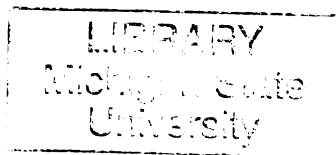




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SHARED SPIRITUAL BELIEFS IN MUSIC THERAPY AND EMOTIONAL
RESPONSES OF A MOTHER
WHO HAS A CHILD WITH MENTAL RETARDATION

By

Jee-Sun Lee

A THESIS

Submitted to
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ABSTRACT

SHARED SPIRITUAL BELIEFS IN MUSIC THERAPY AND EMOTIONAL RESPONSES OF A MOTHER WHO HAS A CHILD WITH MENTAL RETARDATION

By

Jee-Sun Lee

With the intent of improving the quality of life of parents who have a child with a disability, the purpose of this study is how shared spiritual beliefs in music therapy affect the positive emotional responses in parents' images of themselves and emotional relationships with their child, their spouse, and the external environment. A case study was designed to gain an in-depth understanding of the Korean Christian parents of an elementary school student with mental retardation. The parents were asked to write personal journal entries and to have one-to-one interview. As a primary participant, the mother participated in the one-hour interventions based on shared spiritual beliefs for 10 weeks, and the verbal discussion and music products were analyzed. The benefits of the intervention for the mother were found to be as follows: increasing the personal awareness of the inner-self, improving the mother's self-esteem by establishing a positive self-image and achieving simple tasks, and supporting expressive skills of her child in productive ways, which are accepted in her culture.

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CHAPTER ONE

Introduction

Prevalence of disability

The World Health Organization (2006) reported, “an estimated 10 percent of the world’s population - approximately 600 million people, of which 200 million are children - experience some form of physical, mental, or intellectual disability.” In addition, according to estimates of the United Nations, about 10% of the world’s population is disabled. Looking only at developing countries, the numbers are expected to be much higher (The World Bank, 2004). Based the huge number of affected people, we should study how to meet their needs.

Family reactions to the disability

A family of a child with physical, intellectual, or behavioral disabilities may have unique and diverse challenges (Sherman, 1988). Hardman, Drew, Egan, and Wolf (1990) stated that the child may lead the family into crisis and conflicts. Moreover, unexpected physical, emotional, and financial stress may weaken family relationships. From another point of view, “family members may see the child with disabilities as a source of unity that bonds them together and actually strengthens relationships (p. 458).” Carmichael, Pembre, Turner, and Barnicoat (1999) reported that most families feel that having a diagnosis is an advantage rather than disadvantage.

The initial reactions of families to diagnoses of disabilities with family members are diverse. Many factors influence the responses of family members, including socioeconomic status, the emotional stability of each family member, religious values and beliefs, type of child’s disability, and severity of the disability (Hardman, et al.

1990). Shontz (1965) suggests that general parental responses can be separated into four stages: 1) shock, 2) realization, 3) defensive retreat, and 4) acknowledgement. In addition, the parents' emotional responses to their child's disability can be negative and unproductive emotions, including shock, disbelief, denial, anger, helplessness, depression, and discouragement.

Seligman (1979) described a developmental cycle that families go through in responding to the needs of caring for a child with a disability. The cycle includes the following phases: "1) the time at which parents learn about a disability with their child, 2) the period in which the parents determine what action to take regarding the child's education, 3) the point at which the disabled individual has completed his or her education, and 4) the time when the parents become older and may be unable to care for their adult offspring."

Parents-Child Relationship

"No one plans to have a handicapped child" (Hardman, et al., 1990). This citation sounds harsh to people who have disabilities, but, frankly speaking, parents do not expect to have a child with a disability. Many studies have demonstrated that parents of a child with an intellectual disability (Rodrigue, Morgan, & Geffken, 1990; Dyson, 1997; Roach, Orsmond, & Barratt, 1999), Down syndrome (Roach, et al., 1999), and autism (Bromley, Hare, Davison, & Emerson, 2004) are likely to experience significantly higher levels of parenting stress and more care-giving difficulties than are parents of non-disabled children. Some studies about parents' stress have shown that there was not much difference between mothers' stress and fathers' stress concerning the child with disabilities (Dyson, 1997). In contrast, other studies have shown there was a

difference between mothers' and father's stress levels (Roach, et al., 1999).

Generally, a mother is the primary caregiver of a child with a disability (Hassall, Rose, & McDonald, 2005). Compared to the father, Hardman, et al. (1990) reported that it is often the mother becomes the "primary responsible" for relating to the child if a child's disability is congenital. In addition, according to Cleveland (1980), the mother usually becomes the "guardian of affective needs." She has the role of the primary responsibility for nurturing the child's emotional adjustment, and then she becomes the child's personal representative or interpreter. In this role, the mother is the bridge of communicating the child's needs and desires to other family members. Roach, et al. (1999) found, "mothers' stress was associated with children's care-giving difficulties, and mothers reported more responsibility for childcare, and perceived more difficulties with health, role restriction, and spousal support." Without at least minimal levels of appropriate support from other adults or professionals, many mothers of children with disabilities become alienated from their children and difficult to begin the caring process (Cleveland, 1980).

According to the literature, fathers' reactions to the birth of a child with a disability are generally more reserved than those of other family members (Lamb, 1983). Fathers are more disposed to respond with coping mechanisms, such as intellectualization, withdrawal, and sublimation. They are more likely to internalize their feelings rather than to express them openly (Hardman, et al., 1990). For instance, fathers of children with mental retardation are typically more concerned than mothers about their children's capacity to develop socially adequate behavior, particularly if the child is a son (Lamb, 1983). Compared to mothers, fathers were found to have more difficulty

accepting a son with a mental handicap (Price-Bonham & Addison, 1978) or physical disabilities (Tavormina, Boll, Dunn, Luscomb, & Taylor, 1981). Fathers cared more about their children's ultimate educational and social status. Likewise, the visibility of their children's retardation affected fathers more than mothers (Lamb, 1983). According to Roach, et al. (1999), fathers who have a child with Down syndrome reported more responsibility for childcare, and they perceived fewer difficulties with attachment and parental competence.

Husband-Wife Relationship

Dyson (1997) found that fathers' and mothers' stress was related to their special perspectives of family functioning. According to Hardman's (1990) descriptions of husband-wife relationships of parents who have a child with a disability, a mother pays attention to the life of the child who requires more intensive, immediate, and prolonged focus from the mother for treatment and general cares. As a result, the balance between being a mother and a wife is absent. A wife tends to lean to a mother's role by caring for the child with the disability, while the intensity and quality of other relationships may be changed. Similarly, a husband may also become desperately associated with his child's lives.

Cleveland (1980) studied the adaptation made by seventeen families of youths with spinal cord injury shortly after the accident and after one year later in order to find changes in family functioning and relationships between family. She identified several sources of irritation and distress in marital functioning. Wives in the families of youths with the disabilities are in the major charge of caring the youths as mothers. Husbands reported feeling of angry toward their wives due to the excessive involvement with the

youths. Most husbands felt that their wives were overly concerned and protecting in their care-giving activities. On the other hand, wives reported feelings of hostility to spouses because of the husbands' lack of empathy and understanding. In addition, the mothers' "over-protectiveness" for the youths with disabilities was identified as a major cause of conflicts in marital relationship.

Sibling Relationship

The responses of siblings to their sister or brother with a disability are diverse. Farber (1962) identified several factors that may be predictive in family and sibling adjustment to a brother or sister with a cognitive disability. These include the quality of the interpersonal relationship between the child's parents, the gender of the child with a disability, the social status of the family, and the interaction patterns. Siblings who learn that they have a brother or sister with a disability are often concerned with many different kinds of issues. Sometimes siblings play a critical role in fostering the intellectual, social, and affective development of a brother or sister with a disability. However, like their parents, siblings frequently want to know and understand as much as they can about the condition of their siblings with disabilities.

The attitude of the parents toward a child with a disability is an important factor that can influence on the attitudes of the child's siblings (Love, 1973), because children show the tendency to imitate the values and attitudes of their parents. If the parents' view toward the child with a disability is optimistic and realistic, other children without disabilities are likely to follow these attitude values. According to Hardman (1990), anger is one of the many feelings that children without disabilities may express or response to siblings with disabilities. In addition, feelings of loneliness can be shown in

children who expected a brother or sister with whom they could play. Anxiety may be present in children who wonders who will care for siblings with disabilities when parents are no longer capable or alive. Children without disabilities may be obligated to care for the siblings with disabilities. However, in their minds, failure to provide the care can make them immoral. Similarly, they may feel guilty about the true thoughts and feelings they have about their siblings. These feelings may be associated with frustration, resentment, and even hate. Many parents would not respond positively and optimistically to the expression of such heavy feelings; therefore, some children without disabilities keep them in their mind for a long time and express them later like an emotional explosion.

CHAPTER TWO

Related Research

Current Programs and studies

Blatt (1987) reported that, since 1970, over eighty percent of the litigation for rights and service has been decided in favor of children with disabilities and their families. However, subsequent improvement in opportunities and programs still has not much accomplished legally for their specific needs. Some research has touched the general needs of children with disabilities and their families. Hileman, Lackey, and Hassanein (1992) reported that, like people with disabilities, caregivers also have their own needs—including psychological, patient care, informational, personal, household, and spiritual. However, most studies about children with disabilities and their families were focused on only parents' coping skills (Beresford, 1994), their parenting and stress (Hassall, et al., 2005), and/or the relationship between parents and the child (Baker, Blacher, & Olsson, 2005). Therefore, this study will be focused on the parents' own emotional issues under the conditions of a child's disability.

Parents' emotions

Parents' self-esteem/self-efficacy. Studies of parents' self-esteem and efficacy have been conducted with parents of hyperactive children (Johnston & Patenaude, 1994) and parents of children with diabetes (Rodrigue, Deffen, Clark, Hunt, & Fishel, 1994). Hastings and Brown (2002) reported that self-efficacy reconciles the relationship between behavioral problems of children with autism and mothers' anxiety and depression.

According to Hardman, et al., (1990), parents who have a child with a disability may experience assaults on their own self-value. They may blame themselves for the presence of disabilities in their children, and they may seriously question about their perceptions toward themselves. They may be easily irritated or upset. In addition, the parents may be anxious or wondered about their abilities and adaptations to face on the demands of caring for a child with unique needs. They may spend some time to consider about self-accusation, self-pity, or self-hate.

Hassall, Rose, and McDonald (2005) studied parenting stress in mothers of children with intellectual disabilities. They investigated the relationships between parental cognition—which is related to parenting self-esteem including efficacy and satisfaction—and parental locus of control, child characteristics, family support, and parenting stress. Forty-six mothers of children with intellectual disabilities participated in this study through completing questionnaires and interviews. The results indicated that parental locus of control, parenting satisfaction and child behavior difficulties showed the influences on the relationships. In addition, it was found that parental locus of control mediates the strength of relationship between family support and parenting stress.

Emotions toward the child and the spouse.

“I can distinctively remember the first thoughts that I had as I spoke to my husband after I had my brief visit with the pediatrician. I wanted to throw my new son out the window . . . not literally, but somehow I didn’t want to deal with this immensely new and complex problem.” “A million thoughts raced through my groggy mind: Can I handle this? Why did this happen to us? What could I

have done to have this happen to our family? Bill must be very disappointed in me!” (Hardman, et al., 1990)

Like these mothers, parents who have a child with a disability may have not many positive images of their child. In fact, they may have grievances toward their child, even though they feel guilt at the same time. Unfortunately, despite of the need for research about parents’ unhealthy feelings, few researchers have studied mothers’ emotions about their child with a disability.

Cleveland (1980) briefly mentioned the emotions between husbands and wives who have a child with a disability. Husbands express feeling angry toward their wives because of their over-protection and obsessive involvement with their children. However, wives express hostility toward their husbands for a lack of empathy and understanding about the care they provided.

Parents’ optimism. Scheier and Carver (1985) stated, “Optimism and pessimism, defined as generalized positive and negative outcome expectancies, represent relatively stable individual difference variables that promote or abate psychological well-being.” Optimists have a favorable outlook on life. Therefore, they believe that good things will happen to them rather than bad things (Olason & Roger, 2001). Researchers have considered many pathways by which optimism may function to affect healthier outcomes, invoking effects on the immune system, cognition, emotions, social relationships, and health-promoting behavior (Aspinwall & Brunhart, 2000; Peters, 2000). Clarke and Beck (1999) reported that, according to the optimism literature, mother’s optimism may lead to less distress as a result of challenging child behaviors.

Moreover, cognitively, less optimistic thinking is linked to vulnerability in experiencing negative feelings and emotions.

Baker, Blacher, and Olsson (2005) investigated the relationship between parents' optimism/well-being and the behavioral problems of their children with and without developmental delay. It was found that optimism moderated the parents-child relationship, especially for mothers. Mothers who were less optimistic reported lower scores on measures of well-being than mothers who were more optimistic when child's behavioral problems were high. Moreover, Greenberg, Seltzer, Krauss, Chou, and Hong (2004) found that by the effect of optimism mediated totally or partially, mothers of adults with schizophrenia and autism had better psychological well-being when the mother/adult child relationship was positive. Therefore, optimism was related to better mental and physical health.

Spirituality

Definition of Spirituality. Hiatt (1986) defined spirituality as “that noncorporeal and nonmental dimension of the person that is the source of unity and meaning, and spirituality refers to the concepts, attitudes, and behaviors that derive from one's experience of that dimension. Spirit can be addressed only indirectly and inferentially, while spirituality can be understood and worked with in psychological terms.” (P. 742) Emblen (1992) wrote, “Definitions of spirituality referred to a dynamic, principle, or an aspect of a person that related to God or god, other persons, or aspects of personal being or material nature. The spiritual dimension was used to refer to a quality beyond religious affiliation that is used to inspire or harmonize answers to questions regarding

infinite subjects, e.g., meaning and purpose of life and one's relation to the universe." (P. 43)

Needs of Spirituality for caregivers of people with disabilities. Spiritual factors are also important for the caregivers of people with disabilities. Zigmond (1987) mentioned, "On our own, or in our most intimate groups, we devise more personal and idiosyncratic beliefs, rituals and protocols to ward off the potential storms or deserts of uncertainty." (p. 69) Aldridge (2004) added, "The spiritual dimension, while perhaps not warding off uncertainty, offers a satisfactory strategy by which uncertainty may be understood and coped with." (p. 127)

Rukholm, Bailey, P., Coutu-Wakulczyk, and Bailey, W. (1991) studied 166 adult family members of intensive care unit (ICU) patients to examine their perceived needs and anxiety levels, and found that family needs and situational anxiety were significantly related. Thirty-eight percent of the variation of situational anxiety was related to worries, trait anxiety, age and family needs. Spiritual needs and situational anxiety accounted for thirty-three percent of the variation of family needs.

