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GROUP IMPROVISATIONAL MUSIC THERAPY:
ITS RELATION TO EMOTIONAL EMPATHY AND
CREATIVE PERCEPTION IN SENIOR MUSIC THERAPY STUDENTS

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GROUP IMPROVISATIONAL MUSIC THERAPY: ITS RELATION TO EMOTIONAL EMPATHY AND CREATIVE PERCEPTION IN SENIOR MUSIC THERAPY STUDENTS

By

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ABSTRACT

GROUP IMPROVISATIONAL MUSIC THERAPY: ITS RELATION TO EMOTIONAL EMPATHY AND CREATIVE PERCEPTION IN SENIOR MUSIC THERAPY STUDENTS

By

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The purpose of the study was to learn more about the effect of the experience of group music therapy improvisation sessions on music therapy senior students' learning process of empathic listening skills and to see whether these experiences affected the students' empathy toward others and their creative perception.

Seven female senior music therapy students participated in a group music therapy improvisation every other week for eight sessions. The Balanced Emotional Empathy Scale (BEES) and the Khatena-Torrance Creative Perception Inventory (KTCPI) were utilized to measure the students' empathy and creative perception levels prior to and after completion of the group sessions. Individual interviews were transcribed and synthesized as reflective data.

Results indicated there were no significant differences ($p < .05$) between pretests and posttests of the BEES and the KTCPI. There was a significant difference ($p < .05$) between the pretest and the posttest of the Something About Myself (SAM: sub-test of the KTCPI) and its two factor orientations when two students with low attendance were excluded from the analysis.

This thesis is dedicated to my father,

Shigemi Akamatsu

and to my mother

Masako Akamatsu.

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CHAPTER I

INTRODUCTION

It has been fifty-eight years since the first college-degree program in music therapy was established in the United States (Peters, 2000; Davis, Gfeller, & Thaut; 1992). There are currently sixty-eight colleges and universities offering music therapy degrees (American Music Therapy Association, 2001), and the movement toward high standards for music therapy education and practical training has continued in order to improve the quality of the profession of music therapy. After many years of reviewing and reevaluating music therapy education and training, the outcome/competency-based approach rose from the need to produce quality therapists, replacing the curricular/course based approach. According to Taylor (1987), "the term *competency* has been used to refer to a specific behavior and to a state of being competent... Specific behaviors that indicate competence are referred to as *competencies* and are used as educational objectives in some settings" (p. 115). Numerous scholars formulated what they thought were essential competencies for the practice of music therapy (Alley, 1978; Boone, 1989; Bruscia, 1986, 1989; Bruscia, Hesser, & Boxill, 1981; Maranto, 1989; Scartelli, 1989; Taylor, 1987; Wright, 1992), and the current status of music therapy education and training has been constantly reviewed and analyzed in order to meet these requisites (Jensen & McKinney, 1990; Standley, 1989).

In January 1998, the founding of the American Music Therapy Association (AMTA) was essentially a unification of two professional organizations, the National Association for Music Therapy (NAMT), founded in 1950, and the American Association for Music Therapy (AAMT), founded in 1971. This unification was seen as a turning-point for pursuing more balanced music therapy education and training programs in terms of clinical practice and academic learning (Groene & Pembrook; 2000, Wyatt & Furioso; 2000).

In an attempt to understand current issues in music therapy education and training programs, Groene and Pembrook (2000) reviewed related literature focused on curriculum revision and competency formulation, and they surveyed 92 individuals from 68 programs offering music therapy degrees. They examined three issues in order to foster further scrutiny on future curricular policies. One of these issues was new knowledge and skills needed to be an effective music therapist. According to their research, there was a desire to further develop specific music skills, in particular, functional keyboard/guitar skills and improvisation skills. Their study also revealed that a competency-based approach was strongly supported by large numbers of music therapy educators (66%). These collegiate music therapists believe that the approach would provide greater growth and accountability for the profession (Groene & Pembrook, 2000).

The acquisition of music therapy skills, knowledge, and qualities has been frequently discussed in the literature; however, it seems that study over a long period of time is necessary to determine what constitutes essential competencies

for effective therapists. Part of the reason is that music therapy is multidimensional in its nature. In his book, *Defining Music Therapy*, Bruscia (1998) pointed out that methods of treatment, philosophical backgrounds, and clinical orientations become diversified when passed from one music therapist to another, since there is a diversity of needs among music therapy practitioners. Client populations include anyone who will benefit from music therapy interventions: from infants to the aged, from persons who have physical, mental, or emotional illness or disability to healthy individuals experiencing stress, pain, or the need of spiritual integration (Bruscia, 1998). Accordingly, settings which use music therapy are varied. Within this multidimensional nature of the music therapy field, it is crucial to find essential, yet common competencies for all types of music therapy settings.

In their proposal of universal competencies for entry-level music therapists, Bruscia et al. (1981) detailed essential foundations in terms of musical, clinical, and music therapy knowledge/abilities. Under the clinical foundation category, they placed the ability to establish positive therapeutic relationships with clients as one of the most crucial factors. They stated five subcategories of this competency: 1) ability to view the client's world from the client's perspective, 2) ability to recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process, 3) ability to establish and maintain interpersonal relationships with clients that are conductive to effective therapy, 4) ability to use self effectively in both individual and group

therapy, and 5) ability to utilize the dynamics and processes of a group to achieve a therapy goal.

After reviewing the competency objectives proposed by Bruscia at al. (1981), it was noticed that these particular goals were based on theoretical orientations from psychotherapy fields. Since psychotherapy research indicated that various therapies produced comparable therapeutic gains, regardless of differences in assumptions about the etiology of human dysfunction and different techniques applied (Smith & Glass, 1977; Stiles, Shapro, & Elliot, 1986), a factor common to all forms of therapy that is essential for positive change has also become a focus among psychotherapy fields. Foremost in any therapy or counseling situation is the ability to make contact with another person (Ivey, 1999). Constructing positive therapeutic rapport with the clients is fundamental to furthering the therapy process and facilitating change (Rogers, 1965, 1975). Many helping professionals have consistently searched for the way that they can effectively achieve this ultimate goal.

Music therapy is a profession in which therapists utilize the systematic application of music to bring about changes in the emotional and physical well-being of the clients. Just like psychotherapy and other related fields, constructing therapeutic rapport with the clients is the most fundamental aspect. Regardless of differences in methods of treatment, philosophical backgrounds, and clinical orientations, examining the components necessary to facilitate this process is crucial. Focusing on empathy as one of these components seems to be a legitimate pursuit, since it has long been recognized as an essential condition to

facilitate relationship-building between the therapist and the clients (Burns & Nolen-Hoeksma, 1992; Linehan, 1997; Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988; Mahoney, 1995; Rogers, 1965, 1975).

Empathy as an Essential Condition in Therapy

The influence of the therapist-client relationship on the outcome of therapy has been drawing the attention of psychotherapists and researchers for many years. Though it is often difficult to separate one factor from another in terms of constructing a positive relationship with a client, numerous theorists see empathy as a basic relationship skill (Bohart & Greenberg, 1997; Rogers, 1975). Carl Rogers (1951, 1957) emphasized that the effective relationship was based on the therapist's ability to be empathetic and congruent and to convey unconditional positive regard toward the client. The basic theory of his client-centered or person-centered approach was based on the notion that if the therapist is successful in conveying these qualities, then the client will respond with constructive changes in personal organization (Rogers, 1957).

