by the researcher while they were writing. Even though they were more comfortable with writing in Korean than in English, they decided to write in English. Since it was difficult to write in English, they helped each other. Through this songwriting activity, the participants not only shared their thoughts, but also showed cooperation among themselves.

### ***Session 9***

*Activity: The final song writing session: topic- music therapy experience.* Due to the needs of extra time for the individual interviews, the participants could only make the final song together in this session. The participants were asked to write lyrics about our group music therapy experience. Before composing the lyrics, some examples of beats and chords were provided for the participants to choose. Once they chose one of the examples, each

member composed one or two phrases. The participants made their final effort composing the lyrics together. JY finished her part earlier than other group members. She practiced singing her part with the keyboard accompaniment. The other two participants took a very long time to compose the lyrics. JH looked very serious trying to get the right words and rhythm because he composed a "Rap" for his part. For his rap, he had to write down all the music notes and rhythms on the sheet of paper. He asked for the accompaniment to listen to the chords and beats several times while he was composing. It seemed to be very hard to compose the rap to meet his caliber of musical talent and his pursuit of perfection. When he sang his part, it sounded very professional.

JW:

It was a little scenic-view spot on the highway

I was out of the traffic with the refreshing meadow and its meandering river.

JY:

Music therapy was an experience of exhilaration of bliss

I enjoyed every session, the music, the art

Music Therapist:

It was joyful that I had you all

The group music therapy was fantastic!

All together:

Thank you so much for all the time joy

Love, peace, cheer up, thank you

Love, peace, cheer up, thank you!

After JH started the song with his rap, the narration of JY and JW's songs followed, and then, they sang the last part all together. Toward the end, each participant sang one word while the piano faded out.

Figure 2. JH's song writing in session 8

Sleeping <sup>and</sup> yawning and drowsy and tired  
 So I dozed off and fell a sleep in the  
 small hammock  
 So dreaming about being in a fairy tale  
 These are a few of <sup>my</sup> favorite things.

silky black is <sup>the</sup> calm and truly pure peace.

~~purple~~ purple hood violets and red scarlet rose.  
 Silky grey cloud spready over the mountain  
 black is the calm and truly pure peace

When the dog bites  
 When the bee stings  
 when I am feeling sad  
 I simply remember my favorite things  
 and then I don't feel so bad

이곳의 아름다운 숲은 어딘가 있는 자연환경 clean. 유서깊은 forbidden  
 forest tundra tiger snow white glacial wind pure plain secret forbidden mistine  
 Forest where the human  
 Forbidden Valleys where ~~the~~ people can't come

Forbidden <sup>green</sup> green valleys where the people can't ~~come~~ approach  
 beautiful shimmering ~~skies~~ full of bright sparkles  
 gazing the full moon on the hill ~~or~~ in deep woods.

Figure 3. JH's Songwriting in session 9

*Handwritten lyrics and musical notation for JH's songwriting in session 9. The page is divided into several sections by wavy lines.*

*Section 1:*  
 Thank you ~~love~~ <sup>love</sup> the all an  
 Thank you so much for all  
 the time and joy  
 everybody siege ~~me~~ <sup>me</sup> ~~throat~~ <sup>throat</sup> *seems like*  
 cheer up

*Section 2:*  
 I am alone in dark side / side dark  
 But I met the some in same ordeal  
 They raised me up, I raised them up  
 They raise me up I raise them up up up

*Section 3:*  
 wh wh Joy thought

*Section 4:*  
 I'm alone in dark side / side dark

*Section 5:*  
 Everybody siege me throat seems like

*Section 6:*  
 But I met the some in same ordeal  
 They raise me up I raise them up up up up

*Interpretation of session 9.* Their voices were calm when they sang. They only practiced a couple of times before they recorded their song. The music that they created sounded very professional and they were all satisfied with their final song.

*Final Interview.* The final interview was provided both in English and Korean. The questions were asked and answered orally, and the individual interviews were audio recorded.