Additionally, Chang, Noonan, and Tennstedt (1998) examined how religious/spiritual coping relate with specific conditions of caregiving and psychological distress. Informal caregivers to community-residing disabled elders participated in this study. They found that, to improve the quality of the relationship between caregivers and care recipients, spiritual coping skills indirectly influence caregivers' distress. Caregivers who practiced religious/spiritual beliefs experienced lower levels of depression and an increased dedication to the role of caring, resulting in a better relationship quality.

Music Therapy

Definition of music therapy. According to the American Music Therapy Association (AMTA), music therapy may be defined as “a planned, goal-directed process of interaction and intervention, based on assessment and evaluation of individual client’s specific needs, strengths, and weaknesses, in which music or music-based experiences are specifically prescribed to be used by specially trained personnel to influence positive changes in an individual’s condition, skills, thoughts, feelings, and behaviors” (Peters, 2000). Goldman (1988) believed that in holistic healing processes, the mind, body, and spirit are interdependent on each other in order to maintain health and well-being. As both the mind and the body affect all aspects of a person—physical, mental, emotional, and spiritual aspects—music can help the mind-body interaction and promote the holistic methods of healing. Holistic practices facilitate individual’s potential, self-awareness, and growth by finding answers within one’s self (Bonny, 1986). Moreover, the holistic approach for health has generated interest not only in ancient healing practices using music, but also in contemporary ways to use music to facilitate healing, relaxation, centering, stress reduction, emotional release, consciousness expansion, and the highest possible state of well-being (Bonny, 1986; Goldman, 1988).

Emotions and music therapy. Different types of music have varying effects on listeners’ moods, emotional, and affective responses (Abeles & Chung, 1996; Radocy & Boyle, 1988). Luetje (1989) found that structured experiences involving lyric analysis, song writing, improvisation, and music-assisted guided imagery may 1) support cognitive and emotional processing of the crisis, 2) assist individuals to find alternative

and productive solutions or responses, 3) help individuals find new way of adaptation, 4) help to be aware of potential strengths, and 5) facilitate the internal affirmative messages within individuals. Many music therapy techniques and approaches can be used with individuals or groups to help enhance cognitive functioning, expand consciousness, increase creativity and self-expression, improve life satisfaction, facilitate self-awareness, and promote personal growth and optimum health (Peters, 2000).

Gabrielsson (2001) mentioned, “Music may arouse strong emotional experiences as it interacts with listener aspects such as physical well-being, memories, and personality, and with situational aspects such as location, acoustic conditions, and social aspects of an audience.”

Interpersonal relationships and music therapy. Peters (2000) noted that, through music’s ability for structure and organization and its ability to carry and affect on ideas and feelings, music has powerful effects on interpersonal interactions. Sorel (2005) used Nordoff-Robbins music therapy, which is a creative music therapy technique using instrumental and vocal improvisation, as a mean of improving the relationship between a mother and a son with autism. This case study showed the effects of the music therapy as an example for improving interpersonal relationships.

Spirituality and Music Therapy

Mussulman (1974) notes that “music has functioned more consistently and positively in religious ritual than in any other area of life in Western civilization, even to the extent that religious music comprises one of Western music’s longest and richest traditions (p. 129).” In the field of music therapy, Bonny and Pahnke (1972) identified

the importance of spiritual considerations in the early work of Helen Bonny¹. Munro and Mount (1978) also note the need for spiritual consideration in palliative care work. Aldridge (2004) introduced Lucanne Magill's responses concerning music therapy in spirituality at the last World Congress in Oxford (Magill 2002). She said, "So much of what we do is beyond words and it is really because of this transcendental nature of music that important healing in music therapy can and does occur." She proposed four functions of music in spirituality: 1) music creates interpersonal relationships, 2) music supports recalling the past experiences and remembrances, 3) music gives a voice to prayer, and 4) music instills peace. She concluded, "To the presence of music when transformation begins to occur and healing begins, that it is the lived moments of music therapy that the essence of our work—music therapy, spirituality and healing—is experienced and known." (p. 107)

Aldridge (2004) emphasized that these considerations of spirituality are not unique to music therapy. The need for spiritual considerations in health care still is in debate; however, he strongly proclaimed that the discussion of spirituality is "a legitimate topic in music therapy." (p. 108)

Purpose and Research Problems

Most studies about children with disabilities and their family are focused only on parents' coping skills (Beresford, 1994), parenting skills and stress (Hassall, et al., 2005), and/or the relationship between parents and the child (Baker, et al., 2005). Few studies were found concerning the effects of a music therapy intervention for parents who have a child with a disability. Therefore a major focus of this study was identifying

¹ Helen Lindquist Bonny : a courageous pioneer in the uncharted territories of music and consciousness, and an inspiration to all who travel there through the method she created: Guided Imagery and Music (Bruscia & Groke, 2002; p. V).

and working through emotional and spiritual problems within a family of a child with a disability.

With the intent of improving the quality of life of parents who have a child with a disability, the purpose of this study is to examine the effects of a music therapy intervention using spiritual beliefs—which are shared by client’ and therapist’ own spirituality with in trust-based relationship—on the parents’ positive emotional responses, including images of themselves and emotional relationships with their child, spouse, and their external environment. The research problems are as follows: 1) to determine how shared spiritual beliefs in music therapy interventions affect the self-image of a mother who has a child with a disability, 2) to determine how shared spiritual beliefs in music therapy interventions affect a mother’s emotional responses toward her child with a disability, 3) to determine how shared spiritual beliefs in music therapy interventions affect a mother’s emotional responses toward a spouse, 4) to determine how shared spiritual beliefs in music therapy interventions affect the mother’s emotional responses toward the external environment, and 5) to determine how music affects the participant’s spirituality, facilitating the maintenance of health.

CHAPTER THREE

Research Stance & Methodology

Researcher's lens

The reason I chose this topic, the effects of songwriting on a mother who has a child with autism, is related to the reason why I started to study music therapy. In 1996, when I was preparing for university admissions, my high school music teacher introduced me to a private composition teacher (Lim, S. D.) who was a part-time instructor in a couple of universities. I took private lessons from her, and our relationship was built on trust and honesty. Both of us have a strong belief in God, so our conversation was usually based on religious topics, such as faith, love, and respect of God. After a couple of composition lessons, she shared with me that she has two daughters, and the older daughter had Down syndrome. At that time, I was shocked, and wondered why God gave this traumatic event to someone who had a strong faith. While I was thinking this, the teacher told me that she also wondered why God had done this to her, but now she thanks God for giving her a beautiful daughter. The teacher honestly shared with me her emotions toward her daughter and about herself. Before my university auditions, I visited the teacher's house to take composition lessons, and sometimes I played with her daughters. I observed the dynamics between the daughters. One has Down syndrome and the other has no disability.

After I was admitted to Yonsei University in Korea, my teacher had an opportunity to teach music students in the university in a part-time position. In continuing to build a relationship with her, I decided to study music therapy in response to her suggestion. After I left Korea to study music therapy in the U.S., the teacher's

daughter who had Down syndrome died. When I visited Korea during a summer vacation, I could have a chance to talk with the teacher. She shared that she and her family had an extremely hard time right before and after her daughter's death. At that time that I met the teacher, she and her family went through almost at the end of the emotional tornado. Since that moment, I have wondered how I could help other parents who are like my teacher in that they have a child with a disability.

Currently, as a music therapist and graduate student, I am a piano tutor for a 7-year-old girl with autism. Even though I started private piano tutoring with confidence, because I was a music therapist who could accept exceptionality more easily than other piano tutors, I am struggling to communicate and interact with this child. Whenever I struggle with the child, I feel empathy for her mother, and I recall the conversation that I had with my teacher. Because I realized that I must be able to help the mother with my talents as a music therapist, I designed this study to focus on releasing the mother's negative feelings and emotions and constructing positive emotions about herself, her child, and her husband, and on being optimistic about her external environment.

Participants

A mother with a 9-year old elementary school child with mental retardation served as the primary participant. In fact, her youngest son who is an infant (age 1) also has a disability. Even though she has two children with disabilities, to the goal was to examine emotional changes in a mother who has an elementary school student; therefore, the participant met the selection criteria for participants. Her husband was a secondary participant for this study. The researcher built a rapport with the primary and secondary participants through a meeting and personal interviews before the music therapy

interventions in order to provide them with a more supportive and comfortable environment in which to share their emotions.

Design

Smeijsters (1997) mentioned qualitative research is focused on “meaning” rather than “truth.” According to Merriam (1998), “a descriptive case study is an examination, intense analysis, and description of a single unit or bounded system.” Moreover, Yin (1993) mentioned that a case study is designed “to gain an in-depth understanding of a situation and meaning for those involved in the study; to explore questions, programs, populations, issues, or concerns in order to determine appropriate research questions; and to explain linkages between causes and effects.” Hilliard (1993) also defined single-case research as intra-personal research that emphasizes on the individual’s internal changes.

In quantitative research, the essence of music therapy—“identified as that which is experienced by the music therapy and the client during music therapy”—is often lost (Smeijsters, 1997). The use of a case study design can provide a detailed description and analysis of therapeutic processes in a music therapy setting. In music therapy settings, the case study design is popular because of its flexibility and adaptability. The data in this study is a detailed narrative of a mother’s emotional changes during songwriting activities.

Procedure

A rapport was built with the primary participant through a meeting before the interventions. The brief official contact with two participants—the mother and the father—was by phone and occurred in the early part of May 2006, and the first meeting

with them was on May 20, 2006. The purpose and research problems for this study were explained, and the process of the music therapy sessions. Each participant voluntarily signed a consent form for their participation in the study.

The music therapy intervention in spirituality was in a one-to-one setting, including the researcher and the mother of a child with a disability. The intervention took place every week for 10 weeks in Korea. The 10 sessions were approximately one-hour in length. Music listening, singing, songwriting, and improvisation were used for warming up for or wrapping up the sessions. Among those music therapy techniques, the process-oriented songwriting intervention was emphasized more than other techniques. Baker and Wigram (2005) offered a definition of songwriting in music therapy as:

“The process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the client.(p. 16)”

According to Gfeller (1987) and Peters (2000), song lyric discussion and personal/group song writing intervention can stimulate increased personal awareness, help clients see other points of view or other possible solutions, and support emotional expression and interaction. Studies of song writing have showed it is a powerful tool with psychiatric clients for aiding self-expression (Ficken, 1976), children who are reluctant to disclose their feelings (Miles, 1993), and abused adolescents in order to promote communication and trust, to develop group cohesiveness, to enhance self-expression, to increase self-esteem, to develop insight into feelings and needs (Edgerton, 1990; Lindberg, 1995;

Clendenon-Wallen, 1991). Ficken (1976) mentioned that the composed song acts as a source of immediate feedback, since it can be written down or tape-recorded.

Based on Brunk's (2003) suggestion for songwriting, the sessions developed from recreating pre-composed songs, such as fill-in-the-blank songs and piggyback songs, to composing the mother's own songs. The process of songwriting intervention mostly followed Baker and Wigram's (2005) the Therapeutic Lyric Creation which contains 9 steps to creating a song: 1) finding topics, 2) selecting, 3) brainstorming ideas, 4) identifying principal idea, 5) developing the ideas identified as central to the topic, 6) grouping the points together, 7) discard irrelevant ideas, 8) constructing outline, 9) writing lyrics. As mentioned, the discussion parts for the actual songwriting process are a significantly important portion to identify and develop ideas for songwriting. Therefore, discussions were valued just as important as the music making. During the discussion, my role was to be an active listener, stimulating the role of a therapist in person-centered therapy approach. No significant suggestions were offered to the participant, but an effort to make the relationship include genuineness, warmth, empathy, unconditional acceptance, and caring were the primary focus.

For the effectiveness of the intervention, each session had a routine sequence of phases. This included a greeting, brief discussion or conversation about current feelings or events, songwriting activity, discussion about lyrics and/or harmony of the song, and closing. The sessions were conducted in Korean, including the interviews, discussions, and the lyrics of songs. This helped to establish a better rapport between the participants and the therapist in a culture boundary.

Music in therapy vs. Music as therapy. Bruscia (1998) mentioned that one of the unique characteristics of music therapy intervention is the involvement of both music and the therapist as interactive partners. Music can take place as the primary role or the secondary role in a music therapy session. Music *as* therapy means that music takes the primary role in the intervention while music *in* therapy means that music takes the secondary role (Bruscia 1998).

Specifically, the most primary music therapy technique for the primary participant's music therapy sessions was process-oriented songwriting intervention in spirituality. According to Baker and Wigram (2005), "Compared to writing song *for* clients, writing song *with* clients serves a different purpose and is akin to the concept of music *as* therapy (p. 12)." They also emphasized, the process and product of songwriting as the "therapeutic intervention." In Jessica's music therapy sessions, the verbal discussion took a big portion even more than the time spent actually creating music. However, like Baker and Wigram's emphasis, the verbal discussion was the bridge between identifying innate emotional responses and expressing them in a constructive way.

Data Collection

Journal entries. Alford, Malouff, and Osland (2005) stated, "combining concepts of emotional disclosure and intelligence suggests that expressing positive emotions in words may also have psychological benefits." It can help a person (a) extend the emotion, (b) harness the emotion to produce positive behavior, and (c) find ways to recreate the emotion by experiencing in a certain way or by reentering the same situation. Studies have shown that writing about strong emotions leads to health benefits

(e.g., Petrie, Fontanilla, Thomas, Booth, & Pennebaker, 2004). Written disclosure studies that have examined psychological health have shown reductions in distress, negative moods, and depression (e.g., Sloan & Marx, 2004).

During the music therapy interventions, the primary participant (the mother of a child with mental retardation) and the secondary participant (the father of a child with mental retardation) were asked to write personal journals that were be a part of the collected data for this study. The participants maintained a journal one day before the treatment, immediately following the treatment day, and a day between the two journal entries. The participants focused on writing about their emotions and feelings about themselves, the child, the spouse, and the external environment, such as interacting with others, and perception of the world (Appendix A).

One-on-one interview. In *Case Study Designs in Music Therapy* (edited by Aldridge, 2005), Aasgaard stated that interview can provide “spontaneous conversation with the people encountered—not totally by chance and aimlessly—but in order to shed new light on the song’s lives. Both researcher and the interviewee might actually be led into new knowledge, self-understanding, and reflections through theses encounters (p. 73).” The purpose of an audio-recorded interview was to remind the participants of the purpose and problems of this study, to clarify their questions or concerns about the study, and to check the participants’ adjustment or feedback about the music therapy sessions. The interview questions were open-ended and focused on the participant’s emotional changes (Appendix B). The primary participant was interviewed briefly before and after each session, and the secondary participant was interviewed twice—before and after the period of the intervention.