Numerous research studies have been conducted in order to determine whether empathy is indeed a necessary and sufficient condition along with the other therapeutic conditions of Rogers's theory. In their review of therapist variables and therapy outcome research, Lambert, Julio, and Stein (1978) and Luborsky, Crits-Christoph, Mintz, and Auerbach (1988) reported a total of 23 studies using either externally rated or client-judged ratings of empathy over the 11-year-period from 1962 to 1973. Of this total, 14 studies reported a positive significant relationship between therapist empathy and outcome, whereas nine

did not find a significant relationship between level of empathy and outcome. More recently, Orlinsky, Grawe, and Parks (1994) noted that, in the period of 1972 to 1989, 54% of studies support the relationship between the therapists' communication of empathy with their clients and therapy outcome. Their review of studies from 1976 to 1994 also provides additional support for the relationship between therapists' empathy and outcome. According to them, 8 out of 10 studies report positive findings, whereas 2 studies report no relationship (Orlinsky et al., 1994).

Although there have been generally positive conclusions, controversy about empathy as the very basis of all human interactions continues to create heated discussion. One of the reasons for disagreement has been attributed to difficulties defining the construct of empathy (Duan & Hill, 1996; Patterson, 1983, Watson, 2002). The diversity of definitions and theories of empathy may have caused the inconsistency in research results and has created confusion to occur. In order to avoid this situation, it is critical for researchers to define empathy as specifically as possible before the actual implementation of their studies, as numerous theorists have attempted to define it from various points of view.

Defining Empathy

In an attempt to establish a framework for understanding the concept of empathy, Duan and Hill (1996) summarized the differences in interpretations of empathy based on two theoretical dimensions, the construct of empathy and the nature of empathy. The construct of empathy is further divided into three

different constructs, and the nature of empathy is divided into two constructs, which may or may not overlap with each other.

* The Three Constructs of Empathy

1) Empathy as a personality trait or general ability

- The ability to know another person's inner experience (Buie, 1981).
- The ability to feel (perceive) the feelings (emotions) of other people (Sawyer, 1975).

2) Empathy as a situation-specific cognitive-affective state

- The state of responding "vicariously" to a stimulus or a stimulus person (Baston & Coke, 1981).
- The state of sensing the client's private world as if it were one's own (Rogers, 1957).

3) Empathy as a multiphased experiential process

This category views empathy as involving a sequence of experiences and multiple elements, rather than being single state.

- The process of empathic resolution, expressed empathy, and received empathy (Barrett-Lennard's, 1981).
- The process of sensing the client's inner world and communicating that sensing (Rogers, 1975).
- The process of understanding – explaining sequence (Kohut, 1984).
- The process of emotional contagion, identification, and role taking (Gladstein, 1983).

* The Two Natures of Empathy

1) Cognitive empathy/Intellectual empathy

- Intellectually taking the role or perspective of another person (Gladstein, 1983; Duan & Hill, 1996).

2) Affective empathy/Empathic emotions

- Responding with the same emotion to another person's emotion (Gladstein, 1983; Duan & Hill, 1996).

Gladstein et al. claims that it is necessary to avoid using the general term empathy and recommends use of the specific terms to specify which construct is being referred to. In addition to this, the author proposes using *intellectual empathy* to refer to the cognitive process and *empathic emotions* to refer to the affective aspect of empathic experience.

Empathic Listening: Application to Music Therapy

As mentioned by Bruscia et al. (1981), the ability to view the client's world from the client's perspective is one of many fundamental competency goals for music therapy practice. A major concern is *how* therapists view the client's world and actually convey that they perceive it. What makes music therapy unique is music itself, and it is not too much to say that if a music therapist is sensitive enough to each client's music and is successful in conveying her empathic quality through music, then the client may respond with positive changes. In recent years many music therapists have tried to describe the essence of the application of music within a therapeutic context (Ansdell, 1995; Hesser, 2001; Lee, 1996; Pavlicevic, 1997, 1999, 2000). There seems to be a need for

returning to the understanding of the fundamental aspects of music therapy, and creative clinical improvisation could be the most effective means to sense the client's inner world and to communicate that sensing through music (Pavlicevic, 1997, 2000).

The notion of sensing and communicating empathy through music is abstract, yet momentous. When a music therapy researcher tries to understand such an important aspect that cannot be easily quantified, descriptive and interpretive analysis of the phenomena becomes essential. The important question here occurs when a researcher attempts to analyze these qualitative aspects using quantitative methodology. What might these two complementary/contradictory approaches reveal to the researcher when applied to the same variable? It would seem that using both qualitative and quantitative frameworks may further the understanding of the abstract concept of empathy within the music therapy context.

Hence, the purpose of this study was to learn more about the effect of the experience of group music therapy improvisation sessions on senior music therapy students' empathic skill in attending to sounds and music based on the quantitative framework supported by qualitative data. More specifically, the researcher focused on the students' empathic musical experience and how this experience affects the students' empathy level in general. Also, another assumption of the researcher was this experience might also affect the students' creative perception, because students might need to totally change their

approach/attitude to people and/or music in order to develop this specific empathic skill.

In order to precisely define empathy, the researcher specified it as a situation-specific cognitive-affective state in which empathic experience would vary with the situation regardless of one's developmental level of empathy. According to Duan and Hill (1996), this perspective allows for studying the effects of situational factors and individual differences in empathy, as well as promoting empathic training or learning. In this study, improvisational music therapy experience was chosen to be the factor that might affect the music therapy students' empathy level to others in general. The research problems of this study were as follows:

1) To determine the effect of group improvisation experiences on students emotional empathy for others.
2) To determine the effect of group improvisation experiences on students creative perception as an adjunct factor.
3) To understand what meaning or significance the participants would give to the music therapy improvisation experience.

CHAPTER II

RELATED RESEARCH

Improvisational Models within a Music Therapy Context: Their Functions as Means of Communication

The recent inclination to consider clinical improvisation skill as one of the music therapy core competencies indicates that there must be something "special" within it. Current clinical improvisational models in the United States were developed and for many years employed on the European Continent and in Great Britain, where psychotherapy theories, mainly from England, greatly influenced earlier generations of music therapists, such as those of Juliette Alvin, Mary Priestley, Paul Nordoff (who was an American), and Clive Robbins (Bruscia, 1987; Gardstrom, 2001; Lee, 1996; Pavlicevic, 2000). Bruscia (1987) introduced comprehensive models of improvisational music therapy practice, including a summary of over twenty-five models, and he identifies improvisational models of above-stated music therapists as three distinct improvisation approaches: 1) Creative Music Therapy (Nordoff and Robbins), 2) Free Improvisation Therapy (Alvin), and 3) Analytical Music Therapy (Priestley). Each of these improvisation approaches advocates a unique perspective based on differing psychological theories; however, they all agree that music serves a common function in terms of facilitating both nonverbal and verbal communications between the therapist and client.

Within the *Creative Music Therapy* model developed by Nordoff and Robbins (1977), the therapist establishes contact, builds rapport, expresses

empathy, and conveys acceptance to the client through music. They explain that in responding musically, the client communicates with the therapist, revealing inner impulses, feelings, thinking patterns, and intentions. For them, musical improvisation is the predominant means of interaction between the therapist and the client, and serves as the main force for the therapy process (Bruscia, 1987).

In his book *Music for Life*, Gary Ansdell attempts to describe applications of the Nordoff-Robbins approach to various adult populations. His notion was to interpret the quality of the music making process and its musical byproduct based on the development of personal contact established between the therapist and the client. He asks the following questions: Does she experience only herself in the music? Is she aware of her own playing and how that playing relates to, and is answered by, the therapist's playing? Ansdell describes the notion of mutual personal contact as *meeting*, the intentional musical sharing between the therapist and the client. For him, musical meeting is not the ultimate goal; rather, it is the starting point and constant touchstone for the development and maturing of the therapeutic relationship in music therapy. He remarks, "music is sound organized by a human mind with the intention of 'meaning' something to another human mind, and it is profoundly communicative in its potential for validity, creativity, and complexity" (Ansdell, 1995, p. 33).