1. What was overall personal experience of group music therapy?

JH: This music therapy was focused on music improvisation.

JY: I learned how to express myself in a different way. It was very good.

JW: It was refreshing me.

2. Is there any behavior changes, or positive changes in daily life?

JH: This kind of activity takes responsibility and I felt I belonged to some group. I felt better to come to the session even though it was a long trip. I felt empathetic feelings from other group members.

JY: Overall, I learned how to listen to other people. I became happier and less stressful. I am still taking medication. I am very well. I am going to lower the dosage of medication and eventually I will get off the medication. I am so much better than I was before.

JW: It was only 9 times so that I cannot expect a huge changes in my life. However, most of the time, I felt better after the group therapy session compared to my feeling before the group experience.

3. Relationship with the therapist?

JH: It was Good

JY: We had a sister like relationship with the therapist.

JW: I had comfortable feeling with the therapist.

#### 4. Relationship with group member?

JH: Lack of interaction with each other besides the group music therapy session.

JY: They were respectful.

JW: At the beginning, I thought I couldn't relate to those people, but through the group therapy experiences, I could've shared so many things with them.

#### 5. Have you felt stressful coming to the group music therapy session?

JH: It wasn't stressful at all.

JY: I am so thankful that H was driving for me. I am just so thankful.

JW: I was late for the group many times, but I wasn't stressful.

#### 6. What's the difference how you felt before and after the group therapy?

JH: I benefitted from the group music therapy in most of my life. First two or three music improvisations were very hard for me, but I learned how to adjust to the music improvisations as time went by. The relationship with the music therapist was very good, and thank you.

JY: I had low energy when I first saw you with my Dad. In terms of my health, I have a lot more energy, and I can do a lot more things, I can function normally, and not depressed, am happier, and I am enjoying my life now.

JW: I got a great feeling right after the group session. I thought that when I played or listened to music during the session, it affected me positively. I liked sharing thoughts about what happened in and outside the group session. That released some stress and I enjoyed sharing thoughts with other people. I thought that it wasn't that great before I participated in this study.

#### 7. Did you learn something from the music therapy?

JH: I realized that the music is essential to my life. It could be utilized for therapeutic purpose and educational purpose.

JY: I learned how to free myself from everything, and let music take me wherever it needed to take me, and I learned how to listen to other people. That was important to me, which leads to my dad, my Mom. I listen to them more. I am more conscious of what they are doing.

JW: I learned how to relate with other people through the music therapy.

8. Last comment:

JH: I think it's better not to focus on music improvisation, and to check with each participant not only at the beginning and the end, but as often as you could do. And, you are really talented in music therapy. You are gifted as a music therapist. You have the capability to amuse and encourage people.

JY: I really enjoyed it, and thank you so much for everything. Thank you. You are like a big sister to me. Thank you, H.

JW: I think it I can have this kind of music therapy session everyday for a long term, it will be more beneficial and therapeutic for me.

The researcher reviewed the audio-recorded interview session, and made a script. During the interview, each participant answered his or her honest feeling about the group music therapy experiences. They reported the group music therapy to be a non-threatening, joyful, helpful, refreshing, and enriching life experience, and reported they could come closer to their goals with the help of the group music therapy.

### **Limitation of the Study**

This study was done in specific places - New Jersey and New York - with the Korean population who registered on the website, <[www. Heykorean.com](http://www.Heykorean.com)>. Even though there was a large Korean population on that website, there could be a portion of the Korean population who were not registered on that particular website in the United States. There also could be

more potential candidates from the Korean population who lived in other states who might be interested in participating in the music therapy, but could not join due to the geographical difficulty. Since the number of participants was only three, it was difficult to start the group when one or two were late. For the future replication, more participants might be necessary to start the group on time and find a significant relationship from the data.

