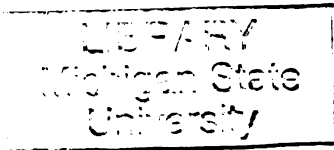This is to certify that the
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PEER GROUP SUPERVISION FOR KOREAN MUSIC THERAPISTS
WITH GUIDED IMAGERY AND MUSIC (GIM)

BY

Hyun Jung Kang

A THESIS

Submitted to
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ABSTRACT

PEER GROUP SUPERVISION FOR KOREAN MUSIC THERAPISTS WITH GIM (GUIDED IMAGERY AND MUSIC)

By

Hyun Jung Kang

Music therapists encounter various issues in their working environment after completing music therapy education and training. However they seem to have difficulty to finding a suitable place for support and to meet their needs effectively. Thus, the purpose of this study was to explore how peer group supervision using Guided Imagery and Music (GIM) can help music therapists to develop their therapeutic thinking and cope with their clinical and personal issues as professionals. For this study, four music therapists who have worked in Korea with GIM training participated in supervision sessions using group GIM once per week for ten weeks. Participants' personal journals, researcher's field notes, video/audiotapes of supervision sessions and interviews with participants, transcripts of supervision sessions and interviews with participants, and participants' mandalas were sources of data. By comparing these data, the personal, professional and clinical benefits gained by each participant through the supervision sessions and the advantages and limitations of group work were examined. The results of this study showed that the participants' personal issues affected their professional and clinical lives.

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CHAPTER ONE

INTRODUCTION

Music therapists' needs and issues

What happens after student music therapists have successfully completed training? What are some of the challenges encountered in the more independent and risky atmosphere of the working environment? The intensive support of teachers and student peer groups is gone. Some of the challenges involve finding enough suitable work, learning how to sustain a therapeutic relationship over a longer period, and learning how to bring established work to a suitable close. Bunt and Hoskyns (2002) emphasize the importance of supervision in learning to manage therapeutic relationships.

Clinical practice for music therapists is changing daily. Stephens (2001) says, "Music therapists need support in designing innovative programs and navigating the systems of changing institutions. One of the most important needs for support is in nurturing a way of thinking that allows us to move back and forth between words and music and, particularly, in being able to nurture what can be called the 'musical mind'" (p. 211).

Amir (2001) described common issues with which new music therapists are

confronted, all of which are experienced by professional music therapists. In their initial phase of working as professionals, music therapists find out that in many of the clinical settings there are conditions that make it impossible to start clinical work right away. Amir (2001) states, "Therapists have to put a lot of their time and energy into the bureaucratic and management aspects of obtaining space and setting it up" (p. 198). Music therapists often have difficulties in setting boundaries with their clients. Amir describes, "They feel that setting boundaries is an educational issue that makes them take the role of a teacher and look like a bad, strict teacher, or a policeman and not a therapist. . . Setting boundaries for the staff members can be much harder than for children" (p. 200). Amir also found that the music therapist can experience feelings of frustration, boredom and helplessness, particularly true when working with autistic children who are perseverative and exhibit stereotyped behaviors, or for music therapists who work with very disturbed, depressed adolescents. The therapist may try to intervene, but whatever s/he tries may not work, and s/he may not know what to do. At this time, s/he may need someone with whom s/he can discuss feelings and seek solutions (Amir, 2001).

Also, Stephens (2001) describes that, in the initial stages for a music therapist as a professional, there are four main needs that can be met by an experiential music therapy

group. They are as follows:

> 1) the need for creativity in dealing with the challenges of a new career; 2) support for the emerging identity as a music therapist; 3) the need for continuing development of the ability to move between the musical and verbal modes as the verbal challenge grows with professional reporting and documentation; and 4) a place to share music freely with a community of understanding peers (p. 214)... Many of the issues of the music therapist in the early stages continue on throughout one's career. Music therapists are constantly pioneering programs, educating other professionals and the public about music therapy, carving out a place for music therapy. As paradigms change under each new administration, the relevance of music therapy often needs to be established all over again (p. 215).

Edwards (1997) says, "The question of how best to support or help the trainee or clinician address the emotional impact their work may have upon them remains problematic. This is an issue, moreover, that is as relevant to general practitioners, psychiatric nurses, social workers and art therapists" (p.18). This issue may be applicable to music therapists as clinicians who deal with psychological materials during the session. As Mollon (1989) suggests, this dilemma may be particularly sensitive in those professions, such as clinical psychology, which emphasize the significance of research

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and technical procedures in clinical work. Edwards states that the work undertaken by all these professional groups involves close contact with emotional pain and suffering among other potential sources of stress. The recognition that this may lead to 'burnout' (Ross et al., 1989) is a main factor in the increasing attention paid to supervision within professional organizations.

Although they are advocated, counseling or psychotherapy are rarely routinely provided for mental health professionals in order to help them address the emotional impact of their work and personal consequences this may have (Woodmansey, 1991).

Definition of supervision

Edwards (1997) states that the word 'supervision' is applied to situations in which one person observes or looks at another's work from a position of authority. Williams (1992) describes the supervisor as the boss, the person who is to be obeyed, the person who tells us what to do and is responsible for our work. Edwards (1997) notes that, "As this definition tends to imply an intrinsically authoritarian relationship, and conflicts with the actual function of clinical supervisors, more 'user-friendly' terms such as consultant, facilitator or mentor have increasingly entered the therapeutic vocabulary to describe the role and function of the supervisor" (p. 13). This process includes a number of functions

involved in monitoring, developing and supporting persons in their helping role (British Association for Counseling, 1990). Supervision is generally related to reducing the anxiety of the therapist, developing creative approaches to clinical problems, improving the service to the client, expanding the supervisee's self-awareness and helping them to develop an independent professional identity (Kaslow, 1986). He regards supervision as a necessary element in the training and education of mental-health-related professionals.

Edwards (1997) states, "The complex issue of whether, or to what extent, supervision should be 'therapeutic' in so far as it pays attention to, and possibly seeks to alleviate, difficult or problematic feelings therapists or trainees have in response to their work continues to be debated" (p.17). Forinash (2001) notes that supervision includes the process of dealing with management issues such as how to make schedules, how to manage staff or interns, or how to establish employee morale. The supervision relationship focuses on addressing the complexities involved in helping supervisees in their continuing development as competent and compassionate professionals. Supervision is a relationship, one in which both supervisor and supervisee participate and cooperate (Forinash, 2001). In the mental health field the word "supervision" means generally ". . . the process in which therapists receive support and guidance in order to ensure that they are addressing the needs of the client" (Edwards, 1993, pp. 216-217).

Supervision in music therapy

McClain (2001) says that the phenomenal growth of the music therapy profession necessitates more advanced clinical training. McClain suggests the following reasons that music therapists need professional supervision:

1) Seeking graduate degrees, continuing education, or postgraduate institute training; 2) exploring new areas and models of specialization; 3) experiencing greater opportunities for administrative roles and professional responsibilities; 4) working in more diverse clinical settings and practices; 5) advocating for greater quality of care and treatment; and 6) seeking opportunities for personal exploration and rejuvenation. Just as the needs for advanced supervision are complex, so are the variables impacting the process of supervision (p. 12).

Both the supervisor and supervisee come into the process with their own training, background, preferred therapy and supervision model, and level of professional development (Brown, 1997). McClain states that these variables and others enhance the depth and breath of professional supervision.

Dvorkin (1999) holds that supervision is essential to the growth of a clinician. The supervision of a student includes not only increasing knowledge of methods and techniques, but also the need to increase the ability to see and hear their clients in

different ways. As a new therapist, the tendency to only see the clients in one way, and thus respond to the clients in that way, is not unusual. During an internship, supervision usually focuses on this type of exploration. Dvorkin (1999) states, "Therapists have become comfortable using the techniques they have learned and want to learn more about working with their patients, which might include learning different ways of working as well as more intensive knowledge about the patient population" (p. 279).

Bunt and Hoskins (2002) write, "Supervision in music therapy is an interactive process between a practitioner and a more experienced colleague, concentrating on musical, practical, and dynamic issues" (p. 262). They state that a practitioner and a more experienced colleague share a common interest in the work with the emphasis on the practitioner becoming more effective in working with clients. Also, they add that the supervisor should facilitate open and honest articulation of material arising from the work through the establishment of a clear frame of meetings, and the process should be supportive and critically reflective (Bunt and Hoskins, 2002).

Frohne-Hagemann (1999) also states, "If a music therapist has had training as a supervisor, he or she functions as a counselor, not as a therapist" (p. 256). This means that the supervisor recognize the personal problems of the supervisee only in so far as they have a negative influence on his/her actual work with his/her client. Thus the

supervisor is not a therapist of the supervisee, and his/her work is not mainly focused on the supervisee's personal problems. Frohne-Hagemann (1999) introduces two types of supervision: "counsel-supervision of therapeutic relationships and cases (including training) – and treatment of actual conflicts at one's place of employment "(p. 256).

Advanced supervision is various and complex. It can be developed when therapists can work with other supervising therapists who can model objectivity, sensitivity, knowledge, and professionalism (McClain, 2001).

Peer group supervision

Gomersall (1997) explains peer group supervision.

Peer group supervision is not a substitute for personal therapy and intensive regular individual supervision. However, it can be a relatively low-cost endeavor which is easy to organize. It generates great enthusiasm once members of a group become committed to each other and to the holistic, eclectic understanding of situations in which they come to see themselves playing powerful key therapeutic roles (p. 118).

When a music therapist supervision group focuses on improving the therapist's ability to observe, understand, and facilitate the music therapy process, the group can be significant to therapists working with different populations. It has more to do with the

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therapist's growth than with the population with which he or she works. Thus, Stepehens (1984) says, "It is possible to include in the same supervision group a music therapist working with psychiatric adolescent patients, and one working with a geriatric group, and one working with a group of university students. The central issues are related" (p. 31).

The members of supervision groups represent different positions, viewpoints, frames of understanding, and patterns of therapeutic intervention. These different perspectives help each group member grow and gain insight from supervision issues. Frohne-Hagemann (2001) describes advantages of group supervision.

The variety of clients and the variety of theoretical perspectives make supervision groups rich; the process of finding bridges for integration promotes collegiality, and tolerance for different ways of doing and analyzing clinical work.Group supervision generally...connects different music therapy "schools"- different theoretical backgrounds and philosophical approaches to how one works as a music therapist (p.233).

The significant advantage of a peer group is to enhance efficiency of work. Gomersall (1997) describes, "It is now gradually recognized, however, that such efficiency depends first upon technical skills and second, less definable factors, such as morale, a sense of identity and the quality of personal interactions between peers and

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between those higher or lower in the hierarchy of the particular institution concerned (pp. 107-108).

Hawkins and Shohet (2000) describe the several advantages of group supervision. The first advantage of group supervision is related to economies of time, money or expertise. The second is that the group provides peers with a supportive atmosphere to share similar issues that they are facing. The third advantage is that group members can receive reflections and feedback from peers as well as the group supervisor. Thus, the group setting may be less dominated by the supervisor, with less danger of over-influence or the dependency. The fourth is that a group setting offers the supervisor a way to examine his/her emotional or intuitive response to an issue presented by checking if other members have had the same response. The fifth advantage is that group supervision provides an environment to share a variety of life experience and a broader empathic range, not only of gender, age, race, but also of personality type. The sixth advantage is that group supervision can be a place to use action techniques as part of the supervision. Members can reenact the therapy session by playing the role of their client in the group. The final advantage is that the supervision context reflects the therapeutic context that is being supervised. Thus, if the supervisees run groups, they can gain learning from the supervision taking place in a group with other group leaders.

Stephens (1984) suggests that a supervision group offers possibilities for exploration on three levels that an experienced supervisor can integrate in a way that contributes immediately to the learning process.

The first level is that of the specific content of material presented by the therapist, such as questions, techniques, and process. The therapist's personal connection to the material and to his or her own musical expression constitutes the second level. The third level is the development and process of the supervision group itself. The supervision group is, of course, itself a group. It can be used as a striking illustration of group dynamics and process, although the focus should be on the immediateness of the learning rather than on a prolonged exploration of the group process (p. 31).

One important role of peer group supervision is to help music therapists articulate their individual values regarding their work. As a professional, one begins to form one's own value system around therapeutic work. The peer supervision group becomes a forum to discuss their values as music therapists. It reconnects them to these values when they feel discouraged by the challenges of their client, sites, and the mental health field as a whole (Baratta et al., 2001).

Bonny Method of Guided Imagery and Music (BMGIM)

Guided Imagery and Music (GIM) is a music therapy method. As described by

Bonny (1978), it is a technique that involves listening in a relaxed state to selected music

in order to elicit imagery, symbols, and deep feelings arising from the deeper conscious

self. The GIM therapist uses different techniques in conjunction with other altered state

of consciousness facilitating agents in a series of sessions to "foster creativity, therapeutic

intervention, self-understanding, aesthetic imprint, religious and transpersonal experience,

holistic healing and personal growth" (Bonny, 1978, p. 5). Stokes (1992) defines Guided

Imagery and Music (GIM) as "an uncovering process used as an experiential therapy for

individuals and groups" (p.188). The imagery evoked reflects aspects of the self and is

used by the client to stimulate growth towards self-actualization. The types of outcomes

of GIM therapy described by Belland (1994) are change in the sense of self, change in

mood, improved relationships, improved self-esteem, becoming more aware of feelings,

overcoming an addiction, gaining insights into problems, feeling more energized,

discovering new parts of the self, spiritual growth, increased independence, and

acceptance and/or cure of somatic conditions. Also, Blake and Bishop (1994) state that

the GIM process allows access to subconscious feelings, images, and memories and

fosters empowerment and reconnection through self-understanding and an alliance with

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the therapist. (p. 125).