Alvin (1978) reflects an orientation toward psychoanalytic theory, perhaps more in how she explained what she did than in what she actually did in a session. She used music and musical instruments to facilitate the therapy process by protecting the client-therapist relationship from any negative

psychological functioning such as the projection of the client's conflict feelings onto the therapist. According to her, the client can use sounds and instruments to work through any negative feelings they may have toward significant others in their life. Throughout the process, music and instruments support the development of communication within the client self, between the self and objects, between the self and the therapist, and between the self and others. She believed that interpersonal relationships provide the basis for all other relationships in the client's world, and that improvisational music and musical instruments are a primary means of facilitating client-therapist communication, which expedites establishing these fundamental relationships.

Priestley (1994) developed *Analytical Music Therapy* with her colleagues, Peter Wright and Marjorie Wardle, in the early 1970s. Her theory is based on various psychodynamic theories, including those of Freud, Jung, Adler, Klein, and Lowen. For her, the client's first communication with the therapist is extremely important, and the therapist uses countertransference extensively in order to gain rapport with the client and to convey the necessary reassurance and empathy during the first stage of therapy. Through the therapist's empathy and reflection through music, the client learns to put aside preconceived notions and musical standards and to turn inner impulses and feelings into sounds.

Scheiby (1991) describes an Analytical Music Therapy in a case study with Mia, a 27-year-old music therapy student in training. The form of the therapy involved the symbolic use of improvised and composed music by her and the therapist for the purpose of transformation, integration, enhanced self-

awareness and self-exploration. Mia's experience of the therapy process was illuminated through excerpts from her diary, comments during sessions, and the therapist's note. Scheiby indicates that free improvisations were used to provide continual support, encouragement, and share feelings, when words failed or became meaningless. According to Scheiby, musical structure that a client presented in an improvisation was "a mirror of the client's psychological organization and dominant function" (p. 289), and she had placed particular emphasis upon those musical structures that seemed to have significance in relation to Mia's psyche at that time (Scheiby, 1991).

Austin (1991) illustrated the process of Jungian oriented improvisational music therapy with Sara, a narcissistically injured 25-year-old woman. The specific musical techniques she employed were "mirroring," "holding" and "dialoging." She explained that "mirroring" was to recreate important melodic phrases or motifs, chord progressions and/or rhythmic patterns that the therapist heard in music. "Holding" was to create a containing environment by sustaining chords that supported the client's melodies and/or keeping a rhythm going once she had initiated it. "Dialoging" was more mutually interactive, spontaneous verbal exchange between the therapist and the client. In this study, Sara began to uncover, explore and accept devalued parts of herself through experiencing the therapist's sensitivity in listening to her (Austin, 1991).

Henderson (1991) found increases in self-expression and communication that developed from improvised singing for Patricia, a thirteen-year-old African girl who had been sexually abused by her father and who had witnessed the

murder of her sister by her mother. In her study, therapy involved song improvisations and psychotherapy techniques based on Grinell's model of "Developmental Therapeutic Process." The therapist supported Patricia's song stories with improvisation, so as to reflect her mood and to provide necessary structure and support. Henderson indicates that projective musical stories using puppets and instruments enabled Patricia to displace significant feelings and to work through them on a symbolic basis. The therapist's improvisation has made a significant contribution to provide constant support, empathic understanding, security, and warmth (Henderson, 1991).

Salas and Gonzalez (1991) explicate a case study over a ten-month period of music therapy with Gabriela, a four-year-old girl with *osteopetrosis* (excessive calcification of bones), *bilateral opic atrophy* (irreversible damage to the opic nerves), and resultant developmental delays. Their work was based on clinical improvisation and client-centeredness that was developed by Carl Rogers based on the beliefs that growth and healing will take place in the context of a loving, authentic, and nonjudgmental therapeutic relationship (Rogers, 1995). They described processes showing how Gabriela changed from a very vulnerable disabled child into one who could utilize music as her communicative vehicle. In their study clinical improvisation was used for "the creation of a safe, aesthetically rich world whose operating principles were acceptance, spontaneity, and creative freedom" (p. 25). Their study indicated that a client-centered clinical improvisation approach allowed Gabriela to find that her every initiative or

response was met with an immediate acceptance and an answering creativity, and it actually brought about a change within her (Salas & Gonzalez, 1991).

Recently, Pavlicevic (2000) stated that "music therapy improvisation provides a forum for therapist and client (of whichever age, ability, and referral status) to meet and know one another through jointly generated, spontaneous sound forms; the purpose of music therapy improvisation is not to 'make good sounds,' as in music improvisation, but rather, to create an intimate interpersonal relationship between therapist and client, through the musical event" (p. 272).

In the context of psychotherapy and counseling fields, the relationship between the process of listening and the development of an empathic bond is broadly acknowledged (Rogers, 1957, 1975).

> To sense the client's private world as if it were your own, but without ever losing the "as if" quality –this is empathy and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware (1957, p. 99).

This sensing and understanding of the client's world resolutely relies on the therapist's capacity to listen to the client's experience and respond to what is being heard.

Myers (2000) conducted a qualitative study that explored empathic listening from the vantage point of five female clients engaged in consecutive therapeutic relationships with two different therapists. She pointed out that in previous research studies, little or no attention was given to the client's contribution to the relationship or the client's perception or experience of being understood. Myers believed that if the therapeutic relationship is to be fully explored, it makes sense to listen to the voices of clients as they report their experiences of being heard. Results indicated that even though each of the clients experienced empathic listening in a highly individualized and idiosyncratic ways, participants more often experienced being heard when therapists created a safe space for self-exploration, were actively and genuinely engaged in the therapeutic dialogue (paraphrasing, clarifying, questioning, and remembering details), and did not flinch when painful material was brought to the therapeutic process.

Lee (1995) elucidates improvisational music therapy listening experiences with Francis, a musician dying with AIDS. He attempted to describe the essence of the therapeutic listening process through the verbal and musical voices of both client and therapist. In his work, improvisation was the main mode that allowed Francis to work with issues around death and to express himself within the process. Lee indicated that, as sessions processed, he became an active "listener," and Francis actually considered the therapists' listening to be communicatively reciprocal to his playing. Words could not have expressed Francis's most inward feelings with the same magnitude as his improvisations,

and the therapist indeed heard and responded to this intensive message through mutual musical interactions and musical byproducts. Lee emphasized that music therapy was fundamentally based on an alliance between client and therapist, and this relationship is central to the healing process.

Apparently the key point is "what you hear" and "how you listen" to clients. Coming back to the question of how to "meet" the client through music in order to facilitate therapeutic change, it seems possible to say that music therapists might be able to meet clients through careful listening to their music. Indeed, "the quality of the music and the quality of communication between people in the music was dependent on how well they listened" (Ansdell, 1995, p. 151).

Becoming a "good" listener: Experiential Group Music Therapy Improvisation

If the music therapist is to be effective in communicating with the client through music, she needs to be capable of attending to the client's sounds and music. In order for the therapist to be competent in conveying her sensing of the client's sounds and music, she needs to develop the skill necessary to be musically empathetic to clients. Yalom (1995) claims that the nature of the group interaction has the potential to bring about significant character and interpersonal change among people in the group. According to him, the truly potent therapy group will help people to identify and understand what goes well and what goes wrong in their group interactions. He believes that actual personal group experiences will allow therapists themselves to enrich their ongoing learning process and growth. For him, group dynamics are one of the most essential

avenues to human learning, and he suggests that training in group experience is necessary for deeper understanding and growth in therapists (Yalom, 1995).