## **Conclusion**

**Research finding.** This study found the following: 1. Group music therapy was a powerful intervention to open the participant's mind, 2. Group music therapy was a positive intervention to change the participant's state of mind and emotions, 3. Group music therapy was a powerful intervention to affect the participant's behavioral changes in order to adjust better to their society. Those findings match the goals that the researcher planned to pursue through the group music therapy interventions. Each participant reported the group music therapy to be a non-threatening, joyful, helpful, refreshing, and enriching life experience. They also reported that they would like to participate again and recommend it to other people. Perceived changes of each participant are summarized here.

### **Perceived changes of each participant.**

*JW.* From the beginning of this group music therapy session, JW emphasized that he wasn't a musical person, and didn't know much about music. Music therapy acknowledges that all persons respond to music, whether they consider themselves to be musical or not (Sloboda, Davidson & Howe, 1994). JW identified himself as a passive and individualistic person, who is not interested in other people. However, as the sessions continued, JW more actively participated in every group activities and was considerate about other people. He seemed to overcome his anxiety of failure in responding and relating to music making through



this study. That led him to change his behavior in music activities and also in his life. He used to be a follower, not a leader. However, he took a lead during the sessions, and often became a leader in and outside the group music therapy session.

*JH.* Caused by adjustment difficulty in the U.S.A. and family conflict, he suppressed himself from enjoying the music that he loved so much, and he stopped playing the clarinet for many years. He opened his heart and started playing his clarinet throughout the group music therapy intervention. He calls his family more, he gets along with his church members, and he became more excited about meeting with new people.

*JY.* The combination of her anti-depressant medicine and the group music therapy worked perfectly for her to get back into her life. She started playing the piano since the beginning of the group music therapy session. She became more talkative, less depressed, and a better-socialized girl.

## **Discussion**

From the very first interview, I realized that the participants' choices of favorite music were unusual. Interestingly, most participants were not familiar with many American popular songs, or other popular American art forms, such as movies and television shows. It was also observed the participants were stubborn and reluctant to change their behaviors and beliefs; they usually acted in a certain way to promote who they were throughout the music therapy sessions.

JY's piano, JH's clarinet, and JW's Kayakum were observed to be important vehicle facilitating a willingness to change their suppressed minds for positive behaviors. While participating in the group music therapy on a regular basis, the participants developed a sense of 'belonging' by acknowledged members in the group. I could observe that the participants

are not easily, but steadily, building trust in one another during the group music therapy activities. The participants' musical talents were impressive, and they showed improvement in creating music in every session during the nine group music therapy interventions.

From the analysis of the case study, all participants demonstrated changes in musical behaviors and that it affected their daily life in a positive way. Three participants reported the music therapy activities helped to change their behaviors beneficially. For instance, they reported the music improvisation as a shared musical engagement with another group member where each affected the other through directing and supporting, disrupting and inspiring. Two participants reported the group music therapy experiences changed their state of mind and emotions. Three participants also reported they became more active in participating in other activities outside the music therapy group. One participant reported that the music therapy affected his emotion a lot immediately right after each session. Two participants reported the music therapy affected their behavior changes in their daily life. One participant reported that she learned several strategies to use in her daily life from the music therapy activities. The participants noted that they felt less depressed and became more empathetic.

Regardless of their race and ethnicity backgrounds, most group music therapy activities that I used in this study can be utilized for any people suffering adjustment disorder. These activities were designed to change the state of mind and emotion, to promote the self-esteem, and to learn how to socially function better.

In conclusion, while the majority of the literature focused on various treatments for adjustment disorders, music therapy literature on the adjustment disorder was very limited. Further, music therapy literature focusing on this particular ethnic group, Korean population in the United States, was nonexistent. Therefore, I hope this study will stimulate further

investigation of the effect of group music therapy on adjustment disorder for the Korean population in the United States.

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## APPENDIES A



## Institutional Review Board

Voice: 973-655-4128

Fax: 973-655-5150

July 6, 2009

You-Ri Lee  
861 Valley Rd  
Montclair NJ 07043

Re: IRB Number 000771: **Effect of Group Music Therapy Intervention for Korean Students with Adjustment Problems in USA**

Dear Ms. Lee:

After a full 4 review, Montclair State University's Institutional Review Board (IRB) approved this protocol on **6/24/2009**. The study is valid for one year and will expire on **6/23/2010**.