Guided Imagery and Music, as a medium exploring and using sound, is described as a process that focuses on the conscious use of imagery. This imagery arises in response to a formalized program of relaxation and music to effect self-understanding and personal growth processes in the person. From a psychodynamic theoretical perspective, Hanks (1985) states the purpose of GIM as a means:

> To establish a consistent, continuous dialogue with the unconscious in which the ego holds its own reality while allowing the unconscious to do the same. . . The music allows release of ego control and gives permission to move from outer to inner stimuli. Music and therapist are co-therapists supporting and facilitating the experience (pp. 3-4).

Also, Weiner (1985) used GIM as a treatment choice in couple therapy. Weiner states that issues of communication, dysfunction, boredom, fear of intimacy, security versus freedom, anger, power control, and sexuality "appear in metaphoric imagery, with the pattern of images suggestive of the way the person is relating to significant others" (p. 8). As a result, GIM therapy can be used to deal with interpersonal problems and to increase personal strengths.

Exploratory studies with subjects from different clinical settings have enriched the

professional's understanding of the GIM method. GIM was generally recommended for people with good, healthy egos. Goldberg (1994) writes: "The value of GIM therapy is in the depth, speed and relative ease of the work. It enables clients to wrestle with deep seated conflicts more quickly than in most other therapies by bringing them to conscious awareness in a manner that they can tolerate. Many issues are worked through in the context of the session itself. The holding environment created within the music experience lowers anxiety and allows clients to deal with deeply repressed or highly conflicted material" (p. 20).

Purpose and problems

The purpose of this study is to explore how peer group supervision using Guided Imagery and Music (GIM) helps music therapists to develop their therapeutic thinking and cope with their clinical and personal issues as professionals. With this purpose, the following specific problems will be explored:

1. What do the music therapists expect before receiving peer group supervision with the GIM method?

2. What are the most beneficial clinical aspects of GIM during and after peer group supervisions?

3. What are the most beneficial professional aspects of GIM during and after peer group supervisions?

4. What are the most beneficial personal aspects of GIM during and after the peer group supervisions?

5. Are there recommendations or expectations from the peer group sessions for future sessions? If any, what are the peer group recommendations or expectations?

6. Does the group work help participants to achieve their expectations? If yes, which parts of the process help them?

CHAPTER TWO

RELATED LITERATURE

Music-centered supervision

Why is a music-centered approach to supervision important? As the profession of

music therapy matures, the balance between the "art" and "science" of music therapy

practice becomes ever more complex. Until recently, the essence of music and its analysis

has taken a secondary role to psychological, psychotherapeutic, educational, and medical

research (Lee, 2001, p. 248). Taking a music-centered approach to music therapy and

supervision can help reevaluate the balance among music as a stimulus, musical

engagement, discussion of personal and professional implications, refection on group

dynamics, and discussion of clinical applications.

The subject of supervision for the music therapist is becoming increasingly

important in light of growing concern and interest in the music therapist's training and

development after formal education is completed. Therefore, it is important to explore

which types of supervision are most useful for music therapists. Zetzel (1979) observed

patterns of group dynamics and worked with transference and countertransference issues

and the needs for particular activities for particular stages in the group process. Zetzel

described that there is a unique power in the combining of music and words and that the music therapy supervision group should include those areas that can be touched in a music therapy session. In supervision, music can lead to new findings and expanded awareness.

Stephens (1984) explores the integration of verbal and musical elements, and describes techniques of the music therapy supervisory process. In the fields of social work, psychology, and psychiatry, participation in some form of individual or group supervision has become standard practice. Recognizing the need for support and further development, music therapists have received supervision offered by clinicians in these related fields. Here they find opportunities for growth and understanding of individual and group process, transference and countertransference issues, and leadership style, and they receive encouragement in developing observational skills; however, music therapists have discovered drawbacks to this type of supervision. Stephens (1984) says, "The lack of understanding of the supervising clinician as to the nature of music therapy and the specific problems that occur for the music therapist often puts the music therapist in the position of once again explaining what music therapy is and justifying its purpose" (p. 29). The music therapist needs to learn when to use words and when to use music, and to know what in the music is not in the words. Stephens explains, "The answer to these

questions cannot be found in verbal discussion alone; they must be discovered in a combination of verbalization and musical encounter and creation" (pp. 29-30). Stephens (1987) describes aspects of music listening that are important to our understanding and learning of the process and can be developed through the use of experiential music therapy: "In order to learn the 'ways' of music in music therapy, the music therapist must experience in an intimate manner, not only the elements of music but also the therapy process that emerges through and with them" (p. 169). In describing the integration of verbal and musical work during supervision, Stephens says that, "in moving from music to music, the therapist works from the music and is encouraged to let the music lead to a possible solution" (p. 173).

Lee (2001) says that evaluating clinical improvisation through a music-centered approach to supervision is a process that can help identify a supervisee's clinical maturation as a music therapist. The relationship among music, people, and therapy is a natural phenomenon that essentially originates from the forms and qualities of music itself. The supervisee must learn that the musical elements of music therapy are fundamental to the process. Music–centered supervision helps integrate past musical history, and this may have influence on the supervisee's clinical and musical development.

Forinash (2001) introduced several types of music-centered supervision in her book

Music Therapy Supervision. One is analytic music therapy supervision. Scheiby (2001)

describes Analytic Music Therapy as "a music therapy model that incorporates an

approach to supervision in which musical and verbal processing of clinical material are

essential components" (p. 299). AMT was developed in the 1970s over a two-year period

by three pioneers in Great Britain: Mary Priestly, Peter Wright, and Marjorie Wardle.

According to Priestly (1994), AMT is the "analytically-informed symbolic use of

improvised music by the music therapist and client. It is used as a creative tool with

which to explore the client's inner life so as to provide the way forward for growth and

greater self-knowledge" (p. 3). Usually, the supervision follows five steps within one

session:

> 1) Identification of musical/verbal phenomena that the student therapist was not
>
> able to handle; 2) Identification of the issues that the student wants to work with; 3)
>
> Working through the issues in music if possible; 4) Verbal integration and
>
> clarification; 5) Identification of possible parallel process (aspects of what
>
> happened in the discussed therapy session are reflected in the supervision session)
>
> (Scheiby, 2001, p. 315).

The second type of music-centered supervision is Nordoff-Robbins Supervision.

Turry (2001) introduced Nordoff-Robbins music therapy supervision in detail in his

article. Nordoff-Robbins's music therapy is based on the work of Paul Nordoff, an accomplished composer/improviser, and Clive Robbins, who began the work as a special educator with a musical background. Both therapists are acknowledged as pioneers in the model of live, interactive music-making with clients that have come to be known as Creative Music Therapy (p. 351).

Supervision in the Nordoff-Robbins training program is multifaceted. Its foundations lie in the philosophy inherent in the approach, which includes the development of musical creativity and awareness, personal growth, and technical understanding. The supervisory relationship contains the same elements as the client-therapist relationship, as supervisor and trainee enter the creative now with a willingness to learn from each other and develop together. Turry (2001) states that discovery of unknown personal qualities can help trainees to gain insight into the therapy situation. Observing their own music played in the therapeutic relationship can help trainees to gain more insight into themselves and their client. Turry (2001) describes the musical supervision:

> The supervisor has the responsibility to observe the process and discern what steps
>
> to take to enhance the trainee's development. Musical supervision is paramount in
>
> sharpening listening skills, increasing musical awareness and sensitivity, and

deeping insight into the musical relationship. The supervisor helps to enhance the trainee's musical facility by developing his or her musical resources and helping them become more musically responsive. The trainee gains confidence in supporting and leading the client while improvising with mutuality. The training program builds cohesion and support among the trainees; this helps them to trust their development, gain a sense of belonging, and establish a professional identity. Ideally, the trainee takes steps that enhance their personal, social, and transpersonal development (pp. 376-377).

The final type of music-centered supervision is the Bonny Method of Guided Imagery and Music (GIM). Ventre (2001) explains that "the role of supervision in the GIM training program is crucial. Supervision of clinical work allows the student to forge the critical link between theory and practice and to clarify professional and personal issues" (p. 341).

On-site supervision, one type of GIM supervision, usually concentrates on the client-music therapist relationship and therapeutic process within the session observed by the supervisor. Skill areas for discussion include the supervisee's general behavior; the mechanics of the session; interviewing techniques; techniques used to facilitate an altered state of consciousness; the use of the music;

guiding skills; skills used to facilitate the transition of the client back to a normal state; processing techniques and closure (Ventre, 2001, p. 343).

In addition, Ventre suggests that supervision in a group setting can be useful. In group supervision, supervisees are trained how to present case studies and have questions about therapeutic techniques, choices, and problems. They also obtain the opportunity to deal with personal issues that may influence their clinical work. Group supervision helps them identify and explore deeper philosophical, ethical, and therapeutic issues related to casework.

Martenson-Blom (2004) explored the application of group Guided Imagery and Music within group supervision. Group GIM was used with an ongoing supervisory group of experienced, professional social workers to examine how and if the application of GIM could deepen the learning process, expand capacity for containing difficult feelings, develop relational knowing and the professional self, and nourish the group cohesion and working climate for the group. GIM was found to expand the group's capacity for containing difficult feelings as well as nourish its working climate. GIM also highlighted the connections between private and professional issues for several group members.

Group Guided Imagery and Music

Bonny began to experiment with group music and imagery by using groups of therapists, friends, and students (Bonny & Savary, 1973). Summer (2002) describes, "Although she dabbled in developing and application of GIM for groups that she called 'group GIM', the training and the practice that Bonny developed were solely devoted to individual work with its goal of stimulating life-changing, reconstructive imagery experiences. This individual form was eventually renamed the 'Bonny Method of Guided Imagery and Music' or BMGIM" (p. 298).

Also, Summer (2002) adds that, "Group sessions were used as a stepping stone to interest people in individual BMGIM sessions – either to become a client or to become a trainee. Group GIM was a pedagogical technique, used in lectures, workshops, and trainings" (p. 297). Summer states that many GIM therapists have misunderstood the concept of group GIM practice. Group work required a lighter adaptation of music and imagery to facilitate group, instead of in-depth, individual process. However, Bonny says that GIM group elicits interaction, and personal material comes out that had not been recognized before the group experience. Unique contributions to the development of personal values are often a consequence of the GIM process.

Summer (2002) explains group GIM:

Recognizing the need for group GIM to become more directed toward clinical

goals, several music therapists altered the technique from its incipient form as a

pedagogical technique into a valid tool for group music psychotherapy. . .

Concurrent with the development of the group work was the increased acceptance

of Bonny's pioneering work in the training and practice of professional music

therapy (pp. 298-299).

Group GIM therapy is obviously in the area of music therapy practice because of

the importance of interactive group process through music. Summer divides group GIM

into three types: supportive, reeducative, and reconstructive group, according to the

clients' psychological state, the period of therapy, and the developmental stage of group

work.

In supportive group music and imagery therapy, group members require a more

structured procedure that stimulates conscious rather than unconscious experiences.

These groups encourage the growth of trust and unity among group members. In the

beginning phase of group therapy, clients are encouraged to develop a feeling of trust for

the leader as well as for each other. Summer (2002) explains the features of supportive

group music and imagery. In the beginning phase of group work, imagery experiences

should be easily understood for positive interaction among group members. A positive

image means "increased feelings of safety, positive self-esteem, and a strong feeing of being part of the group." (p. 301). It is essential for the guide to take the responsibility for helping to hold these conflicts in abeyance until the group builds unity to deal with conflicts effectively (Summer, 2002).

Summer describes another type, reeducative group GIM. The goals of reeducative group GIM are to help each person experience him/herself in relation to other group members and lead to broader self-awareness and self-understanding. The guide encourages group members to recognize their maladaptive patterns that are hindering daily life. Yalom (1983) says, "By helping individual patients to see themselves as others see them and to understand their maladaptive ways of relating to others in the group, the therapist will help patients understand what has gone wrong in their individual social worlds at large" (p. 175). Also, Summer adds that in the beginning phase of group work, focusing upon each member's psychological conflicts can be unsafe for group cohesion. However, once the group is unified, they are no longer threatened by their differences. Self-understanding can occur as group members can learn from each other. The interactive processing of the imagery experience helps each client examine how his/her internal conflicts are represented through the experience and how these conflicts have influence on his/her interpersonal relationship with specific members of the group.

The final level of group therapy, the reconstructive group, encourages reconstructive ego change through personal and transpersonal transformation. Summer (2002) states that it is used for a group with constant and dedicated group members, and only when the group is sustained long enough in duration to explore more serious underlying personal, existential, and spiritual materials. In the reconstructive level of group music and imagery, the verbal processing keeps the focuses upon an active group process of support and confrontation. Group process is not cut-and-dried. The type of group process is established by the spontaneous needs of the group.