Arnason (1998) conducted a study that focused on the musical experience of five professional music therapists in a series of group music therapy improvisational sessions that she facilitated. She used descriptive and interpretive analysis as the means for revealing meaningful aspects of the improvisational experiences. Study findings were described in group members' and her own narrative, poetry, songs and artwork and interpreted through the researcher's reflections. The story of the group process and the researcher's thoughts and feelings were also used to report the findings. Arnason concluded that both the improvisational experience and the group process were helpful in expanding important aspects of music therapy, and she believes that implementation of music therapy groups for continuing education of professional music therapists is an important concept for the field of music therapy.

Tims (1989) proposes that experiential learning is an essential component of the future music therapy curricula in order for music therapists in training to achieve clinical competence. According to him, students experience the effects of the music therapy process and have the opportunity to practice its implementation within experiential learning. He specifically suggests participation in music psychotherapy groups as a way for students to deal with personal issues, and to recognize how music can be meaningful to them, as well as to explore the meaning of music in therapy. He views experiential learning as

"perhaps the best method available for getting at the qualities which make an effective therapist" (p. 92).

Stephens (1987) describes the experiential improvisational music therapy group as an effective method for training and supervision within a music therapy education program. She points out the complex nature of the process of music therapy and indicates that the music therapy group serves as an opportunity for students to actually experience music therapy processes for themselves, resulting in improved empathy. Stephens describes two types of experiential music therapy groups possible within the music therapy curriculum: the training group and the supervision group. Since the training group is more related to the experiential group work, only the training group will be discussed here. Stephens recommends that the training group meet weekly for one-hour sessions throughout the course of each semester. The improvisation is based on a theme or issue initiated by either group members or the facilitator. In order to understand the improvisational group experiences, students keep logs describing their experiences, which include description of interventions, musical development and growth, and their interpretations and reflections of the meaning of what happened within the sessions. Students receive feedback from the group facilitator who reviews individual logs. According to Stephens, this experiential music therapy can "enrich learning and bring a more mature vision to the student in training" (p. 169).

Milgram-Luterman (2000) conducted a phenomenological study that examined the integration of personal growth experiences into the undergraduate

music therapy program. The researcher developed the concept of Music Therapy Peer Support Groups (MTPSG) in which group members learn to support and be supported by peers and develop self-awareness that is critical to becoming effective music therapists. While a majority of the researchers agree that the training group best serves the graduate level student (Bruscia, 1986, 1989; Hasser, 1985; Stephens, 1987), Milgram-Luterman indicates the lack of opportunity for personal growth experience among undergraduate students and entry-level music therapists. In her study, improvisation, music and imagery, relaxation, songwriting, and singing and chanting were integrated in order to challenge students towards new awareness and to promote personal growth. Data collection devices were individual journals, individual/group interviews, and the researcher's log. Results indicated that students particularly developed new awareness in the realms of self, relationship and spirituality as a result of participation in the MTPSG.

Gardstrom (2001) proposes insightful practical techniques for development of improvisational competency skills of music therapists in training. She claims that improvisation courses designed for students need to focus on enhancing comprehensive musicianship as well as developing those complementary skills that support and enhance the improvisational experience. She suggests three specific complementary skills: 1) attending to sound and music, 2) using descriptive language about music, and 3) facilitating verbal processing of improvisation. Gardstrom emphasizes that courses in improvisation need to give emphasis to "growth in both functional skill (the actual

ability to create instrumental and vocal music in a variety of tonalities, meters, forms, and idioms as well as construct songs extemporaneously for a diverse range of clinical situations) and interactive musicianship (the use of music to establish communication with the client and engage the client as 'co-active partner' in the process of change,) as well as the development of competency skills such as attending to, describing, and processing the improvisational experience" (p. 86).

Despite the various research studies and clinical reports supporting music therapy education based on experiential improvisational group music therapy, there is no research that specifically focuses on the development of empathic listening skills of music therapy students. It was the intent of this author to capture the learning process of empathic listening skills through experiential improvisational group music therapy and to see whether this group experience affected the students' empathy toward others and their creative perception.

Chapter III

DESIGN AND ANALYSIS

Study Participants

The participants for this study consisted of nine female music therapy undergraduate students from Michigan State University who volunteered to be subjects in this study.

Criteria for subject selection were the following:

1) The participants were senior-level music therapy students.
2) The participants had minimal or no experience in group music therapy improvisation.
3) The participants had minimal or no experience in interpreting music created in music therapy improvisations.

Because the approach of improvisation in this study was group music therapy improvisation as defined by Pavlicevic (2000) rather than traditional jazz and/or blues improvisation, it was essential for participants to have a basic knowledge of the application of improvisation in the field of music therapy. For this reason, it was determined that the participants should be seniors in the undergraduate music therapy program. Minimal or no experience in group music therapy improvisation and its analysis was required, so that the participants would not be prone to engage in predicting the study outcome.

Most participants were in their early twenties, except one who was in her late twenties, and another who was in her early thirties. The study was conducted within a peer-support group. This group was a required activity for senior music

therapy students, in which they could explore issues, cope with stresses, and be assisted in seeking solutions to problems via verbal and musical sharing and interchange. However, because this group was to be focus of the author's research project, the students were given the choice of whether they wished to participate in the study.

Research Site

The study took place in a large regular music classroom at Michigan State University. The space was large enough for ten people when all the chairs were pushed back. Since the room was uncarpeted, most group members chose to sit in a circle on the chairs. Students were encouraged to bring any instruments that they wanted to use. The instruments already available in the room were a grand piano, Orff instruments (xylophone, metallophone, bass resonator bars & glockenspiel), drums (ocean drum, paddle drums, tubano, djembe, konga, & floor gathering drum), wooden hand percussion instruments (wood maracas, guiro, kokiriko, & rain stick), and metal hand percussion instruments (triangle,cabasa, agogo bells, & tambourine).

Design

This study utilized a pretest-posttest design with only one group. Of the nine students who originally agreed to participate in the study, two withdrew from the study part way through the treatment period. All seven subjects were administered two kinds of pretests prior to the music therapy improvisation sessions to measure their degree of empathy and creative perception. The group met every other week. There were four group improvisational sessions

followed by a month break, and then the final four sessions. Subjects were administered the two posttests and completed an individual interview after completion of the group sessions.

Measurement Scales

Degree of empathy was measured by the Balanced Emotional Empathy Scale (BEES). BEES is a 30-item pencil and paper test that gives an objective report of an individual's tendency to feel and vicariously experience the emotional experiences of others. The estimated time for completion of the test is ten minutes. It is primarily a measure of emotional, not cognitive, empathy. The BEES employs a nine-step Likert-style format rating that ranges from very strong agreement (+4) through very strong disagreement (-4). According to Mehrabian (2000), the validity for the BEES has been derived from studies conducted on the original Emotional Empathy Tendency Scale (EETS), with which it is highly correlated (r = .77). The EETS was first published by Mehrabian in 1972, and even though much of the item content is similar on the two instruments, the author considers BEES to be superior to EETS in that its scores are more equally balanced in regard to pleasantness and arousability factors. Mehrabian indicates that individuals with high emotional empathic scores tend to be both pleasant (positive) and arousable (reactive). The researcher requested permission to use BEES, and it was granted by Albert Mehrabian, the author (see Apendix A).