Before requesting amendments, extensions, or project closure, please reference MSU's IRB website and download the current forms.


Should you wish to make changes to the IRB-approved procedures, prior to the expiration of your approval, submit your requests using the Amendment form.

For Continuing Review, it is advised that you submit your form 60 days before the month of the expiration date above. If you have not received MSU's IRB approval by your study's expiration date, **ALL** research activities must **STOP**, including data analysis. If your research continues without MSU's IRB approval, you will be in violation of Federal and other regulations.

After your study is completed, submit your Project Completion form.

If you have any questions regarding the IRB requirements, please contact me at 973-655-3182, [besingj@mail.montclair.edu](mailto:besingj@mail.montclair.edu), or the Institutional Review Board.

Sincerely yours,



Dr. Joan Besing  
IRB Chair

*FOR JOAN BESING*

cc: Dr. Karen Goodman  
Ms. Amy Aiello



## Appendix B

### FREE MUSIC THERAPY SERVICE

Free Music Therapy will take part in 2009 for Korean students who self-identify as adjustment disorder.

DSM-IV defined the Adjustment Problem as:

An inability or maladaptive reaction to an identifiable stressful life event(s) / stressor(s) (e.g., divorce, family crises, ...). Symptoms must occur within three months of the event(s) / stressor(s) and persisted for no longer than six month.

60 minutes of 8 to 10 group music therapy sessions will take part in Montclair State University.

If you are interested, please contact You-Ri Lee

Email: [dldbfl81@hotmail.com](mailto:dldbfl81@hotmail.com), [yourilove@gmail.com](mailto:yourilove@gmail.com) or phone: 347-819-0507

## Appendix B-1

### 무료 치료 서비스 참여자 모집

자신이 적응능력에 문제와함께 우울증과 불안함을 경험하고있다고 생각하는 미국에 살고있는 한국 사람들을 위한 무료 음악치료 그룹서비스가 진행됩니다.

심리학 교본 DSM-IV 는 적응문제를 이렇게 정의합니다:

심리적 스트레스를 주는 요인들(예, 이혼, 가족문제들...)에대한 적응 불능. 증상은 주로 3개월 이내에 일어나고, 6개월 이상은 가지않음.

60 분가량의 8회에서 10회의 음악치료 그룹서비스가 뉴저지 몬클레어 대학에서 열립

니다. 관심있으신분은 아래,이유리에게 연락 해주십시오

이메일: [leey5@mail.montclair.edu](mailto:leey5@mail.montclair.edu), [yourilove@gmail.com](mailto:yourilove@gmail.com), or 전화 347-819-0507

## APPENDIX C

### Prescreening interview Questions

1. What is your ethnicity?
2. In what country were you born?
3. Do you have transportation to attend the group music therapy sessions, which will be held in the Montclair State University in NJ?
4. Are you interested in participating in 8-10 group music therapy sessions in this summer?

### Appendix C-1

#### 참여자모집을 위한 인터뷰 질문

1. 당신은 어느나라 사람입니까?
2. 당신은 어디에서 태어났습니까?
3. 당신은 뉴저지 몬클레어 대학까지 음악치료 그룹참여를 위해 올수있는 교통수단이 있습니까?
4. 당신은 8 회에서 10 회의 음악치료 그룹에 참여하길 원하십니까?

**Appendix D****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 fill in this form.

**Study's Title:** The effect of group music therapy intervention on Adjustment Disorder for Korean Population in the U.S.A.

**Why is this study being done?**

This study is to find out the effect of group music therapy intervention for Korean population who experience adjustment difficulty along with depression and anxiety in United States.