Transcripts. After each session, the researcher made a transcript of the sessions by reviewing the audio tape. The transcripts were saved in the password-protected computer as a word file for further analysis.

Observations. The researcher wrote field notes after every music therapy session. They included descriptions of activities used in music therapy sessions, the participants' emotional or behavioral responses, facial expressions, and interaction with the researcher.

Documents of the songwriting products. The lyrics and songs that were composed by the primary participant were analyzed according to the use of emotional words and musical elements, including choice of mode, rhythm, melodic texture, and range of pitch based on the participant's current situations and responses.

Data Analysis

According to Strauss and Corbin (1990), grounded theory is, "inductively designed from the study of the phenomenon it represents . . . It is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon" (p. 23). For this study, I also followed inductive data analysis, which means that I does not predetermine the verification of data for coding. During repeated reviews of the data, the codes merge into categories, the groups of relative codes. The data in each of the categories were gathering in several contexts. Therefore, constant and repeated comparative analysis is required (Glaser & Strauss, 1967).

I highlighted words, that I thought were significant. These words were classified into categories by "a classification of concepts, developed by comparing concepts and grouping them together as they appear to pertain to a similar phenomenon" (Strauss &

Corbin, 1990, p. 61). After the brief classification, I combined the words from previous sessions and all categories and developed themes. A theme is “a statement of meaning that runs through all or most of the pertinent data by linking data in and across categories” (Ely, Anzul, Friedman, Garner, & Steinmetz, 1995, p. 150-151).

The analysis for this study contained the following steps.

1. *Data*. All data from personal journal entries, one-on-one interviews, observations, and transcripts retyped as Microsoft Word files by the therapist-researcher after each session.
2. *Coding*. The labels were inductively derived by the therapist-researcher to indicate the characteristics of the participant’s responses. An example of coded data transcribed from a participant in music therapy session is in Appendix C.
3. *Categories*. The codes were compared and contrasted several times. The similar codes were grouped into categories, inductively created by the therapist-researcher. An example of a category’s codes representing a participant’s responses is in Appendix D.
4. *Themes*. The codes under verified categories were compared and contrasted. The relative categories were grouped into descriptive thematic labels (Appendix E).

Trustworthiness

Trustworthiness was established by using several methods specific methods. For the validation of subjectivity in qualitative research, Smeijster (1997) states,

“Repeated analysis involves researchers regularly comparing old data with new,

thus checking their previous hypotheses. They can also check whether the old data corroborate their latest interpretations, whether previous interpretations need to be changed, or whether previous interpretations can be used for old data, but new data require new interpretation (p. 18).”

The data for this study were reviewed repeatedly several times after each session and during the process of the data analysis.

Smeijster (1997) suggested that the triangulation methods, which entail the use of several observers, various techniques of collecting data, or diverse theoretical models, improve “reliability.” It consequently allows checking “whether the phenomena are verbally represented as adequately as possible” (p. 32). The triangulation methods are 1) data source triangulation, which is to use multiple sources for obtaining data on the research topic, 2) methods triangulation, which is to collect data by multiple methods, and 3) researcher triangulation, which is to form a research team, with each member of the team participating in the collection and analysis of data (Patten, 2005).

For this study, data source triangulation was addressed through the rapport with and data collected from the mother, the father, and the researcher. Methods triangulation was achieved through the variety of data collection tools, including personal journaling of the primary participant and the secondary participant, one-on-one interviews with both participants, the researcher’s field notes, and the songwriting products from the music therapy sessions. Researcher triangulation was established through reviewing data with each participant and another professional music therapist. For the accuracy of the Korean-English translation, a Korean doctoral music therapy student reviewed the briefly analyzed Korean data and English translation.

CHAPTER FOUR

Case Study

Background history

Jessica (pseudonym) is a mother of four children (two daughters: aged 11 and 3; two sons: aged 9 and 1). The second child, David (pseudonym), who is an elementary school student, has been diagnosed with mental retardation. Jessica took a cold medicine during the pregnancy before she knew that she was pregnant. Her parents suggested that she should have an abortion, but she decided to keep the baby after the discussion with her husband, Paul (pseudonym). The baby was born without any problems; however, he showed very delayed physical development, compared with other children. David could not control his neck even though he was 4 months old. One day David got a cold, so Jessica and Paul took him to see a physician. The doctor noticed David's disability and suggested that the parents to visit a rehabilitation service system.

Jessica and Paul had lived with Paul's parents since they got married. The parents had exercised strong control over them, including a job, a placement, financial, and even religious issues. Paul's mother allowed Jessica to go to church only on Sunday, and prohibited her participation in a small group for bible study or fellowship. Because Jessica and Paul depended on the parents due to financial issues, they could not even consider living apart from them. After the disclosure of David's disability, Jessica and Paul made the difficult decision to move out of the parents' home. They became more active in their Christian faith. When David started to go to an elementary school, Jessica was pregnant again with the forth child. Six months later, a doctor diagnosed the baby with Tuberous Sclerosis. After the birth, John (pseudonym) displayed the characteristics

of epilepsy a number of times. Moreover, the doctor told her that no remedy existed for John's disability at that time.

Session Description

Initial meeting (May 20, 2006)

To select participants for this research, I verbally presented a brief description of the research to my church community. I got the phone number of a mother who had a child with a mental retardation and was interested in participating in music therapy. I called her to provide more specific details of the study. The prospective participant seemed to need some time to think more carefully about participation, so I gave her a week to consider her participation. After a week, I called the prospective participant again. She and her husband decided to be the participants for this study, and I made an appointment with her for the initial meeting.

During the initial meeting, I explained the purpose of the study, research questions, and the procedures. Since confidentiality and signing a consent form for research participation are not familiar in the Korean culture, I explained them to the participants. In addition, I also mentioned that participation in this experiment is voluntary, so they had right to quit or stop their participation at any time.

1st session (May 29, 2006): Assessment

I provided a brief second orientation for this research project, including the purpose of the study, research questions, the planned procedures, and the research regulations that were not familiar to Koreans. Also, I mentioned that they could withdraw from the study whenever they felt uncomfortable.

Jessica started to share her personal history briefly, including the marriage, the children's disabilities, and social relationships. According to the assessment, she preferred to sing rather than to perform on instruments. However, she also liked to play the piano. She could read music notes and understood basic chords. She liked gospel music. She also liked Korean pop ballad music; however, she disliked rock music. She was talkative and shared life events specifically, but did not share much deep self-insight. She reported that she had low self-esteem, and she is somewhat exhausted caring for the children with disabilities. Sometimes she wanted to give up the children, and she needed more support from the husband and her children who had no disabilities. She also mentioned that she expected and needed the warmth and support from other people. Jessica has a strong faith in God. Her beliefs have helped her to deal with the children. She avoids or hates unreasonable sympathy towards her sons, but generally has good relationships with other people.

Based on the assessment and interview, I developed the following goals for music therapy:

1. To identify emotions related to life events and family relationships
 - Feelings toward herself
 - Feelings toward the child with a disability
 - Feelings toward her spouse
 - Feelings toward the world around her
2. To express those feelings in constructive ways
3. To rationalize the feelings about the events and find solutions by herself

4. To build positive feelings about herself, the child with a disability, the spouse, and others

As mentioned, she felt that were focused toward herself, the child with a disability, the spouse, and external environment, including other relationships. I did not plan to suggest specific ways to release her negative feelings or stress, but I wanted to encourage her to construct ways of expressing her feelings.

2nd session (June 5, 2006)

The session started with choosing and singing gospel songs. Jessica chose some songs without much hesitation: “주께 가오니 (The power of love),” “주님 말씀하시면 (If God says),” “보라 너희는 두려워 말고 (See! Don’t be afraid)” etc. Immediately she joined in singing the songs. According to the observation notes, it was described:

“She sang with a beautiful voice. She smiled a lot during singing. She showed the ability to read notes, and sing in tune.”

She also shared her feelings and personal history that is related to the chosen songs. The meanings of the songs were related to her emotional responses about her child’s disability and her relationships with other people. Before writing lyrics about herself, I asked her to share her self-image. She mentioned she has low self-esteem. She shared her experiences in her childhood that she thought could have affected the building the self-esteem for her. She also mentioned that she realized God’s love and she could be confident about herself with God’s image. Her faith in God seemed to be a powerful positive stimulus in improving her self-esteem. Based on the discussion, I asked her to write lyrics about herself (Table 1).

Table 1

Lyrics of “한 소녀 (A girl)”

Korean

English Translation

내성적이고 수줍은 많은 소녀가 있었습니다.
“생콩”이란 별명을 가질 만큼 새침한
소녀였습니다.
친구들의 부당함을 당하고도 말하지도 못하고
속으로만 꿈꿨던 그 순박한 소녀가
꿈을 가진 10 대에 주님을 알고부터 조금씩
변하기 시작했습니다.
정확히 뭘지는 모르지만 주님이 주신 사랑과
열정으로 학창시절을 주님과 함께
보냈습니다.

하지만,
잠재된 성품 가운데 언제나 어딘가 부족한
드란 느낌...
그 소녀는 항상 자신감이 부족했던 것
같습니다.
외모에 있어서도 위축될 때가 많았고,
외모 뿐 아니라 특별히 내세울만한 그 어떤
것이 없었기에
사람들 앞에선 당당하지 못할 때가
많았습니다.

그 소녀가 더 자라...
결혼도 하고 아이도 낳게 되었습니다.

그러나, 아이가 많이 아팠습니다...
아이를 통해 많은 것들을 경험하게
되었습니다.
고통, 아픔, 낙심, 두려움...

그러나,
그 속에서 주님과 더 깊은 교제를 하게 된
소녀는
더 큰 것들을 발견하게 되었습니다.
사랑, 믿음, 소망, 은혜...
주 안에서 발견된 것들은 놀라운 것들입니다.

이제 소녀는 주님과 함께 하는 한
작은 마음을 가진 수줍은 많은 소녀가
아닙니다.
주변의 아픔을 그냥 지나치지 않고
품을 수 있는 넉넉한 마음까지
하나님께서 주셨다고 감히 고백합니다.

There is a girl who is shy and introverted
The girl is demure to have as a
nickname, "unripe bean"
The girl repressed her friends' injustice
and kept this to herself
The girl was changing after she met
God in her teenage dreams.
The girl spent time with God's love
and passion, that she did not understand
exactly

However,
There was a feeling that something was missing
in her latent personality...
The girl always needed more self-confidence.
The girl felt inferior about her self.
Not only the outlook but also nothing to proud
of herself
The girl could not be confident in front of
people

The girl was maturing...
The girl was married and has children

But, a child was very sick...
Through the child, the girl experienced
Sorrow, pain, discouragement, fear...

On the other hand,
The girl found the meaning through the
relationship with God
Love, faith, hope, grace...
These findings in God are amazing!

As far as the girl with God,
She is not the girl who is shy and is narrow
minded.
The girl cannot ignore the pains from people
The girl confesses that God gives her the
fullness of the heart to accept them

Table 1 (cont'd)

하나님과 동행하는 한 하나님 앞에 사랑받는 사람이 되었고 삶이 고단하고 힘든 환경일지라도 사람들 앞에 당당할 수 있는 사람이 되었습니다.	<i>As far as the girl with God, The girl becomes the girl who receives God's love The girl becomes confident in front of people even though the life is an exhausting and challenging environment</i>
그 소녀는 이제 더 이상 위축되지 않고 당당합니다. 그리고, 항상 웃을 수 있는 기쁨이 있습니다. 그 소녀는 하나님께 사랑받고 있는...	<i>The girl is dignified rather than shrunk anymore The girl has smiles joyfully always The girl is....</i>
바로 나입니다.	<i>Myself who receives love from God</i>

After writing the lyrics, Jessica said to me, “Don’t make homework like this again!” and giggled. Before the songwriting session, she needed to build a close rapport with me by expressing her emotions and sharing experiences.

3rd session (June 12, 2006)

Jessica mentioned that she talked with her husband about this study. Both of them felt burdened and responsible, especially after they signed the consent forms. However, they decided to participate in this study in order to help people who have the same or similar situations. As people of faith, they could convey their thinking to people who were suffering.

The session started with singing two gospel songs that Jessica chose. I asked her to read the lyrics that she wrote last session, and then, the song was complete by choosing accompanying music from gospel songs, a voice type, an instrument, and tempo. Jessica chose a Korean gospel song called “너희는 가만히 있어 (Be still),” which featured female voice, piano solo, and a slow tempo. I played the piano, and Jessica read the lyrics. After reading, she had tears in her eyes. During the performance, she recalled the suffering when David’s disability was discovered. She seemed to be

connected with her emotions at that moment. She mentioned that she wanted to keep her current positive emotions given by God. I suggested free improvisation on the piano to express her feelings. She played repeated chords and arpeggio (C-Am-Dm-G) with limited variations. Even though she did not have much hesitation about piano performance, she showed strong resistance to the improvisation. As a result, I changed the improvisation from an unstructured improvisation to a one-note improvisation on “C.” From the observation notes, it was described:

“Jessica showed the strong resistance to perform and played the piano.

She played for about just thirty seconds. She seemed to be bothered and showed extremely flat affect.”

I finished the session by introducing some tips for performing chords on the piano.

Jessica said she would like to try them on the piano by herself.

4th session (June 19, 2006)

During the week, Jessica disclosed her feelings about the study to other people. This was understandable because keeping confidentiality was not familiar to Korean people. Since I had observed Jessica’s resistance to improvisation in the previous session, I planned the session to start with a discussion about the issue of “taking a risk or challenge.” Because, at this time, Jessica mentioned that she was feeling more comfortable talking rather than performing musically, I suggested we discuss the topic verbally. She mentioned that her resistance to take a risk or challenge could be related to the condition of her child, but she emphasized that the resistance was not related to personal feelings about music therapy or the therapist. She mentioned that she liked to

play the piano, but she felt very uncomfortable improvising something on the piano without adequate direction and structure.

Jessica gradually opened up and shared her life events and family relationships. She shared her relationship with the mother-in-law. She mentioned that her mother-in-law does not have a close relationship with her own husband, so the mother-in-law vented her wrath on Jessica. Moreover, her father-in-law encouraged Jessica to attend church with him. He currently mentioned that, if Jessica chose to attend another church, he would ask her to move out. Jessica said that she changed churches due to her children with disabilities. She thought the previous church was not able to accept her wound. She felt that her church family was not supportive at the previous church. She believed that her mother-in-law understood some parts of her thinking. However, the mother-in-law also persuaded Jessica that she should not to object to the father-in-law’s intention. As mentioned earlier, Jessica’s husband, Paul, is dependent on his parents due to the financial support they provide; therefore, it is hard to act against the parents’ wishes.