Creative perception was measured by the Khatena-Torrance Creative Perception Inventory (KTCPI). KTCPI consists of two instruments: What Kind of Person Are You? (WKOPAY) and Something About Myself (SAM). The purpose

of both instruments is to provide a method of identifying creativity and creative personalities. KTCPI reports research about its content validity, construct validity, and criterion-related validity for both parts. The content validity is the weakest, and the manual states that defining the scope and sequence of creative skills or talent is difficult, which precludes researchers from specifying the content validity. On the other hand, the construct validity of the KTCPI is fairly well defended through correlational studies, factor analyse, and cross-validation studies. On criterion-related validity studies for KTCPI includes other instruments, observable behaviors, and observational judgement served as criteria. Most validity issues with KTCPI have to do with self-report; however, the correlations with non self-report instruments support the validity of KTCPI. In the studies correlating with non self-report instruments that required a creative response, the correlation ranged from .26 to .75, with the median correlation being .425. Both SAM and WKOPAY are 50 item pencil and paper tests, and the estimated time for completion of both tests is twenty minutes. WKOPAY asks a subject to distinguish between creative and less creative individuals. Those who taking the test are asked to select one of the pair of traits. If a person chooses the creative trait, a point is added to the overall score, and this score then is compared with norms to obtain a standard score on a scale of from 1 to 9. Scores are reported as a total score and for the following dimensions:

1) Acceptance of Authority

   - The characteristic of being obedient, respectful, and polite, and of following rules and accepting others in power.

2) Self Confidence

- The characteristic of being sure of oneself and full of energy, getting along well with others, wanting to learn or know, finishing the task at hand, and remembering well.

3) Inquisitiveness

- The characteristic of always asking questions, feeling strong emotions, talking a lot, demanding recognition and insisting on rights, and being obedient.

4) Awareness of Others

- The characteristic of being respectful and polite, popular or well-liked and caring, getting along well with others, and preferring to work in a group.

5) Disciplined Imagination

- The characteristic of being full of energy, imaginative and never bored, trying different tasks, preferring tasks that challenge, not giving up easily, finishing the task at hand, working hard, and seeking adventure (Khatena & Torrance, 1998, p. 14).

Statements in SAM fall into one of three categories: personal traits, use of creative thinking strategies, and creative production. The respondent simply puts a check by the statements that are applicable to themselves. Scoring is done by counting the number of items a person has checked, and this score is compared with norms to obtain a standard score on a scale from 1 to 8. The six factor orientations measured are:

1) Environmental Sensitivity

   - Openness to ideas of others; Relating ideas to what can be seen, touched, or heard; Interest in beautiful and humorous aspects of experiences; and Sensitivity to meaningful relations.

2) Initiative

   - Directing and/or playing leads in plays; Producing new fomulas or new products; and Bringing about changes in rules or ways things are done.

3) Self Strength

   - Sureness of own talents; Always finding a way to do something; Talented in many ways; Risk taking; Desire to do better; and Organization ability.

4) Intellectuality

   - Intellectual curiosity; Enjoyment of challenging tasks; Imagination: Preference for adventure over routine; Liking for reconstruction of things and ideas to form something different; Dislike for doing things in the way others require.

5) Individuality

   - Preference to working by oneself rather than in a group; Starting and continuing projects on own interest; Considered different by others; Finding fault in others to help them improve; Thinking for oneself; Working for long periods without getting tired.

6) Artistry.

- Production of arts and crafts; Creating a new dance or song; Winning prizes or having exhibits or works; Production of stories or poems (Khatena & Torrance, 1998, p. 26).

Test-retest reliability coefficients for WAKPAY range from .71 to .97. For SAM, the test-retest reliability coefficient varied from .77 to .98, with most of the studies showing reliability greater than .90. This indicates that overall the reliability appears to be satisfactory. The researcher received permission to use KTCPI from the Scholastic Testing Service, Inc. (see Apendix B).

Procedure

The research group consisted of 7 music therapy senior level undergraduate students. The Balanced Emotional Empathy Scale (BEES) and the Khatena-Torrance Creative Perception Inventory (KTCPI) were administrated as a pretest and a posttest. The estimated completion time for these two tests was 30 minutes. A demographic questionnaire that included questions concerning gender, age, ethnicity, musical background, previous experience with improvisation, and attitudes and beliefs about improvisation was used as well (See Appendix D). Music therapy group improvisation sessions were video- and audio-recorded in order to facilitate analysis of the quality of improvised music and its relation to various feelings and thoughts of the participants. Participants engaged in eight one-hour sessions biweekly, during which they spent approximately 30 minutes improvising, 15 minutes for reflecting upon and verbally discussing their experience, 10 minutes for listening back to their audio

recorded music, and 5 minutes filling out the experience check list. (See Appendix E for contents of each session.) Session videos and results of the check lists were not used as data for the study; rather, they were used as feedback for the researcher in developing her own clinical skills. After the completion of the study, the posttests were administrated and the subjects participated in 30-minute individual interviews on which focusing each participant's experience of the music therapy group improvisation. (See Appendix F for interview protocols.) These interviews were scheduled at a time convenient to each student. They were audio recorded and transcribed in order for the researcher to analyze the meaning or significance that the participants gave to the music therapy improvisations.

Analysis

To determine whether participation in music therapy improvisation group affects participants' empathy level and creative perception, the pre-test and post-test responses on the Balanced Emotional Empathy Scale (BEES) and the Khatena-Torrance Creative Perception Inventory (KTCPI) were compared using a paired sample *t*-test.

To understand what meaning or significance the participants would give to the music therapy improvisation experience, individual interviews were transcribed, analyzed in their contents by common patterns/themes, and synthesized as reflective data.

CHAPTER IV

RESULTS

Empathy Measurement: The Balanced Emotional Empathy Scale (BEES)

Pretest and posttest data of the Balanced Emotional Empathy Scale (BEES) were analyzed to compare differences within groups. (See Appendix G, Tables A through N for raw scores.) A paired-sample *t*-test was conducted to determine differences between mean pretest and posttest scores of students in the group (See Table 1). The data show that there was no significant difference ($p > .05$) between pretest and posttest scores, $t(6) = 1.366$, $p = .221$. Only 2 out of the 7 subjects indicated an increase in empathy level from pre- to posttest: the raw score of one participant increased from 42 to 46, and that of another from 90 to 100, and in fact, the overall mean tended to be lower in the posttest.

Since the attendance rate for the study varied dramatically among participants, the same paired-sample *t*-test was run, excluding the two participants who did not attend at least half of the sessions, to see if the results differed (See Table 2). No significant difference was found ($p > .05$) in this comparison, $t(4) = 1.613$, $p = .182$.