**What will happen while you are in the study?**

You will come to 9 group music therapy sessions with other Korean people having adjustment problems in the U.S.A. In the initial session, you will have individual entrance interview with the therapist to fill out the interview questions before getting into the first group music therapy session. All therapy session will be video or audio taped and all data collected will be stored securely. You will be participating in the following activities; Music improvisation, active music listening (popular songs, favorite songs), drumming exercise, group song writing, singing along, sharing and discussion, and etc. These activities will be assigned in different order in each session. Each participant will keep journal about the group music therapy experience and those journals will be collected every two or three sessions. Individual exit interview will be held after the final group music therapy session in the final session.

**Time:** 15 minute of individual entrance and exit interview will be needed for each participant. 9 group music therapy session will be held for the study, and each session requires

at least 60 minute.

**Risks:** You may experience feeling of embarrassment, anxiety, feeling of left out, and isolation during sessions. You will be asked to confront significant psychological issues in group setting. This group music therapy session is intended to help with these issues, but if the anxiety and stress become too great, please contact

MSU's counseling and Psychological services	Gilbreth House Montclair, NJ 07043 USA	(973) 655-5211	<a href="http://www-dev.montclair.edu/psychservices/contactus.htm">http://www-dev.montclair.edu/psychservices/contactus.htm</a>
Free Hotline for counseling service		1-800-843-7274	<a href="http://www.1-800-therapist.com/">http://www.1-800-therapist.com/</a>

**Benefits:** You may benefit because of the group music therapy and coping strategies you may learn throughout the group music therapy sessions. You may be adjusting better in your jobs, families, schools, and societies in the United States because of the group music therapy experiences.

**Who will know that you are in this study?**

Only You-Ri Lee, and Professor Goodman will know your identities and your information will be confidential. We will use pseudonyms to identify participants during presentations.

**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?**

Name: You-Ri Lee, Address: 861 Valley Rd. Upper Montclair, NJ, 07043, Phone number: 347-

819-0507 Email address: [leey5@mail.montclair.edu](mailto:leey5@mail.montclair.edu), [yourilove@gmail.com](mailto:yourilove@gmail.com)

**Do you have any questions about your rights?** Phone or email the IRB Chair, Joan Besing ([besingj@mail.montclair.edu](mailto:besingj@mail.montclair.edu), 973-655-3182) or the IRB Administrator, Fitzgerald Edwards ([edwardsf@mail.montclair.edu](mailto:edwardsf@mail.montclair.edu), 973-655-7781).

It is okay to use my data in other studies:

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

I would like to get a summary of this study:

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No

*It is okay to use my audio or videotaped data in the research.*

*Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No*

*It is not okay to use my audio or videotaped data in the research.*

*Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No*

The copy of this consent form is for you to keep.

If you choose to be in this study, please fill in your lines below.

_____	_____	_____
Print your name here	Sign your name here	Date
_____	_____	_____
Name of Principal Investigator	Signature	Date
_____	_____	_____
Name of Faculty Sponsor	Signature	Date

**Appendix D-1**

## 논문 참여자 승인서

아래의 내용을 주의깊게 읽어주십시오. 당신은 지금이나 나중에 어떠한 질문도 할 수 있습니다. 당신은 이 양식을 기입하기전에 다른사람들한테 이야기할 수 있습니다.

이 논문의 제목: 미국에 현재 거주하면서, 적응상의 문제와 더불어 우울증과 불안함을 가지고있는 한국사람들을 위한 그룹음악치료의 효과

논문의 목적: 이 논문은 미국에 현재 거주하면서 적응상의 문제와 더불어 우울증과 불안함을 가지고있는 한국사람들을 위한 그룹음악치료의 효과를 알아보기위해 이루어졌습니다.

논문을 하는동안 어떤일들이 일어날것인가?:

당신은 9회의 그룹음악치료를위해 적응상의 문제를가지고있는 다른 한국사람들과 모일것입니다. 첫번째째 세션에서, 당신은 음악치료사와 개인적으로 음악치료 그룹 시작전의 인터뷰를 갖게될것입니다. 모든 음악치료 세션들은 비디오, 혹은 오디오로 녹화나 녹음이 될것이고 그 테입과 자료들은 안전하게 보관될것을 약속드립니다. 당신은 다음과같은 음악치료 프로토콜을 따르게될것입니다. 즉흥음악경험, 팝송과 좋아하는음악듣기, 드럼연습, 단체로 노래 만들기, 다같이 노래하기, 서로 이야기하며 나누기 등등.