The format of Group GIM (Bonny, 2002, p. 149)

Elements in a Group GIM session

PRELUDE

Preliminary conversation: Each group member shares a personal goal of the session.

Explanation of procedure

Rules for group participation

Identify group goal

INDUCTION

Relaxation and focus: Group sits on chairs or lies on floor.

Induction includes minimal, structured relaxation and focus

which may continue while music is played.

MUSIC PROGRAM

A single music selection of short duration

Classical or popular category

Quiet music listening, or structured voice-over by therapist

Therapist closely observes reactions of each group member

POSTLUDE

Integration/Processing: Return to normal consciousness

Reversal of induction

Guiding of the group through personal sharing, and reactions

Review goals

In the prelude or preliminary conversation, the role of the therapist in the pre-music

discussion is to "build a line of supportive contact" (Bonny, 2002, p. 274) by being a

good listener and by encouraging the client to identify any presenting issues or concerns.

The therapist and client together determine a focus for the music and imagery segment of

the session.

In the second phase, the guide provides a relaxation induction for the clients, who lie down on a mat or in a comfortable chair. Therapists can utilize a variety of inductions according to the need of the client. At the end of the induction, the client is generally in a deeply relaxed state (Grocke, 2005).

The music and imagery segment is the core of the GIM session. The most important role of the GIM therapist is to select a music program that fits into the issue to be explored (Grocke, 2005). As the music plays, clients experience a variety of the kinds of imagery such as visual imagery; sensorial, intuitive, somatic, spiritual, and pure music experience; archetypal image; and feeling.

In the postlude or integration as a final phase, the therapist helps the client back to a non-altered state of consciousness. The client reflects on his/her experiences by drawing, molding clay, creative writing, or verbal discussion. The BMGIM therapist does not interpret the imagery. Bonny stated that the most essential role of the therapist at this point is to "reach the heart or message of the session" (Bonny, 2002, p. 285) by helping the client develop insight into a range of experiences during the music, and to relate any symbolic representation or feeling to aspects of the client's life situation (Grocke, 2005).

The Music

Michel (1951) says that music can help to express many ideas at one and the same time, whereas through verbal language only one idea can be expressed at one moment. Noy (1967) also states that aestheticians consider music as a symbolic language expressing obvious feelings and contents, and psychoanalytic theory considers music as "a language lending symbolic expression to unconscious contents" (p. 9). Kohut and Levarie (1950) offered this interpretation: "The sounds of music are felt as coming, not only from the outside, but also from his own emotions . . . such an experience induces an 'ocean feeling' which is joined by a feeling of magical omnipotence and a return to primitive kinaesthetic pleasure, as if the listener were flying through the universe on the wings of sound" (p. 70).

Bonny states (2002) the importance of music:

The importance of music -- its choice, type, and presentation-- has taken precedence in continuing exploration of the GIM work. Music selections chosen for the exercises in *Music and Your Mind* include both classical and popular types. Through trial and error, therapists have learned that, for individual therapy, classical selections are able to provide depth of experience, variety of color and form, harmonic and melodic complexity, which are qualities needed for self-

exploration. The music and the guide form a synergy that enhances and sustains the process. Popular music, on the other hand, is more peripheral, simpler in form, and less intrusive. Therefore, popular music of the appropriate kind (usually instrumental) may serve well in group GIM sessions. . . Music is the stimulus that elicits the changes occurring in perception, and these are dictated by tension/release mechanisms within the music, by instrumental color, melodic line, and cadences that together raise emotions, memories, and feelings within the listener. In response to these musical effects, images relating to the five senses emerge and become the basis of the music experience (p. 150).

In choosing a music program, the guide should consider several elements to create an efficient session; first, the client's issue, second, the energy level of the client, and third, how well the elements and structure of the music program match to the client's issues and energy (Grocke, 2005).

Mandala

Bonny used mandalas to better understand her clients and to facilitate their work from the beginning of GIM (Bonny, 1995). Mandalas are created by adding color and design to an empty circle. Bonny first learned about the mandala in 1972, when she met

Joan Kellogg, an art therapist who had been doing research on its diagnostic and clinical application (Bruscia, 2002). It was in that year that Kellogg had begun consulting with the LSD research team at the Maryland Psychiatric Center where Bonny was working (Kellogg et al, 1977). By 1977, Bonny had performed a case study in which she asked her client to reflect their experiences in BMGIM on a mandala at the end of most sessions. At the end of the study, Bonny concluded:

> It was found that the drawing of the mandala at the close of the session was useful in several ways. Immediately following experiences that were sometimes very intense, concentration on the making of a circular design gave the client a needed opportunity to unwind. In doing so, she gave outward expression to the inward experience of the preceding hour.

> Here we will concentrate, however, on demonstrating the richness, depth, and accuracy of the information that can be derived from the mandala. There is evidence that it can provide not only a valuable diagnostic tool but also a way of checking on the therapist's immediate impressions - even at times, a source of valid predictions that may warn us of pitfalls and guide us in the direction of constructive therapeutic maneuvers (Kellogg et al, 1977, p. 126).

> Today, many GIM therapists use the mandala to facilitate or deepen the music

and imagery experience, and to help convey the images evoked by the music. Many GIM therapists have utilized Kellogg's "MARI Card Test" (1978) as an important element of assessment and evaluation (Bruscia, 2002).

Bush (1992) states, "As a circular art form mandala is an archetypal symbol representing wholeness. Mandalas drawn in therapy sessions are interpreted according to the color, movement and symbols" (p. 34). Kellogg (1978) has proposed that subjects tend to create mandalas that conform to 13 basic structures she calls "Archetypal Stages of the Great Round of Mandala." Kellogg designed the Mandala Card Test with the 13 stages as its basis. Also, Bush says, "The altered state imagery of GIM, the interpretation of mandalas, and the Mandala Card Test are interrelated and reinforce each other. They provide a well-rounded assessment and treatment process" (p. 34). Jung believed that "mandalas (Hindu for magic circle) were cryptograms that portrayed the state of the self and reflected its constant changes" (Samuels & Samuels, 1975, p. 185). This type of nonverbal expression seems to be a way of integrate the ineffable qualities of a GIM experience.

CHAPTER THREE

METHODOLOGY

The researcher's lens

This study is an outgrowth of my experience as a music therapist, GIM trainee, and supervisor. When I was a practicing music therapist, I saw that many music therapists across time became 'burned out" from their isolation and the repetitiveness of their work. After graduating from college, a number of music therapists, including me, talked about the need for a place to discuss situations that occurred during their music therapy sessions, to support their work, and to reassure them concerning their use of interventions.

I studied supervision and the role of a supervisor for one semester; my studies included practice as a supervisor. Through the experience, I realized that supervision plays diverse roles in music therapy. Supervision provides the student music therapist and professional music therapist with not only practical information, such as the types of theories of music therapy intervention, but also a safe environment that nurtures the musical mind and growing personality. Therefore, supervisors, through group supervision, can help music therapists and students to increase their music therapy skills and decrease their level of stress and pressure. Also, it can support therapists and help to avoid

burnout. In some ways, the relationship between a supervisor and supervisee is similar to the relationship between a therapist and a client.

Guided Imagery and Music (GIM) training was valuable for me. Throughout the training, I not only discovered my emotional weaknesses, but also improved my self-esteem and ability to deal with emotional conflicts by myself. As a result of GIM training, I learned to work with people who wanted to solve their problems. Most of them could cope with their problems and experience personality development after receiving GIM therapy sessions.

Thus, I think that supervision with the GIM method may affect the music therapists' life as a music therapist and/or human being. Music therapists may feel supported and safe during and after a period of supervision sessions. Also, since the music therapist's satisfaction with his/her life affects the quality of therapy service to clients, this study will have value in exploring whether or not supervision sessions help the music therapists cope with their conflicts and concerns.

Since the purpose of this study is to explore how peer group supervision with the GIM method helps music therapists to improve the quality of their clinical and personal lives, it is important to choose an approach to research that is suited to exploring

experiences and acknowledges the value of such experiences. My intention is to use qualitative research methods to illuminate the meaningfulness of, and expand our understanding of, the experience of supervision for music therapists.

Definition

For this study, GIM therapy is defined as a form of psychotherapy using (a) a relaxation and induction of an altered state of consciousness, (b) classical or popular music, (c) spontaneous imagery from the participants during the music, and (d) integration/processing after the music experience.

Change is defined as improvement or worsening in clinical, personal or professional aspects of the therapist's life as reported and described by participants, and the researcher.

Selection of Participants

I selected four participants who have worked as music therapists in Korea for this study. All were female. In the GIM method, verbal communication is important.

Because I am fluent in Korean, I selected participants who speak Korean. In qualitative research, sampling has two main objectives (Lincoln & Guba, 1985): (a) to find maximum variations in cases of participants so that a holistic understanding can be achieved, and (b) to find cases or participants who will shed more light on whatever ideas or constructs are emerging from the data which require further exploration. Bruscia (1995) states, "The researcher must always consider whether a participant has the potential knowledge or skills required to participate and/or to collaborate at the level expected" (p. 407). Thus, the participants for this study met these criteria: (1) at least one year of music therapy experience as full/part-time music therapists after graduating from college. The therapists must have music therapy sessions at least 10 times per a week, (2) experience with GIM method as a traveler (client), and (3) knowledge of the value of GIM method as therapeutic tool.

Participant's Background Information

Jina

Jina had earned her masters degree in a music therapy program in Korea and then has worked with disabled children for over four years. Also, she is a GIM fellow who completed the GIM training program and currently performs GIM therapy with adults and adolescents in individual and group settings.

Jina had received GIM supervision as part of training and music therapy supervision from peers irregularly for about one year after graduating from graduate school. As the supervision sessions began for this study, she already had experienced burn-out from clinical work. Jina expected to have an opportunity for managing her stress through peer group GIM supervision.

Soomee

Soomee had completed her masters degree in a music therapy graduate program. Since graduation, she has been working with disabled people at a rehabilitation hospital. She mainly works with individuals who have developmental disorders and children who have cerebral palsy.

Soomee was receiving GIM training as a GIM fellow and had experiences in receiving GIM therapy in only individual settings, but not groups. She had never received supervision sessions for music therapy. She wanted to share concerns, have empathy, and seek solutions to problems as a music therapist. Also, she expected to get support in her music therapy supervision sessions.

Nayoung

Nayoung completed the music therapy graduate program in Korea and has worked at a private psychiatric hospital for children for the past 6 years. Nayoung works mainly

with PDD (Pervasive Developmental Disorder), which are affective and behavior disorders in children, adolescents, and young adults. Now she is participating in a training program for GIM fellows and has had experiences in individual GIM therapy as a traveler. However she has not had a group GIM experience.

Nayoung said that her personal problems might influence her work as a therapist. Also, she thought that a lack of therapeutic and musical skills, and personal conflict might influence her confidence in her work. She expected to gain insight to help resolve her conflicts and new energy from inside herself through peer supervision using GIM.

Mirae

Mirae had completed a music therapy program in graduate school and has worked with juvenile adolescents for about four years. As a GIM fellow who finished all of the GIM training programs and performed GIM therapy, she is also a counseling therapist for adolescents. After graduate school, Mirae had experience in receiving GIM supervision as a part of training, as well as music therapy supervision from advanced therapists a few times irregularly.

Mirae did not experience of a lot of images through the GIM sessions even though she is a GIM therapist. She expected to participate in this setting as a traveler, because it might be a good opportunity for her to experience deeper exploration of herself and share

her personal problems with her peer music therapists.

Data collection

(1) Initial interview

I met with each participant individually for an initial interview, which was open-ended. Ely et al. (1991) say, "Open-ended questioning can unearth valuable information that tight questions do not allow. When a person adds to the practice of new or unused skills that of knowing how to ask and then to keep still in order to listen and observe, that person is well on the way. I keep reminding myself that as a qualitative researcher I am interested in understanding my participant's story, and questioning, listening, and observing are the tools that can help me" (p. 66). In the initial interview, each participant and I talked about the process of the study and made a contract that defines the period of the study, how data would be collected, and how she would report in a personal journal during the study. Also, I asked about personal and clinical issues as a music therapist, as well as her expectations of the supervision sessions. At the initial meeting, I received written permission from all participants to videotape them and to use the videotapes and their records in my study.

(2) Participants' personal journals and mandalas

I performed peer group supervision with GIM as a guide once per week for ten weeks. During the period of sessions, each participant reported in a personal journal that described her experiences, feelings, thoughts, and suggestions. The GIM session was immediately followed by the drawing of a mandala. This art representation is drawn to make more concrete certain non-verbal elements experienced in the music session and to provide a pleasant reentry into the usual conscious state. Therefore, I considered that changes of drawing pattern of mandalas would show participants' changes in their inner world. I asked each participant to self-evaluate their mandalas, and then in the post-session discussion they explained the contents of their mandala, the imagery experiences during music listening, and the insights gained through the session.