TABLE 1

Pretest and Posttest Means and Standard Deviations on the Balanced Emotional Empathy Scale

	M	*N*	*SD*
Pretest	76.43	7	20.61
Posttest	71.00	7	19.87

TABLE 2

Pretest and Posttest Means and Standard Deviations on the Balanced Emotional Empathy Scale (Excluded Version)

	M	*N*	*SD*
Pretest	80.80	5	16.66
Posttest	72.60	5	18.98

Creativity Measurement I: Something About Myself (SAM)

Differences in pretest and posttest scores on the Khatena-Torrance Creative Inventory (KTCPI) were compared between groups. Since KTCPI consists of two instruments, the Something About Myself (SAM) and What Kind of Person Are You? (WKOPAY), SAM was examined first. (See Appendix H for raw scores.) The means and standard deviations are shown in Table 3. A paired-sample *t*-test indicated that there were no statistically significance differences ($p > .05$) between the pretest and posttest of the SAM, $t(6) = -.544$,

TABLE 3

The Something About Myself And Six Factor Orientations: Pretest and Posttest Score Mean Scores (M) and Standard Deviations (SD) (n = 7)

	Pretest		Posttest	
	M	*SD*	*M*	*SD*
SAM	48.29	7.43	50.43	9.86
Environmental Sensitivity	48.43	9.64	51.86	4.88
Initiative	50.57	10.01	51.86	9.06
Self-Strength	46.00	10.92	49.71	10.64
Intellectuality	47.29	7.50	47.14	6.39
Individuality	48.14	8.59	43.71	9.95
Artistry	53.14	8.13	55.43	9.27

p = .606. No significance differences was found (p > .05) within the six factor orientations of SAM either: Environmental Sensitivity (t (6) = -.909, p = .398), Initiative (t (6) = -.393, p = .708), Self-Strength (t (6) = -1.494, p = .186), Intellectuality (t (6) = .041, p = .969), Individuality (t (6) = 1.076, p = .323), and Artistry (t (6) = -1.076, p = .323).

Visual inspection of the data revealed two outliers who had decreased posttest scores. Since these two subjects were the only two with low attendance for the sessions, the comparison was made excluding these subjects. The means and standard deviations are shown in Table 4. This new analysis revealed that there was a statistically significant difference (p < .05) between the pretest and the posttest of SAM, t (4) = -4.961, p = .008. This was also true of two factor orientations: Initiative (t (4) = -3.833, p = .019) and Self-Strength

TABLE 4

The Something About Myself And Six Factor Orientations: Pretest and Posttest Score Mean Scores (M) and Standard Deviations (SD) (Exclusive Version: n = 5)

	Pretest		Posttest	
	M	*SD*	*M*	*SD*
*SAM	45.60	7.16	53.60	10.09
Environmental Sensitivity	47.40	10.14	51.00	4.47
*Initiative	47.80	10.08	53.00	10.63
*Self-Strength	43.80	11.95	51.20	12.15
Intellectuality	45.40	6.07	50.00	4.18
Individuality	46.80	8.64	48.40	6.66
Artistry	51.20	8.64	55.80	10.01

* = p < .05.

(t (4) = -7.188, p = .002). No differences were found (p > .05) from the four other factor orientations: Environmental Sensitivity (t (4) = -1.000, p = .374), Intellectuality (t (4) = -2.154, p = .098), Individuality (t (4) = -1.000, p = .374), and Artistry (t (4) = -2.438, p = .071).

Creativity Measurement II: What Kind of Person Are You? (WKOPAY)

Table 5 shows the means and standard deviation scores of a paired-sample t-test for pretest and posttest data of the What Kind of Person Are You? (WKOPAY). There was no difference (p > .05) between the pre and posttest scores (t (6)= - 1.410, p = .208). No differences were found (p > .05) within the five factor orientations of the WKOPAY: Acceptance of Authority (t (6) =.388, p = .711), Self-Confidence (t (6) = -.255, p = .807), Inquisitiveness (t (6) = -.756, p = .478), Awareness of Others (t (6) = .128, p = .903), and Disciplined Imagination (t (6) = .170, p = .871).

TABLE 5

The What Kind of Person Are You And Six Factor Orientations: Pretest and Posttest Mean Scores (M) and Standard Deviations (SD) (n = 7)

	Pretest		Posttest	
	M	*SD*	*M*	*SD*
WKOPAY	52.57	10.45	56.29	11.40
Acceptance of Authority	46.29	12.71	45.43	10.55
Self-Confidence	45.86	12.12	46.86	12.17
Inquisitiveness	45.86	8.67	48.14	5.64
Awareness of Others	50.43	6.43	50.00	8.62
Disciplined Imagination	48.71	8.85	48.29	13.16

TABLE 6

The What Kind of Person Are You And Six Factor Orientations: Pretest and Posttest Mean Scores (M) and Standard Deviations (SD) (Exclusive Version: n = 5)

	Pretest		Posttest	
	M	*SD*	*M*	*SD*
WKOPAY	49.60	11.17	54.60	12.93
Acceptance of Authority	48.60	14.28	46.40	11.44
Self-Confidence	45.00	14.46	43.20	11.48
Inquisitiveness	44.60	10.29	48.80	6.53
Awareness of Others	51.00	7.48	53.60	7.40
Disciplined Imagination	48.80	10.69	47.20	15.96

The comparison excluding the two subjects with low-attendance was also run for the WKOPAY. The means and standard deviations are shown in Table 6. No difference was found ($p > .05$) between groups ($t(4) = -1.501$, $p = .208$) on the whole teat or for the five factor orientations: Acceptance of Authority ($t(4) = .776$, $p = .481$), Self-Confidence ($t(4) = .544$, $p = .615$), Inquisitiveness ($t(4) = -1.072$, $p = .344$), Awareness of Others ($t(4) = -.677$, $p = .536$), and Disciplined Imagination ($t(4) = .471$, $p = .662$).

Compared to SAM, there was more fluctuation within WKOPAY in terms of score ranges. Individual variances with subjects for each factor orientation were much larger (See Appendix I for raw scores.)

Interviews

After all sessions were completed, seven students had individual interviews and described their experiences in the music therapy improvisation group. Three group members expressed their experiences in terms of their own feelings.

Reflection1: Well, it was fun experience. I guess the time made it [a] little hard to get there sometimes because we're tired by the end of the day. It energized us a lot and it was good to help us talk about issues that were bothering us at that time. Overall, I thought it was good to bring the students together to discuss issues and resolve things. In terms of music, I don't know whether music itself helped me to deal with specific issues. It helped with get[ting] my frustrations out. It was like an outlet for my feelings. If I was angry about something, I could beat on the xylophone.... It just helped me release my feelings.

Reflection 2: I felt that I could express my feeling. Actually Fridays, I'm usually tired, and I remember one time I was playing the ocean drum. It was so comfortable and I was very relaxed.

Reflection 3: I became more comfortable with improvisation and trusting in the group. I think we became closer, and that made me feel good and comfortable to be able to talk about everything.
I think one thing that made us feel frustrated [a] couple weeks ago was that sometimes we wanted to act on things that we talked about [but we couldn't]. I think we finally got there [and] we took long time [to do so]. How we are going to react on it? I think that's our next step. From that point, working [issues] through music is always safe, I think.

Four group members described their experiences in terms of personal

connection through music.

Reflection 1: I think making music together before we started talking was a way to connect to each other... It was kind of making an environment more conducive to sharing ideas.

Reflection 2: Well, at first, we kind of started just doing whatever we wanted in the improv. group, and it was kind of uncertain, like I didn't really know what to do. But by the time when we got done, I really enjoyed improvising, so. I think first two or three times I don't think that I've got really a point that I made connection. I think that the first time I really got the connection was the one when we talked about [student's name delete] and we did improv. for [student's name deleted]. I liked from that point, and I think a lot of improvs were more connected.

Reflection 3: I thought it was kind of a neat process that we went on. Because with our group in particular, we started out not playing together at all. And everyone was kind of just playing in their own little space and not really listening at all. Well, listening , but not necessarily making changes because of what they've heard or played with anybody. And I think by the time we finished, especially our last one, we were all listening to each other and responding to everybody. That was kinda neat to see.