이런 프로토콜들은 음악치료사에 의해 각각의 세션에 다른 순서대로 적용될 것입니다.

당신은 매주 음악치료에 대한 경험을 기록할 것이며, 매, 두번째나 혹은 세번째 세션마다, 음악치료사에게 내셔야 합니다. 맨마지막 세션이 끝나면, 바로 개인적으로 음악치료사와의 마지막 인터뷰를 갖게 됩니다.

시간: 15분간의 개인인터뷰시간이 처음과 마지막 세션에 필요하고, 매 세션은 적어도 60분 이상 가량이 필요할 것입니다.

위험성: 당신은 그룹음악치료를 하는 동안, 창피함이나 불안감, 혼자 남겨진 듯한 느낌을 받을 가능성이 있습니다. 이 그룹치료는 당신에게 그런 감정들에 맞서게 할 것입니다.

이 그룹음악치료세션은 이러한 당신의 심리적 이슈들을 돕기 위해 행해지는 것이지만, 만약에 이런 감정들이 당신에게 너무나 크게 다가온다면 아래의 기관에 의뢰를 하실 수 있습니다.

몬클레어 대학교 심리 서비스 : 빌브래스 하우스, 몬클레어, 뉴저지. (973)655-5211, 홈페이지

이제 <http://www-dev.montclair.edu/psychservices/contactus.htm>

무료 핫라인 상담서비스: 1-800-843-7274, 홈페이지: <http://1-800-therapist.com/>

이점:

당신은 그룹치료기간동안, 그룹음악치료를통해서 일상생활에 적응할수 있는 방법들을 배울것입니다. 그후, 당신은 미국에서 당신의 직업, 가족, 사회에 더욱 잘 적응해나갈수 있을것입니다.

누가 당신이 이 논문에 참여하는지 알게되나? :

오직 이유리, 그리고 이유리의 교수, 굿맨 교수만이 당신의 존재를 알게될것이며 비밀이 유지될것입니다.

당신이 이 논문에 꼭참여해야 하나?

당신은 이 논문에 꼭 참여하지않아도 됩니다. 당신은 지원자입니다. 당신이 이 논문기간중에 참여를 그만두고 싶으시면 그래도 좋습니다. 당신은 질문에 답하지않아도 되는 권리가있습니다. 그래도 당신은 어떤 불이익도 당하지않을 것입니다.

논문도중 질문이있다면? 아래의 사람에게 연락하시기 바랍니다.

이름: 이유리, 주소: 861 valley Rd. Upper Montclair, NJ, 07043, 전화번호: 347-819-0507,

이메일: [leey5@mail.montclair.edu](mailto:leey5@mail.montclair.edu) , [youriove@gmail.com](mailto:youriove@gmail.com)

당신의 권리를 위한 질문은 어디다 하나?

IRB 보드 체어, 조안 베싱, ([besingj@mail.montclair.edu](mailto:besingj@mail.montclair.edu)), 973-655-3182) 혹은, IRB 매니저,



피체랄드 에드워드 ([edwardsf@mail.montclair.edu](mailto:edwardsf@mail.montclair.edu), 973-655-7781). 에게 연락하면 됩니다.

이논문을 위해 나의 자료를 사용해도 됩니다.

이니셜 : \_\_\_\_\_ Yes \_\_\_\_\_ No

나는 이 논문의 써머리를 갖고 싶습니다.

이니셜 : \_\_\_\_\_ Yes \_\_\_\_\_ No

이 논문을 위해 나의 오디오나 비디오 테이프의 자료들을 사용해도 됩니다

이니셜: \_\_\_\_\_ Yes \_\_\_\_\_ No

이 논문을 위해 나의 오디오나 비디오 테이프 자료들을 사용해서는 안됩니다

이니셜 : \_\_\_\_\_ Yes \_\_\_\_\_ No

이 양식은 당신을 이 가지고계실수있습니다.