Mandalas drawn in therapy sessions are interpreted on the basis of color, movement and symbols. Many GIM therapists have used Kellogg's "MARI Card Test" (1978) as an important component of assessment and evaluation. I did not interpret their mandalas, because I did not complete the training in the program required to interpret mandalas using MARI Card Test as a GIM therapist. Instead of my interpretation, I used, *Circles of the self* (2002), the assessment and evaluation portion of the MARI Card Test,

to clarify the participants' changes shown from their mandalas.

(3) Researcher's field notes, and videotaping and transcripts of sessions.

Lincoln and Guba (1985) describe the researcher's journal as "a kind of diary in which the investigator on a daily basis, or as needed, records a variety of information about self (hence the term 'reflexive') and method" (p. 327). They also suggest that the journal

Consist of separate parts that include the following: (1) the daily schedule and logistics of the study; (2) a personal dairy that provides the opportunity for catharsis, for reflection upon what is happening in terms of one's own values and interests, and for speculation about growing insights; and (3) a methodological log in which methodological decisions and rationales are recorded. Entries should be made on a daily basis in the daily schedule and diary, and as needed in the methodological log. (p.327)

The researcher's journal is the place to record outcomes of self-inquiry, consultation, collaboration, and most other tasks involved in implementing the study (Bruscia, 2005, p. 130). Kenny (2005) states, "Field notes were narratives telling the stories of the scholar's experiences and interpreting aspects of community life through

their own eyes" (p. 417). From beginning to the end of my study, I wrote field notes that described my thoughts, feelings, experiences, actions, conversations and insights from therapeutic process, and ideas of analysis based on the above explanation of journaling. Also, I videotaped all sessions and transcribed the verbal and behavioral reactions shown during the session.

(4) Final interview

After all supervision sessions, I met with each participant individually again within two weeks after completing of the series of supervision sessions. In this meeting, I asked about changes in their clinical, professional and personal life, and how peer supervision sessions with GIM affected their music therapy practice. Also, I asked if their group work helped meet their needs and what their recommendations and expectations for future study were. Initial and final interview materials were recorded by voice-recorder and transcribed.

Trustworthiness

Smeijsters and Aasggard (2005) states, "Qualitative research uses techniques and criteria to insure that it is scientific. It is agreed that insight and understanding are no

guarantee for good research if there is not a sound research strategy that guides the birth of insight and understanding" (p. 445). Some checks are needed to keep the researcher from falling back to mere subjectivity.

According to Smeijsters and Aasggard (2005), the researcher describes techniques to fulfill criteria of trustworthiness. For instance, checks such as repeated analysis, member checking, and peer debriefing are used. Also, the researcher makes use of triangulation by collecting data from multiple sources and documents (written/audio/video materials, physical artifacts, and so forth), and applies multiple methods of data collection (archival records, interviews, observations) and multiple theoretical perspectives (pp. 445-446).

Throughout this research process I employed the following activities to maintain the trustworthiness of this research: (a) persistent observation, (b) triangulation, and (c) peer debriefing.

Persistent Observation

Lincoln and Guba (1985) state that the purpose of persistent observation is to recognize those qualities and elements in the situation that are most related to the problem or issue being pursued and focus on them in detail. In considering the data that

consisted of the interview transcripts and my field notes. I focused on the details of the experiential elements of peer group supervision for the music therapists in this study.

Triangulation

In triangulation the researcher makes use of a variety of data sources or methods in order to ascertain the accuracy of data. Also, according to the guidelines of Smeijsters & Aasggard (2005), I used multiple sources and documents (written/audio/video materials and mandalas), and applied multiple methods of data collection (interviews and observations).

By interviewing several music therapists, I was able to compare the experiences shared to illustrate the various ways that the peer group supervision was experienced and used. I took notes of impressions and significant events observed in the supervision sessions. Then, these notes were compared with the personal journals, mandalas, and interviews offered by the participants. The notes were also used to verify my own observations.

Peer debriefing

Ely et al. (1991) states, "A few qualitative researchers believe that one aspect of being credible is to gain statistical agreement about their findings with at least one other

person. This person is a member of the peer support group or a colleague on the job. It is called establishing inter-rater reliability" (pp. 163-164). As recommended by Ely et al., I chose a person who was a doctoral music therapy student and was receiving training in the GIM method to gain credibility by checking the coding process for all transcripts that were used for this study. In the cases in which she did not agree with my coding, we discussed the differences to seek a common conclusion. I then modified them as needed.

Data analysis

Data taken from a variety of sources were analyzed. These included my field notes made while listening to or observing a therapy sessions, interviews with participants, transcripts of sessions, personal journals maintained by participants, and mandalas gained from each session. Analysis consisted of the following steps.

Making transcripts

After each session, I transcribed all participants' verbal and behavioral expression during the session. Also, I transcribed interview responses and the participants' personal journal. Mandalas were transcribed by participants' self-report.

Selecting sessions to analyze

Because the transcripts of all sessions were quite voluminous, I selected transcripts

of three sessions with each participant to analyze for this study after I reviewed all of the

data and wrote descriptions of what had happened. According to the recommendations of

Lincoln and Guba (1985), I selected three sessions that brought out meaningful

experiences and represented the therapeutic developmental stages (beginning, transitional,

and ending stage).

Coding

Miles and Huberman (1994) describe a code as a category label.

A category is a meaningful unit of data. A label is a title, which may consist of a

word, phrase, number, color, design, or musical symbol. They initiate various kinds

of codes, which are a descriptive code, an interpretive code, a provisional code, and

standard code. A descriptive code is produced without the researcher making any

inferences or interpretations about the data. An interpretive code needs the

researcher to make inferences or interpret the raw data based on the researcher's

insights, on an outside theory or research study. A provisional code is one that the

researcher makes prior to collecting data based on the research questions of the

study. Last kind of code, a standard code is one that has general categories that can

be applied to most data. Each unit of data is fit into predetermined categories

(Wheeler, 2005. pp. 183-184).

I chose to use an interpretive code and made a code list according to Summer (1999), Grocke (2005), and my insights after reviewing contents of the transcripts over and over. I read the transcripts, marked the words that I considered significant, and refined the codes for the data. Codes were compared and similar codes were grouped into categories. See Appendix B, C, and D.

Developing theme

I created three themes. The first theme was for the individual treatment process. The theme was individualized for each participant, based on their therapeutic developmental stage such as the beginning, transitional, and ending stage.

Second, to analyze how each individual reacted to music therapy, each code, except for their imagery experiences during the music, was grouped into personal, professional, and clinical subthemes.

Finally, I analyzed how group members interacted with each other by grouping the codes into the subthemes of asking, feedback, and empathy. In addition, I asked that in each participant's self-report she describe the benefits that were gained through the group work and the limitations that were perceived in the group process.

CHAPTER FOUR

INDIVIDUAL JOURNEY

I selected three sessions for each participant for use in the analysis. Each selected session brought meaningful experiences and represented one of the therapeutic developmental stages (beginning, transitional, and ending stage).

At the beginning stage, all participants shared their difficulties from personal, professional, and clinical aspects and were ready to explore the source of their difficulties. In the process, they discovered their current psychological state. All participants had a need to explore in depth their issues, and this occurred in the session. Also, they created an environment in which they could share their personal issues in a safe and open way.

At the transitional stage, they became focused on themselves in depth and encountered their psychological traumas from early in life or emotional hurt from the past. Most participants realized that their identified present personal or relationship problem was related to their past negative experience. They identified psychological conflict relating to their difficulty. In the process, they felt confused and depressed. Most of them cried in this stage.

Finally, at the ending stage, they began to resolve their personal conflict by

rehearsing new experiences that replaced past negative ones and created new possibilities for solving problems. All participants were supported by spiritual power and received therapeutic insight in preserving their positive experience and helping to cope with problems surrounding them.

I will describe each participant's treatment process individually. Also, I will attach the mandalas that each participant drew in each session. Color plates of the mandalas can be seen in the Appendix (pp. 110-117). Quotes of participants' verbal expressions are translations from the original Korean.

The Case of Jina

Treatment process

2nd session: The Extinguished fire of a shaman

In the pre-session, Jina said, "I thought that my personal problem might influence my clinical work after last session. I tended to ignore others when their view was different from mine, because I thought that it was my personal problem. I hadn't solved my personal problem yet, so I tried to endure the situation. The repressed feeling made me burst finally. Also, I tend to avoid certain kinds of diagnostics because of my personal concerns. I am afraid that a client might be hurt by my inadequate care resulting from my

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excessive empathy. This tendency comes from my personal problem." She wanted to explore this current difficulty relating to her work.

During the music, Jina remembered her past session. She said, "Why do I have to be a shaman? I was weak and needed consolation from others." In this session, she saw the extinguished fire of a shaman and thought that there must be a fire in front of the shaman during the music. However, the fire was extinguished, which related to her own situation. Through the image, she recognized that the fire meant the strength that she needed. She said, "It was time to be awake, and I felt stronger." A shaman means a priest or priestess who uses magic for the purpose of curing the sick, divining the hidden and controlling events (Merriam-Webster's online dictionary). The symbolic representations that are fostered in the music listening process have come to be recognized as an expression of the client's experience, and as the key to impulses towards self understanding and growth (Toomy, 1996-97, p. 76). Thus, as a symbolic image, a shaman might represent her as a music therapist or GIM therapist who takes care of her clients. The extinguished fire could mean that the role of a shaman did not work. Jina explained her mandala, "Now is the time to need power. The power is the fire. It is time to be awake. I opened my eyes. My conscious became clearer. I need to open my eyes and be awake. I felt firm." She used red to express the fire of a shaman. According to *Circles of the self*
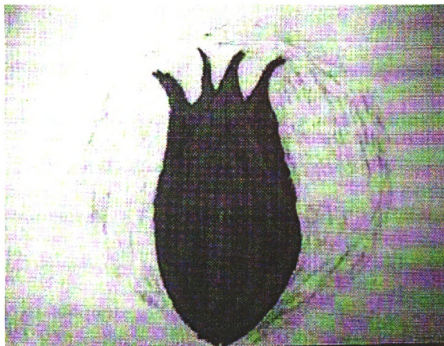
Figure 1. Jina's 2nd mandala (Jun. 24th, 2006)

(2002), red is a basic, primary color related to the building, growing, and struggling part of the growth cycle. It is primary, like an indicator of force. It speaks to someone's vital energy; it is also related psychologically to the forces of the raw libido, to anger, aggression, struggle, and passion. In short, it is related to all "heated" emotions. It can also be related to needs and neediness, to a "me first" attitude. It can indicate a willingness to be physical, to be in the body and not just in the head or the spirit.

7th session: A nephew who was torturing himself

Jina began the session by saying, "There are lots of things that made me tired since

I have worked as a music therapist. Actually, I tend to avoid the kind of people who are purpose-oriented and push their work toughly. When I was young, my parents loved me so much, but I felt heavy and huge. The parents' love was beyond my capacity. The situation was too hard for me. So, I tended to think that when I met the difficulties I would not do it. But now I'm not young and have responsibilities at work. So, I endure and endure again. Due to this attitude, people seemed to consider me stupid. So, I feel like my real personality is distorted."

When Jina met difficulty at the work place, she tended to endure or not solve it, even though she could have done so. Because of this, she thought that people might consider her incompetent. Jina guessed that this may have come from the relationship with her mother during her childhood. Her mother's love toward her had been too heavy and huge, and had gone beyond her capacity to accept it. This emotional complication made her avoid coping with difficulties whenever she met them. She needed and wanted to accept her mother's gracious and overbearing love in a natural and more complete way.

During the music in this session, she saw her nephew falling down the stairs. His head fell on the stair with a bang. It looked like he was torturing himself and saying "I can do it." She felt sad as she looked at him. Jina had seen a similar scene in an actual dream. Drawing a mandala, she wanted to cover her niece with cotton in order to take
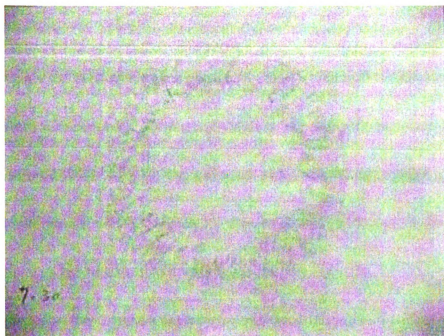
Figure 2. Jina's 7th mandala (Jun. 29th, 2006)

away the pain, because he might need to relieve it. The cotton provided a kind of safe boundary. Upon seeing her nephew's painful behavior, she may have experienced empathy. Her nephew appeared as a little girl who was weak, had little power, may have represented or resembled her. The boundary and cover might represent her needs. His torturing behaviors might be parallel for her attitude that people consider her to be incompetent because she avoids solving problems, even though she has the ability to do so. After the session, she felt sick. She wrote in her personal journal, "My body and heart are very sick." In her mandala (Figure 2), she drew cotton to protect him from the pain.

9th session: I was lying in the air with light shining down at me

Jina wanted to stop annoying herself. She said, "I felt difficult due to my attitude toward dealing with my work. During my vacation, my thoughts deepened and it made me feel depressed. I felt difficult, but I seemed to have heard the sound of a Goddess, who supported me last session. I heard, "Are you there?" It seemed to make me feel casual. I thought I had to accept all things lightly. For the last week, my life and problems were still the same, but it looks a little bit better now. I thought of the light surrounding me and the feeling of a Goddess a lot. It is a small change. I tried to do that and I did it in real life, even though I still did not have confidence." Jina wanted to continue her feelings of the light and the Goddess that she received in the last session. The feeling gave her support, consolation, and protection.