> Reflection 4: I enjoyed making music with all of my friends. And as we played together more, I felt like we were [more] connected to each other, and I was getting to used to it. At the beginning, I didn't know what to do. And I was just playing whatever to get it over with. But towards the end, I felt like I knew what I wanted to play in order to make music with others. And kind of listening to others. Like at the beginning, I couldn't hear anybody's [music]. I was trying to play what I had to play. But at the end, I was aware of everybody: what they were playing.

There was a commonality of comments comparing previous improvisation experiences with this group experience. For students who had had an experience with methodical music improvisation, such as being in a jazz band, it was difficult for them to play freely at first without a specific structure to follow. However, as they spent more time creating music freely within the group, they felt that there was more freedom to express themselves, allowing their ways of playing to become more expressive. For students who had had no previous improvisation experience, there had been an image that improvisation was something difficult. It was viewed as something for which one needed to have specific musical knowledge, such as a blues chord progression. These students said that they were fascinated with the fact that they actually could create music without thinking about musical forms.

> Reflection 1: This is like the first time that I ever done completely free improvisation. Before, it would be like the Jazz band, or you have like pre-set, chord changes and just improvised over that...It was hard at first, when that was unstructured. It was hard to just play and not really have any structure to follow. But I guess when I got used to it, it became more expressive.

> Reflection 2: I was thinking improvisation was something difficult. Because my music history, I was always following the structure. I was playing the piano with music scores. So I was thinking that improvisation

was something difficult. But, this time I felt like, "Wow, I just can play music without thinking structures!"

On the other hand, one student said that she preferred having certain structures over playing freely without them.

> Reflection: Personally...even if it's music therapy improvisation, there should be a structure. And somebody who knows about music therapy improvisation should provide the structure, so people can follow.... But they can still be free. We can't just go, "O.K., I don't know what to play, but just I'll move [my] hand." [It] won't motivate me or patient, I think. So, I think there should be somebody who can provide [the structure]... For example, ABBA or rondo form. So, people can make music together in A section, and at B, they can be all free. So, it's not totally free, so like [when] people get bored, they can always go back to the structure. Because I think human needs some kind of structure.

These reflections seemed to lead the students to think further about their understanding of and attitude toward music therapy group improvisation.

> Reflection 1: [This experience] made it [referring to attitude] more positive. At first...I was kind of playing whatever and not really listening to anyone else. But, when we started doing this, I did start listening to other people.

> Reflection 2: I think it helped me realize how we can express feelings or ideas just in music, and connect to people musically and not have to worry about [expressing themselves] verbally or conceptually ... like, there can be just a connection with music, and doesn't have to have a specific concrete idea or things [to express self]. I think it's made my attitude more positive towards improvisation.

> Reflection 3: Music Therapy improvisation is more about your feelings inside and connecting with other people. If you make up something random on the xylophone, it doesn't necessary have to follow the same progression each time to mach with other people...It's more free... more freedom to express yourself and get in touch with other people.

> Reflection 4: I think I didn't know too much about music therapy improvisation before. But I felt like improvisation was not that hard, and I think I want to use [improvisation] more with many kinds of instruments for my own sessions [with clients].

> Reflection 5: When I heard about improvisation, I used to hesitate, but not so much any more. But I never knew that it could make me feel frustrated

before. I became frustrated when the group wasn't working together or wasn't purposefully listening. I just hadn't thought about that aspect of it. I guess that's one thing that's different.

Reflection 6: I think it led to a whole bunch of insights on it. If I will be in charge of the group, I will know what people would feel. Actual doing and getting this experience is important.

Reflection 7: I think I realized that it's important to talk about what we played afterwards. It really helped. If we didn't talk about it, I would have never thought about it. Because people talked about it, I realized what was going on within the music. I think I do improvisation more and more. I'm finding an importance of improvisation with this group.

When students were asked what were the most valuable experiences for them, most of the students stated that just having the opportunity to do group music therapy improvisation regularly was the most precious experience. More specifically, students mentioned being in a group process in which members got closer and became more comfortable with playing and listening to each other. One student said, " No matter what you play or how you play it, no matter how small your part is, you're affecting everyone else in the group. Well, I guess I knew it already but it kind of reaffirmed it." Another student commented, "I remember the last session and the one before that one. When we didn't connect, it had a big effect on the group. And the session after that I tried to actually connect with people through music, which made me realize that it actually had an effect when you do connect!"

It seemed that awareness of the sounds increased towards to the end of the sessions, and some students actually felt frustration when they sensed no musical connection while they were improvising. This had quite an impact for

some students, and they commented on this as something they learned through their group experiences. Three students specifically noted this process.

> Reflection 1: I learned a lot about group improvisation because usually with improvisation, I just thought you play whatever you want, and I learned that even though it is improvisation, you still need to try to connect with people and it was important to other members of the group too. Because I guess me and another group member were never connected with people. We just kind of went off and did our own thing, so it was nice to hear that once you connected, it did make an impact on other people in the group.
>
> Reflection 2: I think I listen better now. Just having the experience every other week to just sit down and listen to other people play. There are a lot of group dynamics in music improvisation. That I hadn't thought about before. There's a whole range of listening too. You can listen and really not listen all at the same time. For instance, I thought I was paying attention, but then I heard a [recorded] tape and I didn't know that someone else was playing the ocean drum! So though I knew there were whole range of listening, but maybe not the extent. I think I've seen a process: how the group as a whole got kind of used to the setting and then, there was an adjustment and finally at the end, I think there was a higher level.
>
> Reflection 3: I've learned that it's easy for group members to become frustrated and how quickly things can get to a point where [recording inaudible at this point] a lot of stuff. I've also learned that it is possible to connect through music. I think we had never talked about each other's improvisation. I remember couple of weeks ago, one group member told me that I never join the rest of the group when we do improvisation. That was huge for me! I thought, "you're kidding me! I don't? Ha! How interesting!" I've never thought about it. I think it's been really comfortable with someone to be able to tell them, "Hey!" just like not being offended by that. So, next time I actually thought about that. "You know, I'm really going to get into it this time and feel around me." and I did. Then I realized that I wasn't doing it before. It was a funny, great experience. I wished someone told me long time ago.

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Purpose and Problems

The purpose of the study was to learn more about the effect of the experience of group music therapy improvisation sessions on music therapy senior students' skills in attending to sounds and music. In this study, the researcher focused on the students' empathetic listening experience. The specific research problems for this study were as follows: 1) To determine whether participation in group music therapy improvisation affected students' emotional empathy to others as measured by comparing pre-and posttest scores on the Balanced Emotional Empathy Scale (BEES), 2) To determine whether participation in group music therapy improvisation affected the students' creative perception as measured by pre- and posttest scores on the Khatena-Torrance Creative Perception Inventory (KTCPI), which consists of two instruments: What Kind of Person Are You? (WKOPAY) and Something About Myself (SAM), and 3) To understand what meaning or significance the participants would give to the music therapy improvisation experience, individual interviews were transcribed, and a content analysis by common patterns/themes was performed. This information was synthesized as reflective data.

Results

There were no significant differences between pretests and posttests of the Balanced Emotional Empathy Scale (BEES) and the Khatena-Torrance

Creative Perception Inventory (KTCPI) when analyzed with a two-tailed paired-sample *t*-test ($p < .05$). There were significant differences ($p < .05$) between the pretest and the posttest of the Something About Myself (SAM) and the pretest and posttest of two of its factor orientations (Initiative and Self-Strength) when two students with low attendance were excluded from the analysis.

Although, in general, statistically significant differences were not found, results of the content analysis of individual interviews revealed two common themes that seemed to have an effect on the students' empathy and creative perception: 1) getting touch with and expressing ones own feelings and 2) a feeling of personal connection through music. Students also seemed to start recognizing the difference between music therapy improvisation and other forms of music improvisation, such as jazz, in terms of its intentional focus.