I gave her a fill-in-the-blank sheet to look at for the next session so that she could feel more comfortable in participating in the music task (Table 2). To reduce her difficulty in the sessions, I emphasized that she should not fill in the blanks until the next session.

Table 2

Blank sheet for a fill-in-the-blank song

Korean	English Translation
제목: _____	Title: _____
언젠가 나의 _____ 할 때에,	Someday when I _____,
_____ 은/는 날 _____ 하고,	_____ to me/for me/me/my _____
또 내가 삶에 _____ 느 낄 때,	And, when I feel _____,

Table 2 (cont'd).

_____은/는 내 제/나를 _____.	_____ to me/for me/me/my _____
나 항상 _____로 힘들 때, _____이/가 내 제/나를 _____, 내가 지쳐서 _____할 때는, _____이/가 내 제/나를 _____.	When I always feel tired due to _____, _____ to me/for me/me/my _____ When I am tired, so _____, _____ to me/for me/me/ my _____

We sang some songs to wrap up the session. Singing was a good tool to help Jessica to be comfortable and to have soothing feelings in the music therapy session.

5th session (June 26, 2006)

“I feel bad today” were the first words I heard from Jessica this session. She seemed to have had an argument with Paul. She said:

“I want to exchange my personality with Paul’s. He is irresolute... I can understand Paul’s mind, but I want to be separated from his parents... I need people on my side. Today I am very upset.”

She poured out her feelings toward the husband. During the interview, she stated,

“He often does not put his stuff in the proper place. I gave up expecting him to fix the behavior because I want to be more emotionally comfortable. He helped me when we had only two children, but now he does not help me. He helps me only when I feel bad or extremely tired. What I want from him is to spend time with his children and replacing his stuff on the proper place... But, now I am filled with spirituality, so I can do all.”

However, Jessica mentioned that her husband was one of her best supporters when she had difficulties dealing with her children with disabilities. Recently, when she found out about the forth child’s disability, she thought, “Did I marry the wrong guy? Or

did he marry the wrong girl?” She mentioned she cried everyday. She talked only to herself and did not express her feelings, but they burst out one day. She felt sad when some people said to her that it would be good after the kids were raised. She said, “How can they know my mind, my suffering, and my wounds?” She showed a strong aversion to people who do not know her well and just still give advices. She expects people to look at or experience her life situations from both sides—positive and negative— and then, to give advice, encouragement, and suggestions based on their understanding of the conditions. During the post-session interview, I asked her how she wanted to respond to the situation. She said:

“I am waiting until Paul understands me. I can do whatever God wants me to do.

I want to obey God unconditionally. But, he seems not to obey God... I think it is necessary to be patient. I will keep some distance from the in-laws, because I feel bad for them.”

I prepared a fill-in-the-blank song in order to make a piggyback song based on Jessica’s current emotions. The melody to the song was “*The Londonderry Air*.” Jessica showed some nervousness at first, but got more comfortable and focused on the songwriting task as we continued (Table 3). She mentioned, “I like it because I can do everything by myself.” After Jessica completed the lyrics, I performed the song on the piano. Then, Jessica also sang the song. She said, “I’ve got MY song!” and smiled.

Table 3

Lyrics of “*하나님을 향한 고백 (Confession to God)*”

Korean	English Translation
언제나 나의 믿음이 약할 때에, 하나님 날 기다려주시고, 또, 내가 삶에 외롭다고 느낄 때,	Always when <u>my faith is weaken</u> , <u>God is waiting for me</u> And, when I feel <u>lonely</u> ,

Table 3 (cont'd).

<u>하나님은 나의 손을 붙들셨네.</u>	<u>God holds my hands</u>
나 항상 <u>곤고함</u> 으로 힘들 때에,	When I feel always <u>exhausted</u> ,
<u>하나님이 나를 채우시고,</u>	<u>God is filling me</u>
내가 지쳐서 <u>무너지려</u> 할 때는,	When I am tired and <u>upset</u> ,
<u>하나님이 나를 견고히 세우네.</u>	<u>God makes me stand firmly.</u>

I notated the song for her in order to encourage her to sing this song when she does not feel happy and healthy.

6th session (July 3, 2006)

When I entered the room, Jessica said, “Could you send me a text message in order to remind to me write in my journal?” She was worried that she rarely kept journals. So, since that day, I sent text messages as a reminder for her to write the journal entries.

I asked her whether during the week she sang the song that she had written in the last session. Jessica said that she boasted to her husband and was very proud of herself. To touch Jessica’s feelings in different ways, I provided three different compositions as tools for her to explore her feelings: 1) Beethoven: Moonlight Sonata No. 14, In C# minor, op. 27/2 mov.1, 2) Strauss: Tritsch-Tratsch-polka op. 214, and 3) Tchaikovsky: Piano Concerto No. 1. After listening a composition, Jessica shared her imagination and feelings evoked by the music. I supported and encouraged Jessica to share her feelings in depth. She was more insightful, but still only self-disclosed surface matters. She reported that the Beethoven made her feel down and heavy. The Strauss was powerful and light, so she felt she needed to move forward with God. When she listened to the Tchaikovsky, she imagined being at the seashore. She said, “I imagined... I was dancing at the seashore... and I walked with Jesus... I felt very peaceful and calm.”

I also asked which composition matched her current feelings. She mentioned that the Strauss composition was matched with her current emotions because she needed to move forward. Moreover, the Tchaikovsky matched her ideal feelings. She wanted to walk with Jesus in her mind. Jessica spontaneously shared her emotions and events. She seemed to be under stress during the week. We talked about the piggyback song that she wrote at the previous session.

7th session (July 10, 2006)

We started to talk about being optimistic. She recalled the moment when she watched an animated movie with her children: Totoro², the cartoon character, moves into a very old house. The pillars in the house seemed to be almost collapsed. However, the children in the movie smiled and said with excitement, “Wow~ It is old!!” Jessica mentioned that, if she had been there, she could not have smiled and said those words. Rather than, she would be disappointed. When she saw the movie, she thought she would be like the children, being optimistic!

In addition, she shared one more story about being optimistic. She mentioned the Sunday sermon about the principles of the faith: 1) the faith through salvation, 2) blessing through living of God’s words, and 3) problem solving through prayer. Jacob³, who was a God’s servant described in the Genesis from the Bible, had a hard time due to his greediness. Moreover, due to Esau⁴, who was Jacob’s older brother, Jacob prayed for a long time to God in order to be blessed. Therefore, Jacob met God. For our life, God sends Esau to us in order to discipline us. Jessica said that we could feel burdened and

² Totoro: a main character in a Japanese animation movie, *The Camphor Tree*.

³ Jacob: the son of Isaac and Rebecca, and the younger twin brother of Esau from the Genesis of the Bible. He traded Esau’s birthright for the paternal blessing with soup. As a result, Jacob fled to the uncle, Laban, to avoid Esau’s rage.

⁴ Esau: the older twin brother of Jacob.

bear a grudge against God about Esau. On the other hand, through the appearance Esau in our life, we could be disciplined and could have a chance to experience God. She added that we should thank God for sending us Esau and should pray to have power in order to win the journey.

After listening to the story in the sermon, I asked, “Who is your Esau?” Jessica replied, “My children. David and the baby.” She continued:

“Because I was not fulfilled by having David, God gave me one more Esau... (laugh)... When I listened to the Strauss composition, I felt I wanted to move forward actively. I will pray more. I will seek God more and more. It helps me to challenge myself. (From the transcripts)”

I suggested that this coming week, she thinks how she could improve herself through the discipline with “her” Esau in God and asked her to share her accomplishments and experience in the next session.

8th session (July 24, 2006)

To warm up, Jessica and I started with singing. She sang with a very soft voice compared to the previous sessions. Then, I checked her current feelings and events. Jessica shared more specific feelings about the situation and her relationships with family members. She showed more insight about her core emotion, which was anger about her laziness. The laziness affected her spirituality, and she described a “spiritual depression” during the past week. For Jessica, the main symptom of being “spiritually depressed” was embodied in the feeling of extreme tiredness. She could accept her children’s demands easily when she was refreshed with spirituality. However, when she faced to spiritual depression, she was easily angered and irritated by the children,

especially the first child. Jessica also mentioned that she could not pray when she felt spiritual depression. She could not go to the daily early morning services.⁵ Moreover, the repetition of this inability to pray also made the situation worse. Jessica mentioned:

“I had a hard time with the first child during this week. I yelled at her. I expected her to change her behaviors, so I told her to do this many times. But she did not change. I really feel bad for her.” (From the transcripts)

She mentioned that she knew that changing behavior is hard, but she cannot tolerate the first child’s tendency, especially in her current condition. She expects much of her first child—who is a middle school student and does not have a disability. She seeks this child’s support, both emotionally and physically. Unfortunately, the first child cannot meet Jessica’s expectations. I asked her, “Do you think ‘mind follows behavior’ or ‘behavior follows mind’?” She replied:

“I think behavior follows mind, but doing something also calls mind. If I am doing nothing, my mind was not followed. I have a longing to do something... God must have given me the mind, but I need to do something with it. Then, the mind will follow my behaviors.”

I suggested that she try to “do” something during this week and to share her experiences in the next session.

For songwriting, I asked her to think about her own purpose for creating the final song. Jessica mentioned that she did not know how to approach writing the lyrics at this time, but the purpose of writing this song would be to encourage herself to keep in mind the current decision for the future events.

⁵ Daily early morning services (laud; 새벽기도회): In Korea, it is common for Christians to go to church early in the morning for services. It happens everyday at dawn, commonly at 5:00 am.

9th session (July 31, 2006)

Jessica looked pale and had little energy. She did not feel good enough to do much, but she was willing to participate in the session. Because only two more sessions were left, I planned to touch deeper emotions and discuss them with Jessica. The session started with verbal discussion about current feelings and events. Jessica shared feelings about the previous session: joy, energetic, and expectation for both the previous and this session. After the discussion, I asked her to write the lyrics for the final composed song, based on her needs (Table 4).

Table 4

Lyrics for the final composed song

Korean	English Translation
난 하나님께 택함 받은 사람이라네 취 가운데 있을 지라도 날 버리지 않으셨네 난 하나님의 큰 사랑을 감당할 수 없어 주님 앞에만 서면 감사의 고백이 나온다네	<i>I am a chosen person of God. He never abandons me even though I am a sinner. I am not capable of carrying out His amazing love, So I give thanks to God whenever I stand in front of Him.</i>
하나님은 나의 고통하는 신음을 들으신다네 내 삶의 고난과 아픔을 통해 주님의 뜻 이루시길 원하신다네 난 오직 순종함으로 나아가길 원하네 주님의 뜻을 위하여 온전히 사용되어진다면 난 기쁘다네	<i>God hears my moaning in suffering. He wants to accomplish his intention through the sorrow and pain in my life. I want to move on with only obedience. I am happy if I would be used for God's purpose.</i>
내 삶을 통해 주님께 영광돌릴 수 있다면, 난 영원히 주님을 즐거워하며 살고 싶다네	<i>Through my life, if I can glorify God, I want to live with the joy of God forever.</i>

10th session (August 7, 2006) & interviews for both participants

Using the lyrics that were composed in the previous session, Jessica and I rhymed the lyrics rhythmically (Table 5).

Table 5

Lyrics of “택함 (The Chosen Person)”

Korean	English Translation
<p>1. 난 하나님께 택함 받은 사람 죄 가운데 있을 지라도 날 버리지 않는 주님 난 하나님의 큰 사랑 감당할 수 없어서 주 앞에선 감사의 고백 뿐</p>	<p>1. I am the person who is chosen by God He never abandons me even though I am a sinner I am not capable of carrying out His amazing love I can only confess and thank Him</p>
<p>2. 나의 고통하는 신음을 들으시는 주님 내 삶의 고난과 아픔 통해 그 뜻 이루시는 주님 난 오직 순종함으로 나아가길 원하네 주 뜻 위해 사용되어 진다면...</p>	<p>2. God hears my sorrows and pains He accomplishes His plan through the sorrow and pains in my life I would like to obey in order to be close to Him If I would be used for His intention.</p>
<p><후렴> 난 기쁘다네 난 기쁘다네 내 삶을 통해 주께 영광드릴 수 있다면... 난 기쁘다네 난 기쁘다네 난 영원히 주를 즐거워하며 산다네</p>	<p><Refrain> I am happy, I am happy If I can glorify God through giving my life I am happy, I am happy I live to rejoice God forever</p>

I had observed Jessica’s ability to compose a melody with her voice in past sessions, so I suggested that she sing and create the melody. By listening, I made notes on the staff paper. She hesitated to sing and created a melody for a short time; however, with verbal encouragement and supports, she enthusiastically completed the melodies of the song. She modified one melody after humming it by herself and suggested a new melody and rhythms to me. After the session, I had interviews with both Jessica and Paul. They both agreed with the need for this kind of intervention for parents of children with disabilities.

CHAPTER FIVE

Results & Discussion

Based on the session description which was described in the previous chapter, specific responses and events of each participant, including the therapist were described in this chapter: 1) The primary participant's self-esteem issue, resistance, feelings toward family and other people, spirituality, 2) The therapist's feelings of the intervention and the participants, 3) The secondary participant's aspect about the family and other people.

The Mother (Primary Participant)

Low self-esteem. During the interview, Jessica reported that she had low self-esteem.

"I was excluded from play with peers when I was an elementary school student. I don't know the reasons why they did that to me. Because of that, I lost confidence... Also... I was not satisfied with my appearance... The low self-esteem has affected on my relationships with others."

Her low self-esteem was related not only to the mother's actions in the past, but also to her parents-in-law. It was difficult for her to express her opinions to them. They expected her to obey them like a typical traditional model of a daughter-in-law. She mentioned that, especially after giving a birth to David, she was withering. She thought that she could accept a child with a disability, but it was hard to accept her son's disability, even though she had an abundant of love, sympathy, and tolerance for him. Her son's disability affected her identity about herself. However, she was improving her self-esteem through looking for her image in God's sight.

During an interview, I asked questions to check her current thinking about her self-esteem:

Sunny: Do you still have the low self-esteem that you had in the past? Do you think your self-esteem is improved?

Jessica: You know what? . . . I can reveal myself and even my weakness to God.