During the music, she imagined a river that was foggy, rainy, and dreamy. Actually, she was feeling confused and the image emerged. Jina said, "It was bitter and sad, it was a dreamy light… actually I enjoy such a feeling. The feeling cleared away, and I felt good as well as a bit sorry to see it go. As dawn came, it cleared. Even if it was not completely good, it was generally good. And then, I felt like I was elevating in a lying position. I felt comfortable at a certain height." At this time, she seemed to be free of her depressed image and was ready to transit to a comfortable environment that she wanted
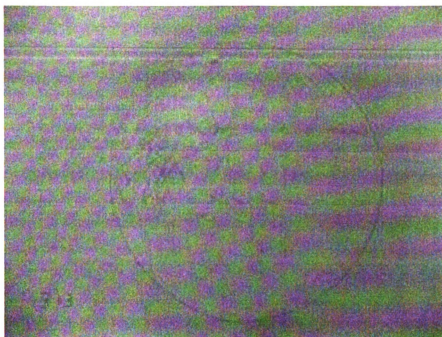
Figure 3. Jina's 9th mandala (Aug. 13th, 2006)

To achieve through a transpersonal experience. She heard her mother saying from outside, "Are you ready? Be ready." It was comfortable. She answered, "Yes." Also, she felt thankful to the certain being that had pulled her up. She felt that it was a holy experience. Jina wrote in her personal journal, "I need to feel natural and light about the people and work surrounding me. And I have to think and behave in a casual way. It is not frivolous but light, free, and cool."

On her mandala (see Figure 3), she drew herself floating in a lying position in the air with light coming down on her. Yellow is connected to the paternal or solar energies and it is a preserver color (*Circles of the self,* 2002).

Meeting needs

At the beginning, Jina said that she needed to cope with her difficulty in forming

therapeutic relationships with those who had a certain kind of diagnosis. During her inner

journey, Jina observed symbolic imageries that could represent her inner state as a third

person. She saw a shaman and a fire of the shaman. By seeing the fire extinguished, it

showed her current state, one that had been exhausted and burned out. In the middle stage,

she talked about the difficulties in professional relationships. She saw her nephew who

was torturing himself. The image of her nephew, who had little energy and felt tortured,

resembled her, who was misunderstood as an incompetent person from her way of

handling her work. She mentioned that she tended to avoid work when she met with

difficulties. This tendency came from her mother's overbearing love. As a result, she

recognized that her relationship problems came from early experiences. She decided to

stop thinking about what was bothering her. At the ending stage, Jina learned that she

needed to think of her work and environment more lightly. At that time, she experienced a

feeling of spiritual protection.

In the following, I will describe the benefits she gained from the group

supervision sessions according to Jina's final interview with me (Aug. 26th, 2006).

(1) Clinical benefits

After our supervision sessions, in the final interview Jina said that she felt easier and more comfortable when she formed relationships with her clients in the music therapy setting. She was relaxed and accepted her clients better.

(2) Professional benefits

It had previously been difficult for her to form relationships with people at the workplace, and the relationships had affected her negatively. Jina found that she could monitor herself through her peer supervision sessions. Because self-monitoring was possible, Jina felt comfortable when she made new relationships with her fellow workers.

(3) Personal benefits

Jina said that she became strong. She had absolutely needed strength because she had been tired physically and in turmoil emotionally. Acquisition of energy was the most beneficial personal aspect throughout sessions. Also, in the process of gaining energy she felt reverence for faith and religion.

The Case of Soomee

Treatment process

2nd session: Listening to her inner voice

At the first supervision session, Soomee imagined herself cutting her fingers during

the music. She said, "Why did I experience cutting my fingers? I am not sure. It seems like I don't do what I want; when working with clients, I hardly see their improvement, even though I worked hard with all my energy. My work needs of a lot of energy, but I do not know why I have little energy: whether I do not have enough energy or I overuse the energy." The lack of energy made her tired and did not correspond with her desire to know how to get the energy to successfully help her clients.

During the music in this session, Soomee recognized that she was not singing her song, even though she desired to do so. The experience seemed to relate to the image of cutting her fingers. After that, she said, "I felt like the music was staying at one place (she was crying). It felt like silence. I liked the quiet time so much. I thought I needed this kind of time. Changing the music, I felt warm. I tried to get energy from an external source before, but it was wrong. I have not looked into myself. Yes, this warmth should flow inside me. I thought I should let it go. Actually I didn't like staying, but I needed it."

Soomee tried to get energy through her work and relationships with people; however she realized this was not right, and that she needed to listen to her inner voice. This session may have provided her with energy and the insights to recognize how to get energy in the future. On her mandala (see Figure 4), she filled the circle in with yellow and orange to express the warmth. Yellows associate with light, sun, mind, and expansion
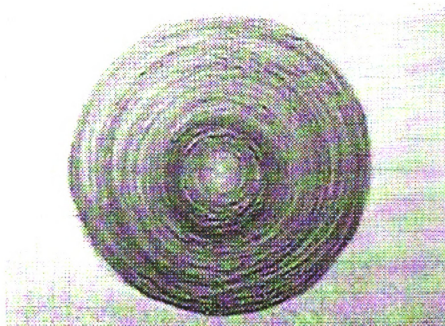
Figure 4. Soomee's 2nd mandala (Jun. 24ᵗʰ, 2006)

and relate to asserting the will or the ego. It is a preserver color. And orange represents

issues of power, ambition, and struggle, as well as, on the positive side, strong vitality

and high energy (*Circles of the self*, 2002).

6th session: Emptiness

Soomee heard of the story of married life from a person at work and a friend. Her

boss said to her, "You'd better be single. Don't marry if you don't meet a good guy."

After this interaction, she felt confused and depressed, concerned with why she wanted to

marry someone. She said, "I need to look back at myself. I am confused about my future

life, especially about marriage. I wanted to marry, but now I think 'why do I have to

marry?' I expected a married life, but now I am afraid I might live just like her, my boss."

She needed to organize her thoughts about marriage and to explore what her current situation was.

After listening to music in the sixth session, Soomee talked about her imagery. "The most important thing of marriage seems to be the protection from someone. I saw my ex-boyfriend, who flourished a wood sword during the music. Seeing him I realized that I was hurt by him. I tried to raise my arms and protect myself, but I couldn't move due to my heavy arms. As the music changed, I could raise them. And then, I wanted to move my arms freely, but I couldn't. I felt empty because I wanted to protect myself, but I didn't know how to do it." As she was talking, she began to cry. She still wondered if she wanted to be protected from a spouse. She became overwhelmed with emotion while she cried after talking about her experience.

According to her interpretation during the post-session discussion, she had trusted her boyfriend, but realized that he had betrayed her later. She wanted to hear why he had betrayed her; however, she could not find out. On her mandala for this session (see Figure 5), she drew a blue color on the boundary, and it became lighter into the circle. She did not fill in the circle; it was empty. Light blue says trust and indicates a good mother or positive feminine color with its aspect of unconditional caring. Also, it indicates
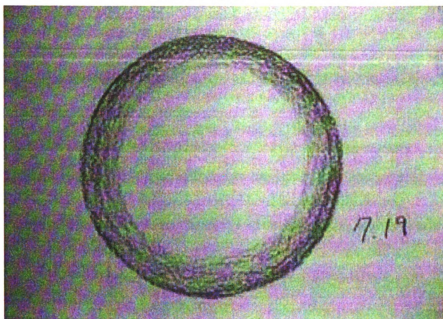
Figure 5. Soomee's 6th mandala (Jul. 19, 2006)

receptivity or passivity (*Circles of the self*, 2002). One interpretation of her mandala

might be that she feels empty due to not being protected as a woman.

9th session: A ball and a sword protecting me

In the ninth session, Soomee talked about the images that she had seen in the

previous session, "I saw cars that were passing by on their own way with a purpose. It is

the way you are and the way I am. I need to think about it more deeply. I tend to care

about others' things excessively and consider them from their view and not my view. This

tendency makes the work more complicated, and I get stressed. I need to make it light

and casual." Soomee wanted to do her best as much as possible. Also, she said that she

wanted to obtain energy.

During the music, she imagined a ball and a sword. A ball had floated in the sky, and a sword protected it from falling. A bird occurred to protect it from falling, too. Also, she saw a general who held a sword and fought hard in a war. The general who held the sword was a different character from the image of the boyfriend who had broken up with her. The image of the boyfriend hurt her; however, the general fought to protect her and win a war. Through the visual images, she had an intuition. She said, "The ball and sword seem to be important. I seem to need it. When I stand against people, my job is to do my best, just like the sword. It is essential for me. It helps me. Although I can't see it, it helps me voluntarily." She stated in relation to the war, "It was not threatening or difficult. It seemed likely to win. I had the confidence and power to win." She drew the sword and ball with blue on her mandala (see Figure 6). They were surrounded with yellow. The rest of the circle was filled with orange. Blue suggests going with a flow or being willing to act on feelings. Orange represents issues of power, ambition, and struggle, as well as, strong vitality and high energy. Yellow is associated with light, sun, mind and expansion. Yellow is connected to the paternal or solar energies, and it is a preserver color (*Circles of the self,* 2002). Soomee's mandala shows that she had been gaining positive energy and support.

Figure 6. Soomee's 9th mandala (Aug. 13th, 2006)

Meeting needs

At the beginning stage, Soomee thought that the feeling of burn-out came from her clinical setting; however, Soomee realized that she should get the energy that she needed from inside herself. At the transitional stage, she recognized that she had become weak as a result of her emotional damage from the past relationship. She saw the image of a man who had separated from her in a past. He flourished a wooden sword. She was hurt by his behavior. However, at the ending stage, she discovered a changed image. It was of a general who held a sword, but it was not her boyfriend. In this image, the general flourished the sword to protect her and this provided her with confidence to survive in the

real world.

In the final interview (Aug. 29th, 2006), Soomee mentioned the several benefits

gained from the group supervision sessions. The advantages are as follows.

(1) Clinical benefits

Soomee said that she had been exhausted due to clinical work, especially from her

clients' lack of improvement; however, she freed herself from this burden by recognizing

that she could receive energy from inside herself, rather than from her clients. She came

to realize that she could gain energy by herself. She added that, by doing so, she was less

stressed while doing sessions as a therapist.

(2) Professional benefits

Soomee mentioned that she had tended to be anxious about her relationships with

people; however, her anxiety became less through the supervision sessions. Also, she felt

more comfortable toward her boss. She said, "I became able to ignore things that

bothered her and do my best as much as I could."

(3) Personal benefits

Soomee stated, "I learned to respond to my real nature throughout the sessions. I

discovered impetuosity inside me that I might have wanted to deny. This process was

significant for me." She added, "I had thought that impetuosity was bad, and a calm

manner was good. This thinking caused me to ignore the impetuosity of my nature."

However she became able to acknowledge her natural temperament. The recognition helped her to better understand herself.

The case of Nayoung

Treatment process

2nd session: I am afraid of writing reports.

Nayoung recognized after the first session that she was hurt. She said, "I am wondering why I procrastinate in my documentation of my music therapy work, as well as other work. Also I am wondering if it relates to my personal conflicts." She needed to explore the source of her difficulty with documentation.

As the music began, she felt lonely and hurt, recognizing that nobody had known her very well. She explained her experience, "Another side of me consoled me. I said to myself, you have been alone." As she listened to the music, she raised her hands to console herself, as she showed that she was in pain through her tears. After the music program, on her mandala (see Figure 7) she drew her hands as she used them to console herself and expressed feelings of loneliness and hurt. Nayoung said, "I was afraid of writing the reports because people might perceive me in a wrongful way after viewing
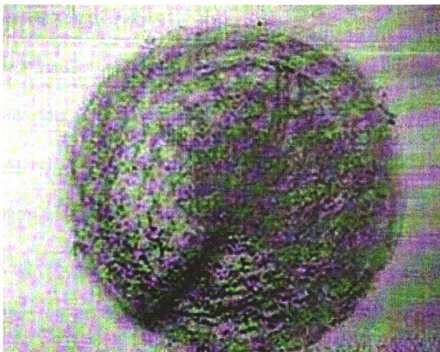
Figure 7. Nayoung's 2nd mandala (Jun. 24th, 2006)

my report; due to this fear, I thought that I might be avoiding that work. I had the

experiences of being embraced, recognized, and consoled through the music." Through

this session, she identified that her procrastination with documentation came from her

personal problem. According to *Circles of the self* (2002), orange is related to issue's of

power, ambition and struggle, and it says "I want". It indicates aspects of aggression or

strong self-assertive qualities, and power or problems of powerlessness. Orange also

indicates strong vitality and high energy.

7th session: Abandoned Baby

In the 7th session, it became clear that Nayoung was angry and depressed. She began to talk about her anger with people at the workplace. "My anger towards two therapists, not only at the camp, but their way in managing and their behavior, was not satisfying to me." She wanted to deal with her anger by exploring the reason why she was so angry, because she had never been so angry before.