당신이 이 논문의 참여에 결정하신다면, 아래에 싸인해 주십시오 .

\_\_\_\_\_

이름 프린트

싸인

날짜

\_\_\_\_\_

논문을 쓰는사람이름 프린트

싸인

날짜

\_\_\_\_\_

논문전담 교수

싸인

**Appendix E**

## Entrance Interview Questions

1. What was your purpose to come to the United States?
2. From when did you have hard time being able to adjust in the United States?
3. How well were you able to adjust where you were in Korea?
4. How fluent do you speak English?
5. How many close friends do you have in the United States?
6. How often do you feel depressed?
7. Have you ever had suicidal feeling?
8. Have you ever received mental health services?
9. What type of music do you like?
10. How's your social life? How often do you hang out with friends, companies?
11. Do you listen to popular music that most people like?
12. What kind of musical instrument can you play?
13. Are you familiar with music therapy service?
14. Why do you think you need to participate in music therapy?
15. What is your expectation about getting music therapy service?

**Appendix E-1**

## 논문참여 전 인터뷰

1. 미국에 오게된 목적이 무엇입니까?
2. 미국에서 언제부터 당신이 적응하는데 힘들다고 생각하십니까?
3. 한국에서 당신은 얼마나 잘 적응을 하셨습니까?
4. 당신은 얼마나 영어를 잘하십니까?

5. 당신은 얼마나 자주 우울함을 느끼니까?
6. 당신은 자살하고 싶은 충동을 느낀적이 있습니까?
7. 당신은 한번이라도 정신치료를 받아보신적이 있습니까?
8. 당신은 미국에서 얼마나 많은 가까운 친구를 가지고있습니까?
9. 당신의 사회성은 어떨니까? 당신은 자주 친구들이나 동료들과 따로 만납니까?
- 10.당신은 어떤 종류의 음악을 좋아합니까?
- 11.당신은 팝송을 자주 듣습니까?
- 12.당신은 어떤악기를 다룰수있습니까?
13. 당신은 음악치료서비스를 알고있습니까?
- 14.왜당신이 이 음악치료서비스에 참여해야한다고 생각합니까?
- 15.당신은 이 음악치료서비스로부터 어떤 기대를 하고있습니까?

## Appendix F

### Final Interview

1. How was your personal experience in group music therapy group overall?
2. Have you changed any behaviors after you participated in the group music therapy?
3. Have you missed any session?
4. How was the relationship with the therapist?
5. How was the relationship with the group members?
6. Have you ever felt stressful traveling to the group music therapy?
7. Are there any positive or negative changes in your life before and after the group music therapy?
8. Are you listening to popular music more than you did before the music therapy?
9. Have you tried to apply some strategies or thoughts learned from the music therapy to your daily life?
10. Please comment

## Appendix F-1

## 논문 참여 후 인터뷰

1. 대체로, 음악치료 서비스에 대한 개인적인 경험이 어땠나요?
2. 당신은 음악 치료 서비스 참여 후에 행동적인 변화가 있나요?
3. 몇번 세션에 못오셨나요?
4. 당신과 음악치료사와의 관계가 어땠나요?
5. 당신과 다른 그룹 멤버와의 관계는 어땠습니까?
6. 당신은 한번이라도 음악치료그룹에 오는것때문에 스트레스를 받으신적이있나요?
7. 음악 치료 참여 전후를 비교해볼때 당신의 인생에 긍정적이거나 부정적인 변화가 있나요?
8. 당신은 팝송을 음악치료참여 전후비교할때 좀더 자주 듣게 되었나요?
9. 당신은 음악치료그룹에 참여하면서 배운 것들을 자신의 인생에 대입하거나, 적용해보려고 노력해본적이 있습니까?
10. 하시고 싶으신 말씀

Online

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