He was the only true supporter and listener to me. I can be confident because God is always with me. My own negative thinking need to be gone and changed. . . I can smile now. . . because I have my image from the heaven. I don't understand why I had strong negative image. . . I was pretty when I was young. . . (laugh). . . I thank for God everything.

As she mentioned, she currently wants to recognize herself as an image of God, so she tries to be view herself positively. However, she questioned herself:

June 11, 2006

. . (omission). . . I think that I was loved enough by my parents and especially by my grandmother. But, I often see myself as withered and with no confidence. Is there something wrong with my personality?. . (omission). . . I wish that the aroma of Jesus Christ is revealed through me.

The source of Jessica's positive self-esteem building seemed to be identified. However, it was a challenge to keep her positive self-esteem as she faced the everyday life challenges. Based on one of Jessica's music therapy goals—To express the feelings in constructive ways, the session was planned to create lyrics about her emotional feelings. For the first step for songwriting intervention, Jessica was asked to write lyrics about

herself. The written lyrics represented her from the past to the present, including events in her childhood, the disclosure of her child's disability, and her confession of faith. The lyrics that were related to her childhood experiences convey how her low self-esteem was constructed through natural characteristics, peer groups, and negative self-image. Counteracting that, the significance of her relationship with God represents a possible means to improve self-esteem (Table 6).

Table 6

Lyrics of “한 소녀 (A girl)”: part 1

Korean	English Translation
<p>내성적이고 수줍은 많은 소녀가 있었습니다. “썩콩”이란 별명을 가질 만큼 새침한 소녀였습니다. 친구들의 부당함을 당하고도 말하지도 못하고 속으로만 끔끔 앓던 그 순박한 소녀가 꿈을 가진 10 대에 주님을 알고부터 조금씩 변하기 시작했습니다. 정확히 뭘 지는 모르지만 주님이 주신 사랑과 열정으로 학창시절을 주님과 함께 보냈습니다.</p>	<p><i>There is a girl who is shy and introverted The girl is demure to have as a nickname, "unripe bean" The girl repressed her friends' injustice and kept this to herself The girl was changing after she met God in her teenage dreams. The girl spent time with God's love and passion, that she did not understand exactly</i></p>
<p>하지만, 잠재된 성품 가운데 언제나 어딘가 부족한 듯한 느낌... 그 소녀는 항상 자신감이 부족했던 것 같습니다. 외모에 있어서도 위축될 때가 많았고, 외모 뿐 아니라 특별히 내세울만한 그 어떤 것이 없었기에 사람들 앞에선 당당하지 못할 때가 많았습니다.</p>	<p><i>However, There was a feeling that something was missing in her latent personality... The girl always needed more self- confidence. The girl felt inferior about her self. Not only the outlook but also nothing to proud of herself The girl could not be confident in front of People</i></p>

Jessica expressed a little about her emotions that were related to the discovery of David's disability. Even though the situation pulled her into the crisis, she could move forward with positive emotions from God (Table 7).

Table 7.

Lyrics of “한 소녀 (A girl)”: part 2

Korean	English Translation
그 소녀가 더 자라... 결혼도 하고 아이도 낳게 되었습니다.	<i>The girl was maturing... The girl was married and has children</i>
그러나, 아이가 많이 아팠습니다... 아이를 통해 많은 것들을 경험하게 되었습니다. 고통, 아픔, 낙심, 두려움...	<i>But, a child was very sick... Through the child, the girl experienced Sorrow, pain, discouragement, fear...</i>
그러나, 그 속에서 주님과 더 깊은 교제를 하게 된 소녀는 더 큰 것들을 발견하게 되었습니다. 사랑, 믿음, 소망, 은혜... 주 안에서 발견된 것들은 놀라운 것들입니다.	<i>On the other hand, The girl found the meaning through the relationship with God Love, faith, hope, grace... These findings in God are amazing!</i>

Finally, she developed a positive self-image from God's perspective. She tried to develop and improve her self-esteem through strong connections between not only God and herself, but also herself and other people (Table 8).

Table 8.

Lyrics of “한 소녀 (A girl)”: part 3

Korean	English Translation
이제 소녀는 주님과 함께 하는 한 작은 마음을 가진 수줍은 많은 소녀가 아닙니다. 주변의 아픔을 그냥 지나치지 않고 품을 수 있는 넉넉한 마음까지 하나님께서 주셨다고 감히 고백합니다.	<i>As far as the girl in God, The girl is not the girl who is shy and has narrow mind. The girl cannot pass by the pains around people The girl confesses that God gives her the fullness of the heart to accept them</i>
하나님과 동행하는 한 하나님 앞에 사랑받는 사람이 되었고 삶이 고단하고 힘든 환경일지라도 사람들 앞에 당당할 수 있는 사람이 되었습니다.	<i>As far as the girl in God, The girl becomes the girl who receives God's love The girl becomes confident in front of people even though the life is the exhausting and challenging environment</i>

Table 8 (cont'd)

그 소녀는 이제 더이상 위축되지 않고 당당합니다. 그리고, 항상 웃을 수 있는 기쁨이 있습니다. 그 소녀는 하나님께 사랑받고 있는...	<i>The girl is dignified rather than shrunk anymore The girl has joy to smile always The girl is....</i>
바로 나입니다.	<i>Myself who receives love from God</i>

This song would be her reminder to look back on the past and move forward. In addition, she expressed her inner prayer as the song lyrics. To enhance and support for the expressed prayer, she chose a song called, “너희는 가만히 있어 (Be still)” as the slow background music for the lyrics she wrote. It is a slow song in A major composed by Stephen Hah, who is a famous Korean pastor (Appendix B). The lyrics were based on the Bible, Psalm 46 (Table 9).

Table 9.

Lyrics of “너희는 가만히 있어 (Be still)”

Korean	English Translation
하나님은 우리의 피난처가 되시며, 환란중에 우리의 힘과 도움이시라	<i>God is our refuge and strength, And ever-present help in trouble</i>
너희는 가만히 있어, 주가 하나님됨 알지어나 열방과 세계 가운데, 주가 높임을 받으리라	<i>“Be still, and know that I am God; I will be exalted among the nations, I will be exalted in the earth.”</i>
사랑합니다 내 아버지 찬양합니다 내 온 맘 다하여 선포합니다 예수 그리스도 주님 오심을 기다리며	<i>I love you, my Father I worship you with all my heart I declare you, Jesus Christ I am expecting you coming back</i>

These lyrics are the confession of the Israelites that God is their God. Jessica wanted to confess like that. She expected God to be her personal God in the life. She chose the slow tempo, only one instrument—piano—and a female voice to perform it. I suggested that I would play the piano and Jessica would read the lyrics. When she read “But, a child was very sick,” she took a deep breath. After the performance, she immediately

showed her satisfaction with smiles, but also showed the impact of the lyrics with tears. This song was the first brick in building her “new” resolution and finding the “different” aspects of herself during the treatment period.

During the intervention, she said her self-esteem was affected by her achievement. She was proud of herself that she could create lyrics and music. In the post-session interview, she mentioned,

“I felt somewhat reluctant to participate, but I was really proud of myself. I’ve got my song. I’ve had my confession.”

Moreover, she said that having a listener who tries to understand her without judgment makes her feel more comfortable and safe. The songwriting intervention helped her to remember and be reminded of God’s support in her life. In God’s grace, she could find herself. The songs that Jessica composed were a tool for improving her self-esteem and keeping the positive self-image.

Resistance. During the early sessions, she showed strong resistance to participation. The resistance was observed from instant verbal responses to non-verbal—physical—refusal to keep participating in the piano improvisation activity. Some verbal responses were followed as:

Session 2: During writing the lyrics,

“I don’t know how to write.”

“I cannot do this.”

“I am not comfortable doing this.”

“No homework, please.”

Session 3: During participating in the piano improvisation

“It’s very embarrassing.”

“No...”

Even though she expressed her discomfort for the activities, she completed the lyrics for the first song and attempted to participate in the piano improvisation

It was necessary to discuss her resistance since it was identified on the surface level and to see she could recognize her resistance. During the pre-intervention interview, I asked Jessica about taking a risk and challenge.

Sunny: What did you feel when you were asked to play the piano improvisation in the last session?

Jessica: (giggled) . . . It was very hard for me . . . I liked to play the piano, but I felt very uncomfortable improvising something on the piano without direction and structure.

Sunny: Did only “no direction and structure” bother you? Or anything else?

Jessica: (thinking). . . Nope. . . nothing else. . .

Sunny: Let me ask you one more question. Was your feeling related to the music activity itself, or your personal innate feeling about something or someone?

Jessica: Someone?

Sunny: It can be me, your husband, David, your children, or other people.

Jessica: Um . . . (pause) . . . THAT can be related to the condition of David . . . I might want to avoid additional feelings of burden. . . Maybe. . . (thinking). . .

Sunny: The condition of David?

Jessica: Do you know? . . . Um. . . In my mind. . . there is no space to penetrate something. . . I don't know.

Sunny: . . . In fact, I was concerning about your responses. If you felt that much burden about the sessions or me, I needed to decide whether I keep doing this.

Jessica: Oh, no. It is not be related to music therapy or you.

Sunny: That sounds good to me. (smile) . . . So, how do you want me to approach you in the music therapy session?

Jessica: Honestly . . . I am feeling more comfortable talking rather than performing musically.

Sunny: I am happy to hear that. You said several times, "I cannot do this," I am not comfortable doing this" . . . But, one interesting thing is. . . you have completed the tasks even though you kept saying that.

Jessica: Did I? (Laugh)

Sunny: (Laugh). . . Please let me know if you feel too uncomfortable to participate in a task.

Jessica: O.K. (Laugh).

As she mentioned, her resistance could be related to the condition of her child, and her strong responses seemed to be associated with transference⁶ process. Therefore, her resistance might be wired with the condition of her children, some degree of a struggle feeling burdened by the music therapy task, to her habit of saying negative verbal expression, or to feelings toward me. Based on her replies, the other possible reason for

⁶ Transference: the way of unconscious shifting that a client projects relationships with feelings and fantasies directly to a therapist (Hanser, 1999).

her resistance may be the style of Korean education. Kim (2004) discussed the Korean education system in his book, *Camouflaged School*. The Korean education did not vest the value of developing individual autonomy and personality and improving the appropriate fields and majors based on an individual's abilities. Compared to the style of U.S. education, which emphasizes group discussion or free talking, most Korean education follows specific guidelines and usually teachers have high authority. So, the information flowing is from the teachers to students. Generally, teachers provide specific directions or "absolute" ways for a task. Therefore, Jessica was not comfortable in expressing her feelings in an "unstructured" environments, or with the improvisation.

Feelings toward the child with a disability. Jessica mentioned she had a difficult time after learning about David's disability. She reported she could not even describe her feelings in words. She considered leaving David's care to a professional service for those with disabilities. She thought about giving David up. However, she did not do that because she was concerned about other people's judgments. Currently, she often feels the limit of accepting the child's repetitive words and behaviors. Sometimes she yelled at him. She shared that she was very happy when David went to a school camp for 3 days. She mentioned it was the special "vacation" for her. She has a desire to enjoy the private time and silence in the house. She had considered suicide due to the destroyed relationship with the parents-in-law and her feeling of heaviness. During the sessions, she tried to find David's abilities rather than disabilities. One day, when she was sleeping, David took care of answering phones by himself. She felt that this was praiseworthy.

During the period of the study, all of Jessica's children had a summer vacation. Because she spent time with the children at home everyday, she felt lack of sufficient energy to handle the kids. She expressed her feelings on the journal entry.

July, 18, 2006

David wants to sleep with his grandfather (Jessica's father-in-law), so he goes to the grandparents' house. My house without David is so quiet. Instead of David, I have a struggle with my first child who does not have a disability. Do I expect too much of her? It seemed that I needed to do many things for my family, so it makes me struggle. Yesterday, I spent with family at home for the holiday, but I was the only one who was very busy. I want to escape from the children and all situations. Today. . .

She was seemed clinically depressed. She expected the first child to help her by taking care of the sister and the brothers. However, this child could not meet her expectation. For the summer break, she felt a heavier burden on her shoulders and wanted to escape from the environment.

The music therapy sessions provided a special time that Jessica could enjoy away from her children. I encouraged her to look at David positively. Jessica also tried to endure her feelings toward the child with spirituality and to consider the challenges as the positive ones. Depending on the child's behavioral problems, her feelings fluctuated. The possible reason for the fluctuation might be the Korean social norm, which is focused on normality and collective. She sought to look at David as a person who God made rather than to focus on David's disability and behavioral problems.

Feelings toward the spouse. Jessica admired how Paul was able to face David's disability. She thanked God for his being a normal person and serving David with gratitude. However, Jessica sometimes struggled with Paul's indecisiveness, which he said was influenced by his parents' stubbornness and their personalities. Jessica's negative feelings toward Paul's indetermination seemed to be bothering to her during the study period, due to the conflicts she was having with the parents-in-law. The journal entry showed her feelings.

June 18, 2006

After the Sunday that was challenging, the atmosphere in my family became calm. I was disappointed at Paul who cannot decide something with confidence. However, it is obvious that victory is ours who God always be with. In addition, during the post-intervention interview, she mentioned that Paul would save his mother if both Jessica and her mother-in-law would be drowning.

After having the third child, Jessica asked Paul to have a vasectomy, but he refused. A few months later, she got pregnant with the forth child. Even though for most of struggle, Paul was with Jessica, she bore a grudge against her husband for this. She poured out her feelings toward the husband. During the interview, she mentioned,

"He often does not put his stuff in the proper place. I gave up expecting him to fix the behavior because I want to be more emotionally comfortable. He helped me when we had only two children, but now he does not help me. He helps me only when I feel bad or extremely tired. What I want from him is to spend time with his children and replacing his stuff on the proper place... But, now I am filled with spirituality, so I can do all."

Paul did not put the “stuff” back where he got it. Jessica expected him to help her, such as playing with children and putting things back. Jessica complained about Paul’s introverted personality and his deliberate care in speaking. She expected him to more clearly express his feelings and what he was thinking. As the religious issue related to the parents-in-law arise, Jessica’s feelings toward Paul was expressed more directly. During the verbal discussion in a session, she said:

“I want to exchange my personality with Paul’s. He is irresolute... I can understand Paul’s mind, but I want to be separated from his parents... I need people on my side. Today I am very upset.”

Overall, the music therapy activities did not influence directly the emotional changes of Jessica’s relationship with her spouse, Paul. However, either the conflicted situation with her parents-in-law or the rational verbal discussion about the spouse during the intervention might have had an affect on Jessica’s feelings or her tendency to keeping feelings inside, only revealing them on surface level. During the post-session interview, she mentioned:

“During the session, I was realized that I need to talk with Paul. We spent a long time to talk about my and his feelings and issues.”