During the music in this session, Nayoung went to her mother's womb. She experienced the image being a fetus. Nayoung related her experiences: "The reason why I was angry was bothering me. I wanted to relax, but mom and the people outside were bothering me. 'Why are you bothering me?' I said, 'I am so sick of it.' I wanted to stay in the womb and relax as long as I wanted, but I couldn't, and I got mad because mom did not help me. I don't want to go out, I am angry with others outside of me because they tried to let me out of the womb. Even though the baby was out, people from outside don't know me."

Her images focused on her belief that nobody knew her. She was angry with those who bothered her. After the music, she said that she had been containing anger; the reason for her anger was that nobody had recognized her. She had a concern about reporting work documentation, which may have come from the psychological trauma at

Figure 8. Nayoung's 7th mandala (Jul. 29th, 2006)

her birth that appeared in this session. She had been a premature baby and had almost

died at that time. She expressed her shouting on her mandala (see Figure 8), "I am sick of

it" and "Why are you bothering me?" The title of her mandala is shouting. Bluish purple

is the color of twilight. It implies coming to an end and relates to mourning and loss. It

calls for attention. Green includes a wide span of the color spectrum and represents a

wide range of the emotional/physical aspects. A clear emerald green acts as a healing

agent and growth producer. It also relates to those who are ready for self-responsibility

and ready to parent. Pastel Green (Mint) may indicate a less mature developmental stage,

but in general is a soothing color (*Circles of the self*, 2002).

10th session: A precious daughter

In the tenth session, Nayoung said she needed a source of protection and energy to protect her. She mentioned, "I feel an apparent need. I need protection. I seemed to have been stressed from an external situation. I need protection for myself."

During the music, Nayoung imagined the baby again, but the baby was not a fetus but a little girl (Nayoung's inner child) in this session. Nayoung held the girl's hand, and they flew to the sky. She recognized that the girl was not angry. Nayoung said to her, "you are a very precious being" and "You are a very precious daughter." And then, the girl was resting peacefully in the cradle. She looked comfortable. She needed to be recognized by someone, and resolved this need for recognition during this session by saying words that identified her in relation to her own hurt inner child. It was meaningful to emphasize that she was "a precious daughter" not just "a precious being".

Especially she needed to be accepted as a daughter by her mother. The little girl accepted her without any rejection, even though the baby had rejected her in her imagery during the last session. It was different from previous sessions. Through the experience of admitting her feelings, she was peaceful and did not have to be angry any more. Pribram (1981) explains that problem-solving is a sequence of repeated explorations through holographic memory in imaginative and emotional manners. These repeated explorations

Figure 9.   Nayoung's 10th mandala (Aug. 19th, 2006)

help to generate additions to previous holographs while also providing chances to
rehearse new ones, thereby building new possibilities for solving a problem, and ways of
evaluating them. Nayoung drew a little girl who was protected from a yellow color. The
boundary of the circle was surrounded with a blue band. Yellow is a preserver color, and
light blue says trust. Light blue is a good mother or positive feminine color with its
aspects of unconditional caring (*Circles of the self*, 2002).

Meeting needs

Nayoung's first intention was to understand her difficulty with writing music
therapy documentation; she wanted to know the source of her difficulty. At the beginning

stage she guessed that the feeling might be related to a personal psychological problem. In the transitional stage, she saw an angry baby who appeared to her inner child, and she related the anger from the psychological damage of birth to the anger toward her peers at the workplace. After the experience, she saw a little girl who was a changed image from the baby. The girl was not angry and accepted her present self, holding her hands and flying to the sky. She gained the insight that she was a precious being and a precious daughter. This experience soothed her feelings of abandonment in childhood.

In the final interview (Aug. 27th, 2006), Nayoung spoke of the several benefits gained from the group supervision sessions. The advantages are as follows.

(1) Personal benefits

Nayoung began to appreciate being alive, despite almost dying at birth. In the final interview, she said, "I was thankful to God for being alive." She also learned to integrate her damaged self with her present self. After the experience, she did not feel emotionally burdened any longer. She stated, "I felt a sense of completion, as if one term had ended." She appreciated life. In addition, she said that the experience gave her additional strength.

(2) Professional benefits

In the final interview Nayoung said, "The anxiety that I had felt in writing the reports disappeared." The problem appeared to be related to the trauma that she

experienced at birth. She said that when she wrote reports previously, just as she had not been recognized in the womb, there had been a fear of not being recognized for her work. At the finial session, Nayoung saw that the hurt baby accepted her present self enough to hold her. She mentioned that after that imagery experience, the anxiety of writing the reports disappeared.

(3) Clinical benefits

Nayoung did not process or discuss any problems relating to her clinical work during the sessions. She said that she did not need to focus on her clinical work, because she understood and responded to her clients well. During the initial interview before sessions, she said that she had a lack of musical skills; however, this concern was not discussed in this setting. Since all participants disclosed and worked through their psychological problems primarily, the issue of skills might not emerge as a priority to be addressed.

The case of Mirae

Treatment process

2nd session: I have to change in order to grow, even through I dislike it.

Mirae had undergone various changes at the workplace. T thought that changes

would be needed for her personal growth, even though she did not like change. She had a

need to explore why she disliked change.
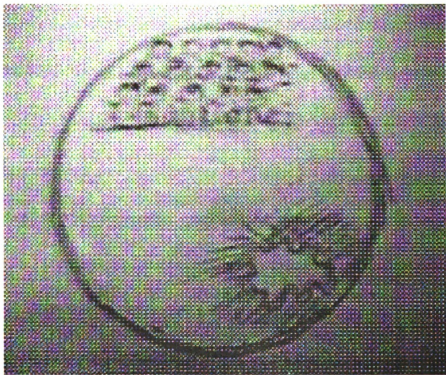
Figure 10. Mirae's 2nd mandala (Jun. 24th, 2006)

During the beginning of the music, she had a visual image that provided her with

an insight. She saw a group of people who looked like a church choir. Mirae spoke about

the image, "Seeing a group, I remembered the kind of religious training that I had before.

At the time, we had meditation without music, and I saw a variety of colors that were

harmonious. I did not stick to my own views during that time. Today, listening to music, I

realized that I tend to judge people with my own view, and thought I have to fit with

others." The visual image made her recall the insight gained through her religious training in the past. On her mandala (see Figure 10), Mirae used a blue color because she felt that she needed the blue color. Light blue represents trust and suggests the need to trust the body and the unconscious. Light blue is a good mother or positive feminine color, embodying unconditional caring. Also it represents receptivity or passivity. However, her mandala seemed to emphasize orange. When seen together with orange, blue may suggest passive-aggressive defenses (*Circles of the self,* 2002).

After the session, she tried to look at people with a broader view instead of her own. She reported in her personal journal that, whenever problems resulting from change made her irritated, she found it helpful to autosuggest that it was her part to change. Also, Mirae regarded a changed setting as an opportunity for a turning point in her growth.

6th session: Rebirth

In the sixth session, Mirae wanted to focus more on herself. She said that this process might not only explore with her childhood in depth, but also could be a time to see how her relationships with people were changing and which part inside her was changing. Compared to her past attitude about avoiding and being overly sensitive to change, she became more active toward her changed situation. She wanted to better

handle in a continuous way the changed situation inside her.

During the music in this session, Mirae had somatic experiences. She felt her body being firm and heavy. Right after that, she imagined that she was a mummy and felt separated in the middle of her body. She said that she seemed to see herself separating from her body. She was scared, but wondered why she experienced it. At first, she was not sure if the image of firming might be related to her repressed childhood or related to rebirth. Eventually she considered it as a rebirth. Summer's writings (2002) support Mirae's intuitive experience. Summer states, "A complete separation of body parts can be experienced in GIM therapy. Depending upon the client's context, this may be a fearful or fascinating occurrence. Separation imagery is often an element in the psychological-spiritual exploration termed "death-rebirth" in which the body seems to disintegrate and the spirit is left free to ascend" (p. 289). Mirae had talked about her spiritual experience. She had expected to have a spiritual experience in this GIM process, because she had never experienced spirituality before. Later T said that she was satisfied with her spiritual experience that occurred in this session. After this session, she felt that something new was moving inside her. Mirae decided to have an active attitude and approach when she had to do something. Also, according to Mirae's statement, she had tended to be dependent on others in the past; however, after the session she tried to solve problems
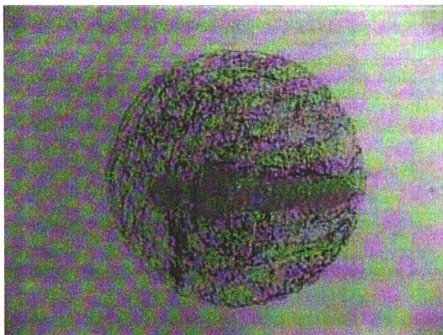
Figure 11. Mirae's 6th mandala (Jul. 19th, 2006)

actively. This change of attitude was significant for her. As the experience of separation

seemed to mean death-rebirth, her image of a mummy provided her with a turning point.

On her mandala (see Figure 11) she drew a grey mummy lying in a blacked circle.

Actually, she used white, but the background color that she filled in the circle at first was

black. As a result, the white became grey. According to *Circles of the self* (2002), black

can also relate to death. It is like the ending. On the positive side black is a color of

mystery, and relates to the feminine darkness. In mythology it relates to unfathomable

depth. White is a color that contains all colors. When interpretating the use of these colors,

one must consider how they are used. In the center of the drawn mandala it can be like an open door. When used to cover colors to create an iridescent effect it takes on a transpersonal meaning or relates to the spiritual. On the positive side a pale pearlized gray holds a gentle mystery as she drew it.

10th session: I need to protect myself and accept others

In the tenth session, Mirae had tried to act with a changed attitude as result of the previous nine sessions; however she thought that it was essential to keep her natural personality, even though it was important to make a change within herself. Her intention was to determine how much she had to change to maintain acceptable relationships and to live stably.

During the music in this session, she felt warm, as though someone sat beside her. Actually, I was sitting beside her. It made her feel that something was protecting her, just like a protective covering. At that moment, she recognized that there were parts of herself to accept and parts that needed to undergo changes. She gained another insight through a sensorial experience. While feeling her body was expanding, she realized that it was better to keep it constant instead of making it expand more. Simultaneously she felt heated. Mirae said, "Let's change as much as I could. If I am changed beyond my
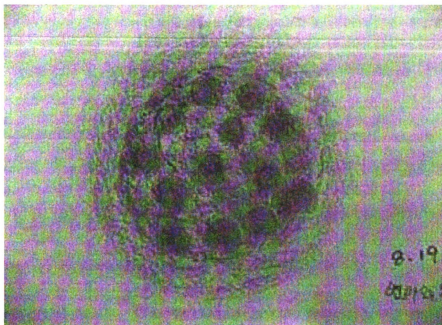
Figure 12. Mirae's 10th mandala (Aug. 19th, 2006)

capacity, the appearance is not me."

Mirae recognized that she had responded to others inappropriately and had been afraid of expressing herself to them. She said, "Resolving my inappropriate responses to others, changing, and accepting changes were my tasks in the future." Also, she realized that she needed to be ready for change, accept it, and make an effort to adjust to it. Insights gained from her images gave her new energy to encounter and cope with her problems. On her mandala (see Figure 12), she made a yellow band surrounding a circle.

In the circle, small black circles were filled in. Black makes a strong statement. It is the absence of all color but it absorbs and negates – like saying "no." Black can also

relate to death, or the ending. On the positive side, black is a color of mystery and relates to feminine darkness. In mythology it relates to unfathomable depth. Yellow is a preserver color.

Meeting needs

At the beginning, Mirae tried to seek the cause of her problem in her relationships with others and to overcome her difficulty with relationships. During the middle stage, she experienced a separation in the middle of her body, as well as imaging that she became a mummy. Through the body separation and archetypal mummy experience, she had a transitional experience. She had an important intuition that it meant rebirth. Since the experience, she felt that something new was moving inside her. Mirae decided to adopt an active attitude when she had to do something. This intuition indicated that a fundamental change occurred on a feeling level from inside herself, rather than from a purely cognitive standpoint. She underwent change from her bodily experience. The change encouraged her to progress to the next stage. She recognized that she needed a balance between protecting herself and accepting others at the final session. She said, "It is helpful for myself, including my clinical, professional, and personal aspects." (Aug. 19, 2006)

I will describe the benefits she gained from the group supervision sessions

according to Jina's final interview with me (Aug. 26th, 2006).

(1) Personal benefits

Mirae discovered that a change was essential to her, and it was important to learn how to cope with the change during the period of peer supervision. She had insisted that her manner had been right, and she had not had to change. Due to her personality, she had had difficulties at the workplace. She said, "From a personal standpoint, the most beneficial thing was realizing that my manner was not always true."

(2) Clinical benefits

Mirae identified the sources to her concern in stages throughout the sessions. It was an opportunity to change her attitude toward her clients, because her personal feelings had had an inappropriate influence on the clients when she felt uncomfortable. She stated, "By identifying my problem, my manner of dealing with the clients improved."

(3) Professional benefits

Mirae gained confidence to do things without the need to adjust to others, and she identified her own boundaries without cowering in front of her peers at work. In the past she had generally considered herself wrong; however, now she realized that she was not usually wrong. She could carry on her work from the motivation gained throughout the supervision sessions. Finally, she accepted the change in a balanced way.

CHAPTER FIVE

GROUP JOURNEY

An important element of any group involves how it goes about achieving a balance between the wants and needs of the individual members and the group as a whole. I described changes or therapeutic progress of participants individually in Chapter four. I will describe how group interaction occurred.

Group Interaction

In looking at how group work occurred throughout the supervision session, I analyzed the Group Interaction during the sessions. I divided it into categories; Asking, Feedback, and Empathy according to the type of each participant's response to another person. Also, each category has four subcategories; Personal, Professional, and Clinical aspect, and Experiences of GIM sessions.

According to the American Heritage Dictionary, 'Ask' means to put a question to, to seek an answer to, or to seek information about. I put 'Asking' into the scripts when the participant asked questions and sought information about a member's feeling, story, or experience from another person in the session. For example, Jina said about her

mandala, "I wanted to cover him with cotton in order to take away the pain. It is a kind of safe boundary. So I drew it". After she spoke, Mirae asked Jina, "You said you need a boundary. What is the boundary in your life?" Also, I labelled 'Personal' on the statement as a subcategory on this question (7th supervision session, Jul. 29, 2006).

Another category, Feedback means the return of information about the result of a process or activity; an evaluative response (The American Heritage Dictionary). Feedback was used for other members' responses to a participant's statement including their opinion, thought or advice. For example, participant Mirae said this about her mandala in the post-session discussion, "This is my needs. At first, I need protection and support. And then I need to take off a protective cover and express my strength. I should express my inner things. I seemed to feel the flow inside me during the music." After Mirae's statement, Jina responded, "I feel a kind of uniqueness about your mandala. It is flexible and dimensional." (9th supervision session, Aug., 13, 2006). Jina's response to Mirae was categorized as Feedback and was put into the subcategory of Experience of GIM sessions. I called the interaction related to participants' experience of music, imagery, and mandala as Experience of GIM sessions.

The third category, Empathy, means "identification with and understanding of another's situation, feelings, and motives or the attribution of one's own feelings to an

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object."(American Heritage Dictionary). During the supervision, Soomee had talked about difficulties with her boss. After her story, other members continued to talk about their own emotion. Nayoung said, "Your story annoys me" and "I am angry with people at your work." (7th supervision session, Jul. 29, 2006). The statements were categorized as Empathy of Group interaction and were put into the subcategory of Professional aspect.

From the first to fifth sessions, the participants only listened to each other without responding to the stories and experiences of the group members. Group members might have needed to establish trust and a feeling of safety to interact with each other during that time. From the fifth session on, they began to respond to each other. The sessions that showed the most participation were the seventh and the ninth sessions. At each session, Soomee and Mirae talked about the troubles surrounding their professional relationships at work. To understand and solve the problems, each who had experienced this trouble wanted to ask questions of the rest of group and discover an effective way to solve her own problems. Participants talked with each other to help and support each other.

The most prominent of the three categories coded for Group Interaction was Feedback, while Asking and Empathy each occurred about half as often. For the subcategories, while there were several appearances of the Personal aspect and many of

the Professional aspect, there were no elements of the Clinical aspect noted in Group Interaction. Also, Group Interaction relating to the Experiences of GIM was the category that was predominant during post-session discussions. Generally, they showed the tendency to participate in the post-session much more than pre-session. The reason might be that experiences in the post-session were more immediate than those of the pre-session. In addition, there were no elements of the Clinical aspect. I had expected that music therapists might share issues from their clinical setting, such as therapeutic relationship and related skills, musical skills or materials. Since the participants were experienced therapists and had lots of therapeutic experiences, they may have already sought a way to deal with these issues in their own way in the clinical setting. They might have preferred to share personal and professional issues, rather than clinical issues, because they had experienced many changes in their professional environments, and these changes might cause them to struggle to survive in their professional lives. Even if needed or desired, there was no opportunity to talk about issues relating to their professional and personal lives when in their work settings. As a result, they might need and want to share personal or professional issues, rather than clinical issues in supervision.

Another trend emerged in the post-session discussions. Participants Jina and Mirae showed the most responses in the post-sessions. Both participants had lots of experiences

with leading sessions as GIM therapists, having completed the training to qualify for GIM fellow. Based on their experiences as therapists, they provided the rest of the participants with appropriate responses to help them engage more fully.

In addition, some therapists' stories, feelings or insights gained from the supervision sessions had influence on other members. For example, Nayoung said, "Hearing Soomee's story, it seems my anger comes up". And Soomee said, "My work becomes more complicated, and I get stressed due to my pattern. Hearing Jina, I think that it is better to make it casual."

Each participant perceived advantages and disadvantages from their group work. They are described below.

Jina's group experience

Jina did not participate in group interaction very frequently in the early sessions. She said that it was not easy to open herself to others. However, although she had tended to have little focus on herself in other social and professional settings, she found that she could do it in this group. She said that she could share the same topics with them, because they were music therapists who were in the same profession. She had not had this type of opportunity before. Even though she responded little in the pre-sessions, especially at the

beginning stage, she gave other group members the most response to their GIM experiences in the post-sessions from the seventh session on, based on her own experience as a GIM therapist. Jina mentioned that this group supervision setting would be useful for music therapists, so it should be provided in real work situations.

Soomee's group experience

Soomee tended to show a passive attitude toward participation in the group; even so, other members showed the most response to her story. Although she was not sure of the reason, she was satisfied with her group experience. Soomee felt the influence of the group dynamics throughout the sessions. Others' stories were not only related to her issues but also to things that she had to consider in her real-life environment. She felt that the group work was a good opportunity to be supported and receive strength from other group members. Since she had little opportunity to talk with peers in other settings, supervision was relaxed and a good place to talk freely and privately.

On the other hand, she thought that it was not easy to set up one goal to satisfy all group members. Sometimes the focuses of the group were appropriate for her. She felt that the sessions would have been more useful if the goal for sessions had been more expansive to contain all members' needs. Also, the absence of the GIM guide made it

difficult to concentrate on her journey. For her, this was one limitation of group GIM.

Nayoung's group experience

Nayoung showed the most participation in the group; she especially provided other participants with the most Feedback. However, she said that there was a limitation in group dynamics because all group members seemed to not open themselves enough. Because of this limitation, she felt she could not give as much valuable feedback to members. Had they disclosed more of themselves, she might have participated in the sessions more freely. In addition, she noted that in the group sessions there was not any intervention directly from a guide. She thought that, if she had had a guide that accompanied her individually, she might have gone deeper, more easily, and more quickly. Also, she felt that the shorter music program than that commonly used in individual sessions did not allow her explore deeply and fully.

Mirae's group experience

Mirae said that the group experience provided her several benefits. In discussing the differences between group and individual GIM experience, she said that the group setting could stimulate more comprehensive ideas and issues, and activate more potential

insights; on the other hand, individual GIM settings rendered her experience more intensive and concentrated through the guide's immediate intervention. She experienced more integration through the process of exploring her images after the group session, rather than in the session. Clark presented the format for group work in 1995 at the annual meeting of the Association for Music and Imagery (AMI) noting that "the interactive format helped the individuals stay focused on the experience as well as provided a unique and expansive experience for all involved. Screening of members, a thorough understanding of the possible responses, and carefully constructed contracts among all members are important" (Bruscia and Grocke, 2002, p. 20).

In addition, Mirae did not normally have a chance to talk with people who shared the same profession with her. When talking with different people from her work, she tended to cower or avoid them, even though she did not want to avoid them. In this group setting she did not have to avoid herself and felt support through receiving positive feedback from group members. Also, her experience and insight were reinforced by support from others.

CHAPTER SIX

FINALE

Conclusions

As a guide of group GIM sessions, my role is to focus on meeting participants' needs by setting appropriate goals, selecting an adequate music program, and providing a setting for each session to help each member participate in the group efficiently, rather than to encourage and engage them actively in a group activity. Actually, since this group had much experience in GIM sessions, and some of them were GIM therapists, I did not have to give specific directions to guide their journey. This group readily progressed with their active participation and motivation to solve their problems.

At the beginning stage, each had a need to address a problem relating to her professional and clinical environments. As time went on, they naturally focused on their personal needs, as well. This is one feature of GIM. In the GIM process of dealing with ordinary issues, individuals look back at their early memories or difficult emotional experiences, and any solutions found for these issues lead to personal growth and self-actualization. The benefits often have an influence on their daily lives. They consequently can gain insight and strength to cope with difficulties that have bothered them in the past.

Considering that the purpose of this study was to look at functions of group supervision, I was concerned that they would tend to focus on individual personal issues rather than issues for the whole group as the process went on. I expressed my concern to them. I wanted to get feedback about our future direction so that the experience was effective. They preferred to focus on their personal issues that were drawn from their own needs. I agreed with them, because I believed that they could gain beneficial results by meeting their individual needs.

Although the participants had unique problems and experiences, there was a common developmental process. In the early stage of group work, they all explored their current difficulties arising from clinical and professional issues. After that, each person had a need to explore her fundamental personal problem that created or exacerbated other current problems. At the middle stage of group work, they became focused on their personal conflicts that had been painful or unrealized, and then worked on resolving them. They had various images and intuitive experiences that allowed them to look back at their painful feelings and events. In the final stage, they accepted their hurtful experiences or difficulties in a positive way and gained insights to help them solve their conflicts, accomplishing a state of spiritual protection.

Each participant had a progression of therapeutic developmental experiences,

including discovery of her conflict, working through, and resolving it. Each individual's conflict was attributed to having caused her environmental work problems, relating to clinical and professional relationships. After a total of ten sessions, they talked about the benefits gained from this supervision setting in the individual final interview with me. Although the environment of the work setting surrounding each of them had not changed from the past, they subsequently felt free and comfortable when they worked with clients or people at the workplace. Also, through interaction with other group members, they gained support and empathy, as was indicated by the group's positive responses to them. The members' responses helped them to increase their energy and confirm the therapeutic insights they gained from the group sessions. However, there were some limitations on developing their issues more deeply, due to the absence of individual intervention from a guide, who is a main figure in individual GIM.

All participants showed similar developmental stages, which included identifying a problem, working through it, and achieving resolution throughout the treatment process. I think that the group dynamic played a role in the process through the interaction and sharing of their progress with each other, even though the degree to which they opened their inner selves was quite different for each one. At times, I felt dissatisfied in my limited role as a guide when I thought that the music program or chosen goal did

not fit all participants. However, this was a result of the fact that it was a group setting, and the participants expressed that they were generally satisfied with it.

All participants met their individual needs and achieved their expectations throughout the supervision sessions using GIM. Jina had needed strength because she had been tired physically and in turmoil emotionally. She expected to gain comfort in handling the emotional difficulties that occurred at her workplace and anticipated that the supervision sessions would offer a means of stress management. After all sessions, she said that they helped her to be more comfortable when she formed relationships with her clients in the clinical setting, as well as people at workplace. She believed that she became strong by learning to gain energy (Final interview, Aug. 26th, 2006).

Participant Soomee expected to share her concerns with peers who had similar work to hers and find a way with them to solve her difficulties. Also, she wanted to gain strength for her clinical work. Throughout the sessions, she learned to gain energy needed to overcome the burn-out resulting from the clinical work, and she felt less stressed than before at the workplace. In the final interview (Aug. 29th, 2006), Soomee said, "I became able to ignore things that bothered me and do my best as much as I could." Also, she was satisfied with the group setting because group members provided her with strength and support.

Nayoung wanted to gain insight to solve her problem because she thought that her personal conflict might have had influence on her work. Also, she expected to gain energy and strength through the sessions. She realized that procrastinating in completing the documentation was related to the early traumatic experience, and then she could integrate her damaged self with her present self. She said that after the experience, the anxiety of writing the reports disappeared, and she did not feel emotionally burdened any longer. Also, she added that she appreciated life and gained strength.

Mirae expected to have an opportunity for exploring her personal concerns and share them with group members as a traveler, not a therapist through GIM sessions. Also, she wanted to have more varied experiences as a traveler than previously because she had not had a lot of imagery experiences. She experienced an image of a separation in the middle of her body, and after the imaginary experience, she learned that she needed a balance between protecting herself and accepting others. Also, Mirae described the advantage of group work, "Group work with members who share the same kind of work with me gave me strength and support. So I could confirm my thought that I am not wrong." (Final interview, Aug. 26th, 2006).