It also provided Jessica a chance to communicate with Paul verbally in order to express her feelings about the situations and Paul.

Feelings toward the parents-in-law. Jessica could understand her mother-in-law’s behavior rationally, but not emotionally. She spent quiet a long time under her mother-in-law’s restricted authority. When David was born, her mother-in-law visited a female shaman to ask about him. The shaman told her that he would be fine as a normal

kid when he became the age 10. The mother-in-law believed the words, even though she is also a Christian. Recently, her mother-in-law observed that David went to the restroom by himself, and then told Jessica about the connection between the shaman's words and David's behaviors. Jessica was really disappointing her mother-in-law's faithlessness toward God. However, her mother-in-law functions as a bridge and buffer in the relationship between the father-in-law and Jessica's family. She advised Jessica to obey the father-in-law's words, even though she understood what Jessica was thinking.

To Jessica, her father-in-law focuses on his own honor and authority rather than his grandson. He strongly insists on attending the same church with Jessica's family. Finally, he almost threatened that Jessica would have to move out unless she attended his church. Jessica could not be emotionally connected with him. Her feelings toward her father-in-law were expressed by this personal journal entry.

June 15, 2006

There is a spiritual conflict in families. It is hard to deal with the father-in-law who thinks his own prestige and authority first rather than his grandson. As the conflict worsened, Jessica showed significant distress over the situation. Moreover, at that time, all her children started the summer vacation, so Jessica's stress was getting higher. She tried to find solutions through her spirituality and to be able to distinguish conflicts toward her own family in a rational way. She decided to speak up about the issue to express her viewpoint and to support the needs of the family. The composed songs were the "reminder" of Jessica's decision and basic motivation for living even though the lyrics were not exactly describing the solutions for the issue. During the post-intervention interview, she mentioned them to be like a close supporter.

When she sang the songs, she could get clear about situations and how to respond to them.

Feelings toward other people. Jessica showed a different tendency when thinking about other people, including 1) people in the similar or same condition with her, 2) people who have unreasonable sympathy for her, and 3) people who sincerely support her. She believed that God called her as a helper for people in the similar or same conditions as hers. This was the biggest reason why she participated in this study. She wants to let them know how God uses her with His will. Jessica showed strong discomfort around people who have the “unreasonable sympathy” for David and her. During the post-session interview, I asked Jessica about the view point of other people around her.

Sunny: How do you view the way other people view your situation?

Jessica: I do not like other people’s unreasonable sympathy for me and my child.

They just feel sorry for us even though they do not know whether I feel fine about the condition. I often cannot appreciate their true and deep sympathy.”

However, she tried to change their viewpoint. She believed that they talked about the disabilities, even though they did not know exactly what they wanted to say. Jessica feels thankful for people who support her and truly care about her. These people pray for her and the family. Especially the people in church are very supportive and helpful. They take care of David with unconditional love from God. They sometimes encourage her to keep her faith in God. She is often touched due to their true love and care.

During the verbal discussion, she identified her true supporters who she had not previously noticed at the same degree.

Sunny: What or who is the positive supporter to you?

Jessica: My faith... family... good relationships... I am very supported by the pastor, deacons, other church members.

She listed some who she feels free to ask advices or counsel. Therefore, she expressed her emotions not only to God in heaven, but also to those supporters on the earth.

Spirituality

Jessica's spirituality significantly influenced her emotional changes and resolution. At the beginning of the intervention period, I tried to avoid talking about or sharing spirituality; I preferred to focus on music itself. However, gradually I realized that the spirituality was the most important aspect for Jessica, because almost all of her perceptions related to children's disabilities and relationships were based on spirituality. I thought that, if appropriate services cannot be provided for Jessica, it is important to support her source for energy to live. Therefore, the direction of the songwriting intervention aimed to facilitate her spirituality for improving her emotional and social relationships.

According to the literature, spirituality positively supports the quality of life for families of people with disabilities (Poston & Turnbull, 2004; Aldridge, 2004). Zea, Quezada, and Belgrave (1994) mentioned that faith in God supports the positive understanding and acceptance of disabilities. In addition, Sevensky (1981) stated that, for people who have disabilities, religion provides three benefits: "a framework to make meaning of illness, practical resources, and hope (p. 745)." Poston and Turnbull (2004)

mentioned that families of children with disabilities expect the religious community to meet their three needs: 1) socially accepting their children, 2) supporting their spirituality and emotions, and 3) supporting the spiritual growth of both their children and themselves by participating in religious activities, including services. These benefits and needs of the family of children with disabilities also can be applied to Jessica's family. She was looking for the meaning of life with David's disability in the family, and she had a longing for hope consciously and unconsciously. She developed her practical resources to deal with David and his disability through prayer. Magaletta and Brawer (1998) mentioned, "Prayer may be the client's ongoing effort to seek healing from emotional and/or physical distress, or it may occur as the result of a prescriptive or encouraging suggestion given by the therapist (p. 323)." Through the music therapy sessions, she had a chance to pull out her inner prayers in order to create the constructed lyrics for her own sake. Then, the prayer became an expressive form (Aldridge, 2004). The music supported the meaning of the lyrics to create mood and atmosphere and evoke deeper emotions.

After I read the support in the literature, it was clear to me why Jessica wanted to attend the "new" church, even though the parents-in-law were strongly opposed to it. She needed an environment for acceptance of her child without judgments or prejudices. She also needed spiritual and emotional support from the pastor and deacons in church. Moreover, she wanted to participate in religious activities not only for her spiritual growth to handle the condition, but also for David's spiritual growth. Therefore, spirituality can play an important role in the quality of life for families of children with disabilities. During the difficult times, practical resources in religion bring meaning and

strength, as well as emotional and practical support, for the family. Based on her current spirituality, two songs were created: “Confession to God” and “The Chosen Person.”

“Confession to God” is a piggyback song. I prepared two different kinds of songs so that Jessica could have a chance to choose. One was an exciting and upbeat song, and the other was a serene and slow song. Jessica chose the sedate song for creating the piggyback song. The original song was called, “*the Londonderry Air*,” which is an anthem of Northern Ireland. When I played this melody on the piano, Jessica liked the touching melody. She emotionally related to the mood created by the melodies and harmonies. When she wrote the lyrics, she struggled to complete the task and to express her emotions. However, after a couple of minutes, she filled in the blanks without much difficulty (Table 10).

Table 10.

Lyrics of “*하나님을 향한 고백 (Confession to God)*”

Korean	English Translation
<p><u>언제나 나의 믿음이 연약할 때에,</u> <u>하나님이 날 기다려주시고,</u> 또, 내가 삶에 외롭다고 느낄 때, <u>하나님은 나의 손을 붙들셨네.</u></p>	<p><i>Always when <u>my faith is weaken,</u></i> <i>God is <u>waiting for me</u></i> <i>And, when I feel <u>lonely,</u></i> <i>God holds <u>my hands</u></i></p>
<p><u>나 항상 곤고함으로 힘들 때에,</u> <u>하나님이 나를 채우시고,</u> 내가 지쳐서 무너지려 할 때는, <u>하나님이 나를 견고히 세우네.</u></p>	<p><i>When I feel always <u>exhausted,</u></i> <i>God is <u>filling me</u></i> <i>When I am tired and <u>upset,</u></i> <i>God makes me <u>stand firmly.</u></i></p>

She seemed to have not much emotional disturbance at that moment. She was glad to express her current emotions in a positive way. She added that, if she filled in the blanks with the emotions of the past, she would say, “One day when I was depressed, God avoided me. And, when I felt lonely, God was far and far away from me.” After making a joke, she laughed loudly. Her struggles and hurt emotions were conveyed

through her voice tone and facial expression. She must have gone through a difficult time with these disguised and suppressed emotions rather than with true expressions of her burdens and asking help from other people. In addition, she was truly going through the long tunnel of her heavy life with the strong faith and confession of God. The songs that she composed might be helpful to her in keeping her spirituality, which is Jessica's core energy source in life (Appendix C).

The third song in the period of music therapy intervention, "The chosen person," took about a month to complete the final song. With enough verbal discussion, Jessica found the appropriate topic for the lyrics. She mentioned that she wanted to write a song for accepting God's calling. The song would be a reminder to keep in mind about her and her husband's obedience to God. The original lyrics were written by Jessica, and I modified them for rhythmic rhyme. Moreover, the lyrics were reviewed by Jessica one more time to modify some words (Table 11).

Table 11.

Lyrics of "택함 (The Chosen Person)"

Korean	English Translation
<p>난 하나님께 택함 받은 사람 1. 죄 가운데 있을지라도 날 버리지 않는 주님 난 하나님의 큰 사랑 감당할 수 없어서 주 앞에선 감사의 고백 뿐</p> <p>2. 나의 고통하는 신음을 들으시는 주님 내 삶의 고난과 아픔 통해 그 뜻 이루시는 주님 난 오직 순종함으로 나아가길 원하네 주 뜻 위해 사용되어 진다면...</p>	<p><i>1. I am the person who is chosen to God He never abandons me even though I am in sins. I am not capable of carrying out His amazing love Only confession of thank in front of Him</i></p> <p><i>2. God hears my sorrows and pains He accomplishes His mind through the sorrow and pains in my life I would like to obey in order to be close to Him If I would be used for His intention.</i></p>

Table 11 (cont'd)

후렴	<i>Refrain</i>
난 기쁘다네 난 기쁘다네	<i>I am happy, I am happy</i>
내 삶을 통해 주께 영광드릴 수 있다면...	<i>If I can glorify God through giving my life</i>
난 기쁘다네 난 기쁘다네	<i>I am happy, I am happy</i>
난 영원히 주를 즐거워하며 산다네	<i>I live to rejoice God forever</i>

Jessica created the melodies of the song by vocal improvisation. It was interesting that two weeks prior, she seemed to be extremely shy and uncomfortable to improvise music. With my encouragement, she seemed to be confident and to forget about her resistance. The safe and comfortable environment must have been related to the rapport that had been built with me. She sang the melodies, and I wrote the notes on the staff paper. She showed an unconscious sensitivity for the cadence and the form. After she sang the song, Jessica was not satisfied with the first version of the refrain (Figure 1), and suggested modifying some of the melody in order to lead up to the climax of the song.

Finally, she completed the meaningful song, which is in the A(a+b)B(a+b) form (Appendices D). Even though only three songs were created during the ten weeks of the period, the songwriting interventions provided her with an achievement, the confidence that she could do something creative, a reminder to improve her spirituality, and the courage to take a risk.

Figure 1.

1st version of the refrain part

The musical score is written on four staves in treble clef, 8/8 time. The lyrics are in Korean. Chord symbols are placed above the notes. The first staff contains the lyrics '난 기쁘다 내' with chords C, G/B, Am, F, C/E, Dm, and G. The second staff contains '살림 놓아 주세' with chords C, C/E, F, -/E, Dm, D7, Gsus4, and G. The third staff contains '영광을 얻을 수 있 다 변' with chords C, C/B, Am, F, C/E, Dm, and G. The fourth staff contains '영원히 주께 감사 하 며 산 다 내' with chords F, C/E, Dm, G, F/C, and C.

Evaluation of Jessica's music therapy goals. Jessica's personal music therapy goals were established based on the assessment and interview during the first session.

The following goals for music therapy were developed:

1. To identify emotions related to life events and family relationships
 - Feelings toward herself
 - Feelings toward the child with a disability
 - Feelings toward her spouse
 - Feelings toward the world around her
2. To express her feelings in constructive ways
3. To rationalize the feelings about the events and find solutions by herself
4. To build positive feelings about herself, her child with a disability, her spouse, and others

Based on Jessica's music therapy goals established during the first session—to identify emotions related to life events and family relationships (Goal #1), her feelings related to life events and family relationships were identified. For the goal, to express the feelings in constructive ways (Goal #2), the verbal discussion and songwriting intervention were planned to support her expression. Jessica was actively participating in the verbal discussion, and she created three of her own songs. During the sessions, based on the third goal, to rationalize the feelings about the events and find a solution by herself (Goal #3), after the emotional feelings about events were identified on the surface level, I tended to not provide specific solutions for the events and issues, but she came up with ideas and decisions for them. The achievement of the goal, to build positive feelings about her, the child with a disability, the spouse, and other relationships (Goal #4) were observed in some part of improvement during the session period.

The Therapist (The researcher)

Before I started the study, I had heard many suggestions and concerns from people about how to approach families of people with disabilities. It is especially uncommon and uncomfortable for Korean families of people with disabilities to speak up or express their feelings to other people. Rather, they believe they should keep these family issues private to avoid concerning others. Based on this prejudice, I was extremely careful in my contact and communication with Jessica and Paul. This is reflected in my effort to build a rapport with Jessica. Before starting the second session, I thought I needed to check Jessica's desire to continue as a participant. I did not want to influence her to feel a responsibility or duty to participate in this study. Earlier, Jessica had emphasized that she was participating in the study voluntarily, but she also

mentioned that she felt it was a burden. Since Jessica seemed to feel burdened by the songwriting, I thought I needed to use a receptive music therapy approach—which is music listening technique—for her. I unconsciously modified my plans to match her response, until I realized that I needed to balance her responses and my purpose for the study. During the time that I was struggling with my role in the intervention, I heard her comments through another person who attends the same Christian community as I do. The person suggested that I should use a less demanding approach. Immediately, I thought:

“Does she not consider me a ‘good’ therapist?”

“Who is in charge of the therapy sessions?”

“Do I make her feel more burdened even though she has enough burdens due to the child?”

My negative initial reaction kept arising:

“Who are you? Why are you suggesting me even though you are not my supervisor?”

“Don’t intrude on my territory in music therapy!”

Then, I was sorry that Jessica had not mentioned her feelings to me directly. Then, I felt negative counter-transference⁷ toward Jessica.

Since I experienced my negative counter-transference about her talking to another person about the sessions, I planned the next session to start with a discussion about “taking a risk or challenge.” I needed to check her thinking and to regain about my self-identification as a therapist. Jessica mentioned that her resistance to accept a

⁷ Counter-transference: a therapist’s projection of unresolved emotional responses onto a client (Hanser, 1999).

challenge could be related to the condition of her child, but she emphasized that the resistance was not related to personal feelings about music therapy or the therapist. However, she seemed to show the transference process upon me in the session. I surmised that possible reasons for the strong resistance came from: her characteristic traits—especially shyness, the burden imposed by the experiment, the pressure to participate, the stress and challenges in everyday life, and the challenging relationship with David.

From my perspective, the core emotion that might be related to her resistance was her negative self-image. Through discussions and music therapy activities, Jessica tried to strengthen a positive self-image from God who is the source of Jessica's identity. The more sessions we had, the more I could understand her hesitance to undertake a new challenge. Moreover, her assurance that her resistance was not directly related to me as the music therapist made me regain my self-confidence as a music therapist. I also had positive feelings of accomplishment during the songwriting process, including building closer rapport with Jessica.

One day after a session, I experienced Jessica's everyday life situation, which included having four children in the house. There was no private time for Jessica, but there were demanding children and a chaotic environment. The experience outside of the music therapy intervention caused me to reconsider whether I truly understood her. I was the same as the people who have a lack of sympathy for Jessica and her family until I "experienced her life" and developed empathy. I could observe how the environment had affected Jessica's ability to build self-image and self-esteem. Positive reinforcement was rarely provided for her.

During the intervention period, because she had found values and beliefs in life from her spirituality, Jessica and I shared our spiritual values in order to challenge, encourage, and support each other. At the time that Jessica was experiencing “spiritual depression,” I also was having a difficult time due to personal reasons. My father was diagnosed with lung cancer, and he was undergoing radiation and chemotherapy. My situation could not be compared to Jessica’s long-term situation, but the impact of my father’s disease affected my everyday life and even the summer online-class that I was taking. When I came to Korea, my mother and sister expected me to take care of the father, because they were exhausted from dealing with my father’s extremely demanding attitude. They wanted to have their private time to spend for themselves, and I was getting tired and overwhelmed by my father and his disease. Finally, I almost gave up the summer class because I could not focus on the class and did not have much energy to complete the assignments. This enabled me to better understand what Jessica was going through. This important connection between Jessica and me contributed to the songwriting activities. Not only I could support her creativity for the activity with genuine understanding, but also Jessica could express her feelings, concerns, and spirituality in a safe environment.

The father (The Secondary Participant)

Paul, the secondary participant, did not participate in the music therapy sessions, but observed Jessica and himself to identify emotional changes in everyday life. He seemed to be detached from the relationship between Jessica and me like a bystander, but he was secondarily connected with us through conversations with Jessica. At the beginning of the treatment period, Jessica mentioned she talked with Paul about this

study. They felt burdened and responsible, especially after they signed the consent form. However, he agreed with Jessica's intention to participate in this study in order to help people who have the same or similar situations as them.

According to his journal entry, Paul, like Jessica, reported that he had negative self-image.

June 23, 2006

I have low self-esteem, low self-confidence, and inferiority. I sometimes felt confidence about David's development, but I often felt inferiority due to David's slow improvement. Especially, I felt helplessness when faced with the Korean culture, which emphasize "normalcy."

However, during the interview, Paul reported that he appreciated being with David by playing and communicating. However, Paul would like to keep the balance between intimacy with David and being assertive.

Paul reported the marital relationship with Jessica on the personal journal entry.

June 29, 2006

I was satisfied with the relationship with Jessica. I think we connected each other by sharing spiritual beliefs. I appreciated Jessica's caring and sometimes felt sorry for her about the situation.

With these feelings, he tries to understand Jessica through conversation. However, his feelings seemed to depend on other people's feelings too much, especially Jessica's. For example, he mentioned several times that, if Jessica liked the song that she created and felt happy, he was also happy to see her bright face. He seldom expressed his own feelings. At the time that Jessica expected Paul to be assertive in dealing with a family

conflict about the religious issue, he seemed to be pushed to the edge. He tried to provide balanced affection to Jessica and his parents, but she seemed dissatisfied. During the interview, he mentioned that he currently expected effort from both sides for an improved relationship with her. He could understand that Jessica, as a primary caregiver, was easily irritated and exhausted by the children. Moreover, Paul observed Jessica sometimes seemed to be depressed. Therefore, he tried to help her at least with the house chores.

Paul felt a strong desire to help children with disabilities with genuine empathy.

July 1, 2006

When I saw children without disabilities, I envied their healthy body, and expected them to help people with special needs. I sometimes thought that I needed people who could carry our burdens together.

Since David's disability was discovered, Paul and Jessica had never relaxed. During the verbal discussion in a session, Jessica shared an experience related to David's absence. Last year, when David went to a camp, they could relaxed and take a rest without him. They seemed to need some time to spend for themselves.

July 19, 2006

. . . (omission). . . I am sometimes thinking that I need people who can share my burdens. Most environments are focused on people without disabilities. Especially, it is strongly necessary to provide appropriate education for people with disabilities, especially for people with mental retardation (From Paul's journal entry).

Finally, Paul strongly mentioned about the necessity of social programs for those population including people with disabilities and their family.

CHAPTER SIX

Conclusion .

Based on the research problem 1) to determine how shared spiritual beliefs in music therapy interventions affect the self-image of a mother who has a child with a disability, the interventions provided Jessica with increasing personal awareness by touching the deeper inner-self and improving her self-esteem by establishing a positive self-image and achieving simple tasks.

The research problem 2) how shared spiritual beliefs in music therapy interventions affect a mother's emotional responses toward her child with a disability and 3) how the interventions affect a mother's emotional responses toward a spouse were not fully discussed because the intervention period was too short to cover those issues and she needed to work on her feelings toward herself more. However, during the interview, she mentioned that after the intervention that she poured out her feelings, she could step back from the negative feelings toward David. She got a chance to have an enough emotional room to interact with David. Moreover, she also had a time to talk with Paul in order to share her emotional feelings toward him.

During the period of the intervention, Jessica acknowledged that her spirituality is the source for building positive self-images and the glasses to interpret external environments positively. Her thinking could support the research problem 4) to determine how shared spiritual beliefs in music therapy intervention affect the mother's emotional responses toward her external environment.

For the research problem 5) how music affects the participant's spirituality facilitating the maintenance of health, this study combined the music therapy approach

and sharing spiritual beliefs in order to achieve the benefits from both sides. Jessica wanted to improve her spirituality in order to support her physical condition and to solve emotional conflicts with other people. To enhance her spirituality, the music therapy approach introduced a way how to maintain the spirituality with her favorite art field, music. The process-oriented songwriting intervention in spirituality also provided a steady stimulation in order to keep Jessica's first-mind toward family, events, and God.

Benefits of the Interventions

Increasing self-awareness. The intervention serves as a stimulus for increasing personal awareness, encouraging clients to see other possible solutions, and supporting emotional expression and interaction (Gfeller, 1987; Peters, 2000). Baker and Wigram (2005) stated, "A majority find that the creation of songs provides a tool for externalizing emotions, and consequently themes for the songwriting often relate to the client's emotional life, and the issues, experiences and conflicts with which they have been, are or expect to be working in therapy. (p. 249)" In addition, they mentioned that the development of self-esteem is one of the therapeutic outcomes of using songwriting technique in music therapy session (Baker and Wigram, 2005). The interventions provided Jessica with some benefits: increasing personal awareness by touching the deeper inner-self, improving her self-esteem by establishing a positive self-image and achieving simple tasks, and supporting expression skills in productive ways that are socially acceptable in the Korean culture.

Peters (2000) stated that music therapists have promoted health and wellness in the general population and applied music therapy for the expansion of their services beyond institutional settings. Little research exists concerning the effectiveness of the

spiritual-related music therapy interventions in a variety of populations. The results and findings of this study support the effectiveness of music therapy intervention for this specific population, mothers of children with disabilities. In addition, it can support attempts to apply music therapy intervention for more people and for wider populations.

Finding solutions for self-regulation. One of clinical goals for Jessica in the music therapy intervention was “To rationalize the feelings about the events and find solutions by herself.” Lee (1996) stated, “Listening is at the heart of music therapy (p.89).” I was not an expert counselor to provide any exact possible solutions or strategies to Jessica, but an active listener. Through the therapist’s listening, a client can communicate his or her conditions and needs (Lee, 1996). The reason that my role could be a listener is that Jessica seemed to know the solutions and how she needed to respond to the events already. It is the thread that connects the verbal discussion approach in this study and the person-centered therapy approach⁸. Corey (2001) mentioned that one of key concepts of the person-centered therapy is “the client has the capacity for resolving life problems effectively without interpretation and direction from an expert therapist (p. 83).” I did not follow the exact therapeutic ways of the person-centered therapy for Jessica’s intervention, but the relationship between Jessica and I seemed to be similar with the relationship between a client and a therapist in the person-centered therapy. The qualities of the therapist in the person-centered therapy include “genuineness, non-possessive warmth, accurate empathy, unconditional acceptance of and respect for the client, permissiveness, caring, and the communication of those attitudes to the client (p.84).

⁸ Person-Centered Therapy: Carl Rogers developed a branch of humanistic psychology that emphasizes a phenomenological approach. Based on a subjective experience, it stresses a client’s self-awareness and resolution of conflicts to personal growth. The client takes a place at the center of therapy rather than the therapist (Corey, 2001).

Corey (2001) also mentioned that the client in the person-centered therapy can apply his or her learning into the relationship with others outside.

Improving and/or maintaining optimism. As mentioned in the related research, parents' optimism, especially mother's optimism may be helpful for challenging child behaviors (Clarke & Beck, 1999). Greenberg, Seltzer, Krauss, Chou, and Hong (2004) suggested that optimism can provide beneficial effects for mothers who have lifelong caregiving responsibilities. During the period of the intervention, Jessica acknowledged that her spirituality is the source for building positive self-images and the glasses to interpret external environments positively. Therefore, to improve and/or maintaining Jessica's optimism, the sessions were focused on increasing her self-esteem and supporting spirituality by participating in the songwriting process. Through achievement of songwriting intervention and sharing spiritual beliefs with me, she recovered her potentials and prepared a step to maintain her optimism by recalling the created songs.

Providing physical separation from the child with a disability. The intervention provided Jessica a time for physical separation from David and his disability. During the period of the intervention, Jessica and Paul mentioned several times in the interview or personal journal entries about their pleasant experiences of being separated from David for his summer camp. Escaping from the impacts of the disability was one of Jessica's pleasures in the intervention. Moreover, because Jessica had never taken any therapeutic counseling since David was born, she mentioned in her journal entry that she was appreciative for being cared for and supported.

The social support conditions for the population

Through this study, the need for intervention for a family of children with disabilities as primary clients became clear. Especially, in Korea, it is necessary to provide appropriate social education and service systems for this population. In addition, music therapy is not approved officially to provide adequate governmental or insurance supports. Therefore, it is imminent to establish more proper social approaches to people with disabilities and their families in Korea.

This study also supports the application of music therapy to wider populations for improving the quality of life and well-being. A songwriting intervention was effective in identifying the client's inner feelings and taking them on surface level in order to work through her feelings and to find solutions.

The uniqueness of the intervention

As mentioned before, although the reciprocal relationship between music therapy and spirituality for the quality of life of people with disabilities and their families has mentioned in literature (Aldridge 2004), not many studies have directly introduced the approach. This study combined the music therapy approach and sharing spiritual beliefs in order to achieve the benefits from both sides. Jessica wanted to improve her spirituality in order to support her physical condition and to solve emotional conflicts with other people. To enhance her spirituality, the music therapy approach introduced a way how to maintain the spirituality with her favorite art field, music.

Compared to most songwriting interventions, which were focused on awareness and improvement of clients' deeper emotional and interpersonal responses (Gfeller, 1987; Peters, 2000; Ficken, 1976; Miles, 1993; Edgerton, 1990; Lindberg, 1995; Clendenon-Wallen, 1991), the process-oriented songwriting intervention in spirituality

also provided a steady stimulation in order to keep Jessica's first-mind toward family, events, and God.

Limitations

There were limitations for this research. 1) The researcher might have a stereotypical-like faith-based lens through her personal experience with the professor. It is through spirituality-based conversations that questions concerning faith and suffering surface. Why does God allow people to suffer even though they are good Christians? How can families receive help for their situations? These questions are asked by many people who have children with disabilities and seem to be at the core of the purpose for this study even though I did not address it on purpose. 2) The intervention period was too short to touch the participant's deeper levels of feelings toward events and relationships. 3) The feelings could be surface emotions rather than deeper insight. Even though the therapist worked to identify the feelings for certain events and relationships, deeper insights were likely still there. Nordoff-Robbins (NR) approach or Guided Imagery and Music (GIM) approach would perhaps be more effective in gaining insight. Moreover, 4) dealing with self-esteem was effective in the individual setting; however, dealing with relationship issue may be more effective in family therapy or a dyad setting in music therapy to apply outcomes immediately and appropriately in a real setting. 5) The design of this research is a case study, so it is not reasonable enough to generalize these findings to other situation.

Future Recommendation

For future research, it is recommended that group therapy be employed. Yalom (1995) emphasized interpersonal relationships and suggested therapeutic process in

group therapy, which provides some advantages: “1) a strong expression of emotion, which is interpersonally directed and is a risk taken by the client, 2) a group supportive enough to permit this risk taking, 3) reality testing, which allows the client to examine the incident with the aid of consensual validation from the other members, 4) a recognition of the inappropriateness of certain interpersonal feelings and behavior or of the inappropriateness of certain avoided interpersonal behavior, and 5) the ultimate facilitation of the individual’s ability to interact with others more deeply and honestly (p. 26).” The group dynamics and support could provide more support and understanding for clients. Also, a longer intervention is recommended to build the trust-based rapport with the clients to share deeper insight. Moreover, Mash and Wolfe (2005) mentioned that many problems in childhood could have lifelong consequences for children with disabilities, their family, and society. Primary caregivers’ emotional stress may depend on the development and life events of their children with disabilities; therefore, it is recommended to make research into needs of the caregivers, according to the children’s age difference.

APPENDICES

APPENDIX A

Suggestions for Writing the Personal Journal Entries

You can write the journals on the session day after the session, the day before of the session, and one day between those two days. You can write CURRENT emotions that you are feeling write now based on the questions below. However, you do not have to follow the question if you want to write in your own.

For Primary participant

- 1) About self
 - What kinds of emotions toward yourself? (self-esteem, self-confidence, self-image, etc.)
 - What parts of you are you satisfied?
 - Do you want to change yourself? If yes, please describe specifically.
 - Is there a change during participating the music therapy session?
- 2) About the child with a disability
 - Are you satisfied the emotions and the relationship between you and your child with a disability? If yes, please describe specifically.
 - Do you want to improve the emotions and the relationship between you and your child with a disability? If yes, please describe specifically.
 - How are you feeling about the child with a disability?
 - How are you feeling about the children without disabilities?
 - Is there a change during participating the music therapy session?
- 3) About the spouse
 - Are you satisfied about the emotions and the relationship with your spouse? If yes, please describe specifically.
 - Do you want to improve the emotions and the relationship with your spouse? If yes, please describe specifically.
 - How are you feeling about the spouse?
 - Is there a change during participating the music therapy session?
- 4) About external environment
 - How do you think about your external environment? Do you need more help? Do you want the external environment to be improved?
 - How are you feeling about the external environment?
 - Is there a change during participating the music therapy session?