Implications for practice

All participants said, "Currently, it is too bad for music therapists that they do not receive any supervision regularly and realistically. This kind of setting should be encouraged," and "It was needed to deal with personal psychological conflict and our personal growth because it helps us to adjust to our professional environment well and provide clients with a qualified service." Supervision using the GIM method was an appropriate approach for them because it is an efficient way to stimulate insight and generate the strength for individuals to solve their problems and protect themselves. Also, they did not need extended time to adjust to the GIM method, and they had little resistance because they were familiar with the GIM setting, although some of them had not had group GIM. Their knowledge and experience of GIM might help enable them to make therapeutic progress by themselves. If they had been unfamiliar with psychological therapy, including GIM therapy, results from this study might have been different. For supervision group members in the future, it may be necessary to give sufficient time and experience to prepare for exploring their inner work, or provide a modified setting, including other music therapy methods such as improvisation or songwriting. Other music-centered supervision approaches for music therapists are recommended for future practice. As I explained in Chapter Two, the advantages of music-centered supervision

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include: music therapists can achieve self-growth, exchange practical information regarding music therapy, experience and explore the potential of music, and understand the relationships formed through the music. Also, expectations and responses would be different according to the characteristics of the participants' group. For instance, a group of new music therapists would be concerned with different issues in group supervision sessions, and they would most likely confront needs different from those in this study. On the other hand, a group of music therapists who treat the same client population would have common issues and needs in the clinical aspects addressed by their group supervision.

Recommendations for future study

Future studies could investigate advantages of supervision using group GIM to deal with needs and issues of groups according to the participants' characteristics. Also, as one participant suggested in this study, a researcher can extend the period of supervision by having a long term between sessions, since it is not easy for most therapists to meet regularly due to very busy schedules. The prolonged period of research would help the researcher to look at not only immediate effects, but also the long-term effects of supervision sessions. I could only use the process of peer debriefing partially in

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the analysis due to the limited time for this study. It is recommended that researchers use a process of peer debriefing or member checking throughout the period of the future studies to increase the reliability and decrease the subjectivity of the qualitative study. Also, I would like to recommend that the quantitative method be employed to look at the effect of the peer group supervision sessions using the GIM method for music therapists. The quantitative method using a scientific and statistical analysis could compensate for limitations and complement the findings of qualitative studies of supervision for music therapists.

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APPENDIX A

Interview questions

The lists of the initial interview questions
1. What is your background of music therapy education?
2. What is your background as a music therapist? (Populations, work places, the period of work, and so on)
3. What population do you work with at present?
4. Have you experienced music therapy supervision sessions after the completion of your college music therapy training and graduating from college?
5. What experiences of GIM (Guided Imagery and Music) do you have?
6. What do you expect of the peer group supervision using GIM?

The lists of the final interview questions

1. What are the beneficial clinical aspects of peer group supervision with GIM both during and after the sessions?
2. What is the most beneficial clinical aspect?
3. What are the beneficial professional aspects of peer group supervision with GIM both during and after the sessions?
4. What is the most beneficial professional aspect?
5. What are the beneficial personal aspects of peer group supervision with GIM both during and after the sessions?
6. What is the most beneficial personal aspect?
7. Did the group work help you to achieve your expectations? If yes, which parts of the process helped you?
8. What are your recommendations, expectations, or plans for future sessions that have resulted from this experience with peer group supervision?

Code lists

- Story – Personal/ Professional/Clinical: Storytelling about experiences or memories of her personal/professional/clinical life
- Need – Personal / Professional/ Clinical
- Concerns – Personal/ Professional/ Clinical
- Feeling – Personal/Professional/ Clinical & -/+
- TP (Therapeutic Progress) – Personal/Professional/Clinical: How GIM supervision session influence on each participant's personal, professional or clinical life including attitude or feeling or adjustment.
- GI (Group Interaction) – Asking/ feedback/Empathy The kind of interaction between group members to reinforce or engage their experience during the session & evaluation and functions of form of group therapy or lacks and benefits of form of group therapy comparing to individual therapy.

Imagery Experiences *(Grocke, 2005, p.46)*
- Visual Image of scenes, peoples, places, nature, birds, animals.
- Sensorial experience of smell, taste, and altered auditory sense.
- Memories
- Feelings and emotions over a wide spectrum including verbal and behavioral expression.
- Somatic sensations within the body such as spinning, expanding or opening out.
- Dialogue with a significant figure.
- Spiritual experiences of white light or great beauty.
- Archetypal images such as the wise old man, the hero/heroin, the miraculous child.
- Symbolic representations of the client's life issues.
- Pure music experiences in which the client is fully engaged with the music.
- Intuitive experience
- Resistance
- TV (Therapeutic value): *Music and Consciousness*, p. 99
  - Catharsis - PER/PRO/CLI
  - Insight – PER/PRO/CLI
  - Action – PER/PRO/CLI

APPENDIX C

Figure 13. An example of a transcript (Jul. 29th, 2006)

|	
7th Looking for what is needed to cope with my difficulty and anger	
Pre-session These days, I felt depress. These days, I feel depress: I though that I am not energizing instead I am depress, but after hearing P. I become angry. My anger towards two therapists, not only the camp but the two therapists' way to manage, and their behavior was not satisfied me. Pretend, considering and spending money for children, a little subrogated by purchasing the things that not necessary was not satisfy me. The things, oppressed things (including feelings), the things that related to the camp, and hearing "P's story", it seems my anger comes up. These days, things that were bad were caused by the people. Inside me, I seem to have a side that where I want to show that "I am a good person". Also, my boundary is strong, and because of the two therapists, I have much more a hard time. Whenever I hear anything, the things and repressed things are raised ......so.... I want to know why I am getting angry. *Post-session* For me, the problem seems not to be resolved. I went to that place the womb again. The reason why I was angry was bothering me. I want to relax, but mom and other people outside were bothering me. "Why are you bothering me?" I said, "I am so sick of it" During the session with Jungpyo (another guide), my hand was moving. My hands said that I wanted to rest freely in the womb but they (mom and the others) did not let me do it.	

Even today, I want to stay and relax as long as I want, but I couldn't and I got mad because mom couldn't.

I don't want to go out, I am angry with others outside of me because they tried to let me out of womb.

I am SOSOSO sick of it.

Even though baby was out, people from outside don't know.

There was only my own shouting.

Later I dozed. There seemed to be a resistance.

The two final words, "I am sick of it" and "why are you bothering me?"

Guide: Is this, the situation related to getting mad?

C: Basically, I seem to have an anger. I can't shout and had my own thing.

I seem to be angry with people outside of me because they did not recognize me.

The anger is about like this, "please recognize me and don't bothering me".

At the first, "Leave alone" and later, "I am sick of it"

*Figure 14.* An example of a coding transcript (Jul. 29th, 2006)

7th Looking for what is needed to cope with my difficulty and anger	code
Pre-session:	
These days. I felt depress.	Feeling: PER –
These days. I feel depress: I though that I am not energizing instead I am depress. but after hearing P. I become angry.	RG (role of Group): Empathy
My anger towards two therapists, not only the camp but the two therapists' way to manage. and their behavior was not satisfied me.	Story: PRO & Feeling: PRO -
Pretend, considering and spending money for children, a little subrogated by purchasing the things that not necessary was not satisfy me.	& Feeling: PRO –
The things, oppressed things (including feelings), the things that related to the camp, and hearing <P's story>, it seems my anger comes up.	Feeling: PRO – GI: Empathy
These days, things that were bad were caused by the people.	Feeling: PRO –
Inside me. I seem to have a side that where I want to show that "I am a good person".	Story: PRO
Also, my boundary is strong. and because of the two therapists, I have much more a hard time.	Feeling: PRO –
Whenever I hear anything. the things and repressed things are raised ......so....	
I want to know why I am getting angry.	Need: PRO
Post-session:	
For me, the problem seems not to be resolved.	Intuitive
I went to that place the womb again.	Visual
The reason why I was angry was bothering me.	Intuitive
I want to relax. but mom and other people outside were bothering me.	Feeling: -
"Why are you bothering me?" I said, "I am so sick of it"	Feeling: -
During the session with Jungpyo (another guide), my hand was moving. My hands said that I wanted to rest freely in the womb but they (mom and the others) did not let me do it.	Story: PER

Even today, I want to stay and relax as long as I want, but I couldn't and I got mad because mom couldn't.	Intuitive & Feeling: -
I don't want to go out, I am angry with others outside of me because they tried to let me out of womb.	Feeling: -
I am SOSOSO sick of it.	Feeling: -
Even though baby was out, people from outside don't know.	Intuitive
There was only my own shouting.	Intuitive
Later I dozed. There seemed to be a resistance.	Resistance
The two final words, "I am sick of it" and "why are you bothering me?"	Feeling: -
Guide: Is this, the situation related to getting mad?	
C: Basically, I seem to have an anger. I can't shout and had my own thing.	Intuitive
I seem to be angry with people outside of me because they did not recognize me.	Feeling: - intuitive
The anger is about like this, "please recognize me and don't bothering me".	Intuitive
At the first, "Leave alone" and later, "I am sick of it"	
	Feeling: -

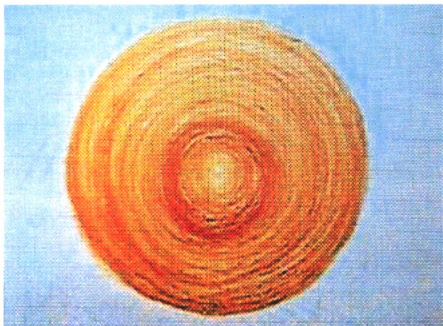Mandalas

Figure 15. Jina's 2nd session (Jun. 24th, 2006)
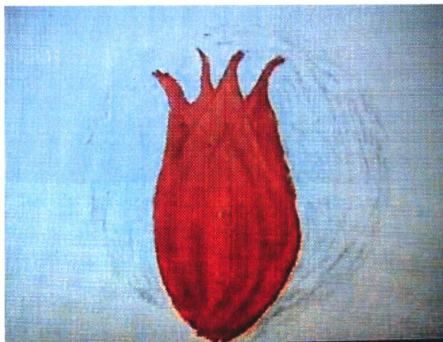
Figure 16. Jina's 7th session (Jul. 29th, 2006)
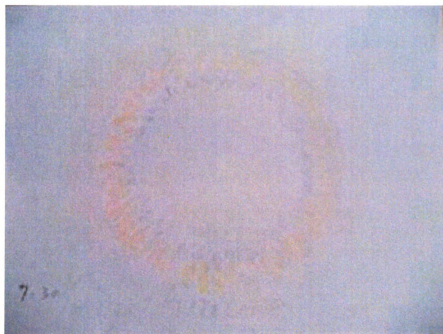
Figure 17. Jina's 9th session (Aug. 13, 2006)

Figure 18. Soomee's 2nd session (Jun. 24th, 2006)

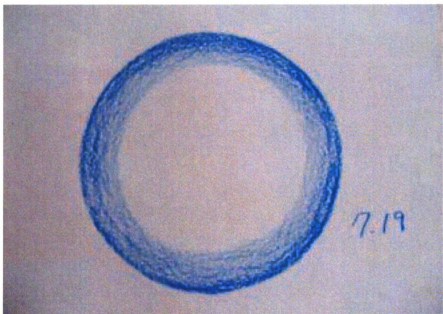*Figure 19*. Soomee's 6th session (Jul. 19th, 2006)
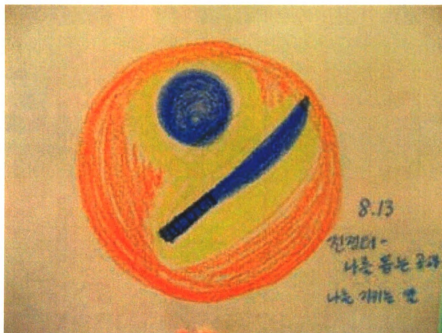
Figure 20. Soomee's 9th session (Aug. 13, 2006)

Figure 21. Nayoung's 2nd session (Jun. 24th, 2006)

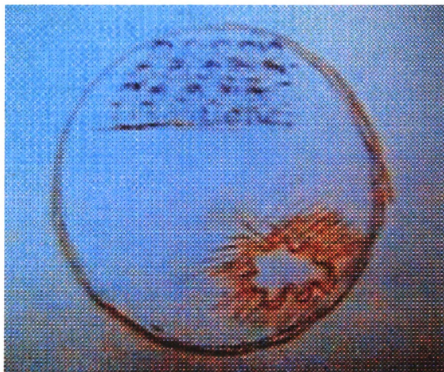*Figure 22.* Nayoung' 7th session (Jul. 29th, 2006)

Figure 23. Nayoung's 10th session (Aug. 19th, 2006)

Figure 24. Mirae's 2nd session (Jun. 24th, 2006)
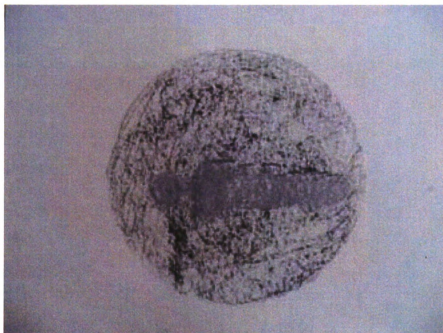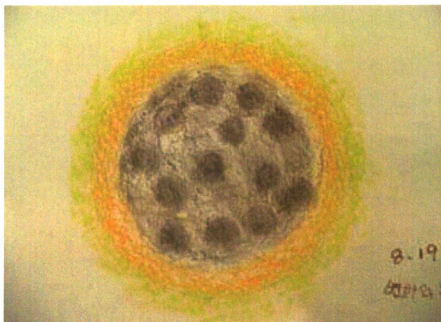

Figure 25. Mirae's 6th session (Jul. 19th, 2006)

Figure 26. Mirae's 10th session (Aug. 19th, 2006)