For Secondary participant

- 1) About self
 - What kinds of emotions do you have to yourself?
 - What parts of yourself are you satisfied?
 - What parts of yourself do you want to change? If yes, please describe specifically.
 - Is there a change during participating this experiment?
- 2) About the child with a disability

- Are you satisfied the emotions and the relationship between you and your child with a disability? If yes, please describe specifically.
 - Do you want to improve the emotions and the relationship between you and your child with a disability? If yes, please describe specifically.
 - How are you feeling about the child with a disability?
 - How are you feeling about the children without disabilities?
 - Is there a change during participating the experiment?
- 3) About the spouse
- Are you satisfied about the emotions and the relationship with your spouse? If yes, please describe specifically.
 - Do you want to improve the emotions and the relationship with your spouse? If yes, please describe specifically.
 - How are you feeling about the spouse?
 - Do you think your spouse's emotions are changed through the music therapy treatment?
 - About herself
 - About the child with a disability
 - About the spouse (you)
 - About external environment including other relationships
 - Is there your emotional change toward the spouse during participating the experiment?
- 4) About external environment
- How do you think about your external environment? Do you need more help? Do you want the external environment to be improved?
 - How are you feeling about the external environment?
 - Is there a change during participating the music therapy session?

APPENDIX B

Interview Questions

To a primary participant

- 1) Could you tell me about your background history?
 - Education history
 - Marriage
 - Baby birth
 - Social interaction
- 2) What do you think or feel about yourself (self-esteem)?
- 3) What do you think or feel about your child with a disability?
- 4) What do you think or feel about your spouse?
- 5) What do you think or feel about the world (optimism)?
- 6) How was the session?
- 7) What did you feel during the week?

To a secondary participant

- 1) Could you tell me about your background history?
 - Education history
 - Marriage
 - Baby birth
 - Social interaction
- 2) What do you think or feel about yourself (self-esteem)?
- 3) What do you think or feel about your child with a disability?
- 4) What do you think or feel about your spouse?
 - The spouse's emotions toward you
 - The spouse's emotions toward the child with a disability
 - The spouse's emotions toward the world (optimism)
- 5) What do you think or feel about the world (optimism)?

APPENDIX C

Example of Coded Response from the participant in a music therapy session

Korean		English Translation	
Written responses from the participant	Codes	Written responses from the participant	Codes
초등학교 때 따돌림을 당한 적이 있어요. 위축이 되었었죠. 왜 그랬는지는 아직 모르겠지만요. 이 위축됨이 결혼 후 어른과의 관계에서도 영향이 있었던 것 같아요. 외모에 콤플렉스도 있었어요. 그 때문에 날씬했음에도 불구하고 외모에 자신감이 없었어요. 하지만, 하나님이 나를 만지신다는 것을 알고나서, “하나님이 살아계시다”라고 고백할 수 있었어요. 집회에 가서 하나님이 세밀한 부분까지 알고 계시다는 것을 알게 되었어요. 눈물이 흐르고 나서 그 아픔들이 치유 받아서 생각 안나게 되었어요. 친 어머니도 강한 성격이어서 제 주장을 펴지 못하고 지났어요. 제겐 하나님이 상담자였어요. 하나님께 사랑 받고 있다는 걸 알게 되고, 하나님께서 사용하신다면 순종하겠다는 믿음을 갖게 되었어요.	[초등학교 때 따돌림] [위축이 되었었죠] [결혼 후 어른과의 관계에서도 영향] [외모에 콤플렉스] [하나님이 나를 만지신다는 것] [“하나님이 살아계시다”라고 고백] [하나님이 세밀한 부분까지 알고 계시다는 것] [눈물이 흐르고] [아픔들이 치유 받아서 생각 안나게] [친 어머니도 강한 성격] [제 주장을 펴지 못하고 지났어요] [제겐 하나님이 상담자] [하나님께 사랑 받고 있다] [하나님께서 사용하신다면 순종] [믿음]	When I was an elementary school student, I was shunted aside. I was withered. I do not know the reasons until now. The withering affected on building the relationships with other people after marriage. Also, I was not satisfied for my appearance. At that time, I was skinny enough to have positive images about my own body, but I did not have any self-confidence. However, after I have known that God is touching me now, I could confess, “God is alive.” I realized that God knows me in detail. After tearing and the wounds were healed, the experience did not be recalled. My mother has the thrusting personality, so it was hard to assert my opinion.” For me, God is the counselor. I know that God loves me, so I have faith that if God wants to use me, I will obey Him.	[Shunted aside during elementary school] [I was withered] [It affected on building the relationships with other people after marriage] [not satisfied for my appearance] [God is touching me now] [“God is alive.”] [God knows me in detail.] [tearing] [wounds were healed] [My mother has the thrusting personality] [it was hard to assert my opinion] [God is the counselor.] [God loves me] [if God wants to use me, I will obey Him] [faith]

APPENDIX D

Example of Category Formation: Codes Grouped into the category, “Spirituality”

Korean	English Translation
<p>[결혼 전부터 신앙][아이를 통해서 하나님과 더 깊은 관계][둘째 아이를 통해서, 정말 하나님의 은혜를 더 깊이 경험][감사한 건 하나님께서 여러가지 것들을 경험하게 하심][교회를 옮기게 되었어요][다니던 교회에 마음을 열지 못하게 되어서][기도하면서 기다렸었는데][기도하면서 정말 단시간내에 그런 마음들을 회복][소망이 막 생기더라구요][이 아이도 하나님의 관점으로 보면, 귀한 생명이구나][존귀히 여겨줘야 하겠다][하나님은 다 귀하게 여기시기 때문에][하나님의 마음도 아프셨다][하나님의 사람인데][아들을 향한 기도를 정말 쉬지 말아야겠다][교회에서 부흥회][정말 하나님 살아계십니까][하나님 살아계신다면, 말씀으로 확실하게 응답해주시던가][내가 그렇게 힘들어 하던거 내가 다 보고있다, 다 알고있다][하나님 앞에 그건 큰 범죄][내 영이 회복][하나님과의 관계가 바로 시지 못했었어요][그런 관계들이 회복이 되니까 영이 살아나는 거예요][하나님이 만지시는 거 같아요][하나님이 그때 만지셨구나][내 마음의 상처들... 다 알고 계셨구나][그것 만으로도 위로][회복이 되었어요][하나님께서 나를 위로하시려고 동생을 주셨구나][사랑하는 마음을 다시 회복]</p> <p>[그런 하나님을 내가 아는데 우리 삶에 능력으로 나타나지 않아요][건강도 하나님께서 지켜주실 거][내가 구하는 건 이 아이가 건강하게 태어나는 거][내 기도에도 또 둘째 아이처럼 응답하지 않으시는 응답이면 어떻게 하나요?][하나님 정말 제 상황 힘든 거 아시잖아요][하나님 그렇게 힘든 상황이면 저 감당할 수 없을 것 같아요][감당할 시험만 주신다고 하셨는데][내 힘으로 어떻게 할 수가 없으니까][하나님 때문에 죽을 수도 없었어요][지옥갈까봐][나도 하나님 앞에 갈 때, 그게 부끄러움이 되면 안되니까][나도 모르겠다고 하나님이 알아서 하시라고 그러고 낳았거든요][내려놓게 되더라고요][내가 어떻게 해야지 하는 마음이 없어졌어요][이제는.. 하나님이 하실 때인 것 같아요]</p>	<p>[having a belief before marriage] [building a closer relationship through David] [Experiencing God's grace through David] [Thank for God to make me experience various events] [I changed the church] [I could not open my mind in the previous church] [I was waiting by praying] [Recovering my mind in a short time by prayer] [I could have hope] [David is precious in God's sight] [I need to respect David] [God is also connected in my suffering] [God's child] [I cannot stop praying for David] [Seminar in church] [God, are you really alive?] [If you are alive, tell me] [I am seeing and knowing your suffering] [the biggest sin to God] [recovering my spirit] [distortion of the relationship with God] [my spirit is living by recovering the relationship with God] [God is touching me] [He touched me at that time] [He knows my every wound] [That is the encouragement to me] [I was recovered] [God gave me a daughter to encourage] [Recovering the love] [I know God, but his power is not empowered in my life] [God will give us good health] [What I want to God is my baby would be born in healthy] [What can I do if God does not respond to my prayer like David's situation?] [God, you know my situation] [I cannot overcome from the extreme suffering] [I cannot deal with this] [I could not die because of God] [I don't want to go to hell] [When I face to God, I do not want to show Him my shameful decision] [I don't know God. You can do everything, and then I gave a birth to the forth child] [I tried to avoid my greedy] [I put up with what I need to do] [It's time that God show his power in my life]</p>

APPENDIX E

Example of a Thematic Development

Korean		English Translation	
[하나님이 나를 만지신다] [하나님이 살아계시다] [하나님이 세밀한 부분까지 알고 계시다][하나님께 사랑 받고 있다] [하나님께로 부터 온 자아상][다 감사해요] 등등	하나님 안에서의 자아상 발견	[God is touching] [He is alive] [He knows me in detail] [God loves me] [Self-image from God] [Thank for God] etc.	Finding positive self-image in God
[둘째 아이를 통해서, 정말 하나님의 은혜를 더 깊이 경험] [기도하면서 정말 단시간내에 그런 마음들을 회복] [하나님이 만지시는 거 같아요][내 마음의 상처 다 알고 계셨구나][위로][회복이 되었어요][하나님 때문에 죽을 수도 없었어요] 등등	힘들 때의 위로	[Experiencing God's grace after David's birth] [Recovering positive mind by praying] [God is touching me] [He knows my wounds] [Encouragement] [I cannot kill myself due to God] etc.	Encouragement in suffering
[하나님의 마음도 아프셨다] [정말 하나님 살아계십니까]] [네가 그렇게 힘들어 하던거 내가 다 보고있다, 다 알고있다] [하나님이 만지시는 거 같아요][내 마음의 상처들... 다 알고 계셨구나] [하나님 정말 제 상황 힘든 거 아시잖아요] 등등	경청자/후원자	[God is also hurt] [God is that you?] [I am seeing and knowing your suffering] [God is touching me] [He knows my wounds] [God, you know my circumstances.] etc.	Only listener and supporter
[예수님은 한 영혼을 천하보다 귀하게 여기셨던 그 마음][이 아이도 하나님의 관점으로 보면, 귀한 생명이구나][존귀히 여겨줘야 하겠다][하나님은 다 귀하게 여기시기 때문에] [사랑하는 마음을 다시 회복] 등등	David에 대한 관점 변화	[Jesus respects a soul more than the world] [David is a precious living soul in God's sight] [I need to respect David] [God is appreciated all people] [Recovering love toward David] etc.	Changing the view point of David

APPENDIX F

너희는 가만히 있어 (Be still)

하나님은 우리의 피난처가 되시며, 환란중에 우리의 힘과 도움이시라.

너희는 가만히 있어, 주가 하나님됨 알지언나 열방과 세계 가운데, 주가 높임을 받으리라.

사랑합니다 내 아버지, 찬양합니다 내 온 맘 다하여, 선포합니다 예수 그리스도, 주님 오심을 기다리며.

Korean

English Translation

하나님은 우리의 피난처가 되시며,
환란중에 우리의 힘과 도움이시라

*God is our refuge and strength,
And ever-present help in trouble*

너희는 가만히 있어, 주가 하나님됨 알지언나
열방과 세계 가운데, 주가 높임을 받으리라

*"Be still, and know that I am God;
I will be exalted among the nations,
I will be exalted in the earth."*

사랑합니다 내 아버지
찬양합니다 내 온 맘 다하여
선포합니다 예수 그리스도
주님 오심을 기다리며

*I love you, my Father
I worship you with all my heart
I declare you, Jesus Christ
I am expecting you coming back*

APPENDIX G

하나님을 향한 고백 (Confession to God)

언 제 나 나의 믿 음 인 약 할 때 에. 하 나 님
 날 기 다 러 주 시 고, 또 내 가 삶 이 외 롭 다 고
 느 낄 때, 하 나 님 은 나 의 손 을 붙 드 셧 네 나 항 상
 곤 고 함 으 로 힘 들 때 에, 하 나 님 이 나 를 채 우 시
 고, 내 가 지 쳐 서 무 너 지 려 할 때 는, 하 나 님
 이 나 를 견 고 하 세 우 네

Korean

언제나 나의 믿음을 인약 할 때에,
 하나님 날 기다려주시고
 또, 내가 삶에 외롭다고 느낄 때,
 하나님은 나의 손을 붙드셨네.

나 항상 곤고함으로 힘들 때에,
 하나님이 나를 채우시고,
 내가 지쳐서 무너지려 할 때는,
 하나님이 나를 견고히 세우네.

English Translation

Always when my faith is weaken,
 God is waiting for me
 And, when I feel lonely,
 God holds my hands

When I feel always exhausted,
 God is filling me
 When I am tired and upset,
 God makes me stand firmly.

APPENDIX H

택함 (The chosen person)

난 하나님께 택함 받은 사람
 죄 가운데 있을지라도 날 버리지 않는 주님
 난 하나님의 큰 사랑 감당할 수 없어서
 주 앞에선 감사의 고백뿐
 난 기쁘다 내 영생은 잃을 수 없다 만
 난 기쁘다 내 영원히 주 품을 거키며 살다 내

Korean

난 하나님께 택함 받은 사람
 1. 죄 가운데 있을지라도 날 버리지 않는 주님
 난 하나님의 큰 사랑 감당할 수 없어서
 주 앞에선 감사의 고백뿐

English Translation

*I am the person who is chosen to God
 He never abandons me even though I am in
 sins.
 I am not capable of carrying out His
 amazing love*

2. 나의 고통하는 신음을 들으시는 주님
내 삶의 고난과 아픔 통해 그 뜻 이루시는 주님
난 오직 순종함으로 나아가길 원하네
주 뜻 위해 사용되어 진다면...

후렴

난 기쁘다네 난 기쁘다네
내 삶을 통해 주께 영광드릴 수 있다면...
난 기쁘다네 난 기쁘다네
난 영원히 주를 즐기위하며 산다네

Only confession of thank in front of Him

*2. God hears my sorrows and pains
He accomplishes His mind through the
sorrow and pains in my life
I would like to obey in order to be close to
Him
If I would be used for His intention.*

Refrain

*I am happy, I am happy
If I can glorify God through giving my life
I am happy, I am happy
I live to rejoice God forever*

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