Discussion

In summary, based on the particular measures chosen, music therapy group improvisation sessions implemented every other week did not have a significant effect on students' emotional empathy level and creative perception. However, the analysis excluding students with low attendance rates indicated that creative perception might be affected by consistent participation in group improvisational music therapy.

A close analysis of the Balanced Emotional Empathy Scale (BEES) showed that both means and raw scores declined from pre- to posttest in five out of seven students who participated in the study (See Table 1 and Appendix G). This was also true when the two students with low attendance were excluded

from the analysis. This could be explained from three points of view. First, it might be possible that it was actually a natural occurrence for initial stages of empathy levels to go down before beginning to increase. Since posttest scores of five regular attendants all declined, there might be a possibility that empathy might require longer period of time to be developed. Second, empathy toward others may be closely related to the students' mood on that specific day and time, and external factors might affect test results. It is difficult to predict or control the influence of external factors; however, it might be important to obtain subjects' mood conditions on the test administration day for comparison purposes. Third, it might be possible that most of the students were unable to relate their group experiences to more general daily life situations. Because the BEES gives an objective report of an individual's tendency to feel and/or experience the emotional experiences of others in their daily life situations, perhaps some students were simply not able to generalize their musical empathy to non-music therapy situations. Perhaps future research needs to pursue or reconstruct the assessment tool for specifically measuring empathy levels in terms of musical context.

An analysis of the What Kind of Person Are You? (WKOPAY) indicated that means of WKOPAY and two of its five factor orientations (Self-Confidence and Inquisitiveness) increased from pre- to posttest. This result slightly changed in the analysis excluding students with low attendance rates. A different factor (Awareness of Others) then replaced Self-Confidence in the analysis. Even though there were increases in these specific factors when individual scores

were examined, no significant differences were found. Possible reasons for this could be that the study was too brief; students might simply have needed more time to experience group music therapy improvisation before changes occured. Due to scheduling difficulties, there was no possibility for the researcher to see the group on a weekly basis. The focus of WKOPAY is to present verbal stimuli to elicit perceptions of sub-categories within a psychological self-concept that would reflect the individual's propensity for creative behavior (Khatena & Torrance, 1998). Perhaps students would also develop other creative characteristics if they spend a longer time as a group and reflected upon their music creation acts with other group members.

It is important to discuss the finding that the excluded version analysis revealed: Mean scores of the Something About Myself (SAM) increased in every factor examined, and five students actually made significant pretest to posttest gains for SAM and two of its factor orientations (Initiative and Self-Strength). As mentioned, SAM was constructed based on the notion that creativity is reflected in a person's personality characteristics, in her thinking process, and in the actual byproduct. In this case, this byproduct could be improvisational music itself, and it is possible that the group music therapy improvisation experiences might influence these elements. Perhaps Initiative and Self-Strength might be the ones that were most easily impacted by the experiences, and the other four factors of SAM (Environmental Sensitivity, Intellectuality, Individuality, and Artistry) would follow after the first two are developed. It is possible that students started feeling comfortable enough in bringing about changes in the ways that they formerly

played and realized that they were capable of taking risks to make these changes within the group.

The content of the interview data revealed two apparent themes: expression of one's own feelings and personal connections through music. Some students indicated that they felt improvisational music served as an outlet for their feelings, which helped them to release certain feelings which came out during the sessions. In fact, they seemed to become more careful about their choice of instruments and used differing instruments according to their feelings and/or moods. In the same way, students reflected on their musical relationships as more positive. They recognized that they began to listen and response to each other through music. The fact that students has started realizing these changes brings up the possibility of future development of their empathic listening skills and creative aspects.

Although the results of the study differed depending on the analysis of the two contrasting groups in terms of attendance, the author believes that this group experience might have had a positive effect on their future empathic listening skill development, based on the comments from individual interviews. Most participants indicated that they became more aware of other people's playing and of the sounds in the music. Listening back to and discussing improvised music after their playing seemed to give them different perspectives of their music, feelings, and events at that time. Though there has been much debate regarding undergraduate music therapy training at the higher levels (Bruscia, 1989; Milgram-Luterman , 2000; Scartelli, 1987), it is possible that integrating group

music therapy improvisation experience into future undergraduate music therapy education and training programs may be beneficial.

> "With the appropriate music therapy education and clinical training, undergraduates can begin to develop the skills necessary for a higher level of music therapy practice" (Milgram-Luterman, 2000, p. 19).

Recommendations for Future Research

Identifying potential weaknesses in the study may help to improve future research on music therapy education, and practical training. Therefore, the following recommendations are offered.

First, weekly meetings would be better to allow group consistency. Since there was a scheduling conflict, the group could only meet every other week. Finding a day and time for all students to meet weekly would have been difficult; however, the time period between sessions made it difficult to make a smooth start to each session or to process an issue from the previous session. The researcher needed to remind the students each time what they had experienced in the previous session.

Second, securing longer sessions across a longer span of time, ideally two hour sessions over two semesters, would be desirable. This, again, would not be easy in terms of the students' busy schedules. However, an hour is insufficient to do a warm-up discussion, improvisation, listening-back, and analytical discussion. Since the group also needed to serve as a support group for the students, there were times when they needed to process issues verbally. This often left no time for improvisation and its reflection. It is recommended

either to lengthen the time of the sessions or to have separate focused groups: peer support group for one hour and improvisation group for another.

Third, attendance should be mandatory for group members. Although all the students were required to be in the group as a part of a class requirement, some students were absent from the group, assuming no consequential results would come from their absences. In fact, research results were dependent on the attendance rate, and, most of all, it was disruptive to the group process to have such inconsistent attendance. One student clearly pointed it out: "It was a big distraction when five members of the group didn't show up and then came next time. It was hard to relate over each time and try to connect with people that aren't there every time."

Fourth, keeping individual logs or journals after each session may be beneficial, in order for students to more accurately get in touch with their own experiences. The interview itself helped students to reflect on their thoughts and feelings; however, writing down experiences, observations, and reflections of each session may help students to remember small important things that will usually fade away as time passes.

Fifth, a larger sample size would be necessary before any generalizations could be made from these results. This is often a difficult task in any group therapy study situation since the size of the group tends to be small. To facilitate a greater number of subjects, the data collection could be from various groups from many different universities.

Sixth, the concepts of both empathy and creativity are difficult to define and/or measure, and the Balanced Emotional Empathy Scale (BEES) and the Khatena-Torrance Creative Perception Inventory (KTCPI) were possibly not the most appropriate means of measuring these concepts for this specific study. For instance, the lack of statistical significance in empathy may be due to situational differences in terms of experiencing empathy. This study involved sharing personal issues and/or concerns through both verbal and nonverbal means in which subjects were encouraged to listen to how their improvisational music interacted as a whole and how each person related to the music through her playing. It is possible that some students might have been more able than others to relate their group experiences to general daily life situations. Perhaps some students were simply not able to generalize their musical empathy to non-music therapy situations. Another possibility is that empathy levels may actually decline in early stages of intervention before beginning to increase. Perhaps future research needs to secure a longer period of sessions in order to see whether empathy levels actually increase after a certain period of time.

Seventh, future studies should include a control group without music therapy improvisation for comparison purposes. Again, obtaining enough subjects for two separate groups may be a difficult task, since the number of senior-level music therapy students tends to be small. However, future studies that employ control group would be helpful in searching for the most effective way for music therapy students to become sensitive to their clients' music and to convey their empathy through music.

Conclusion

The notion of sensing and communicating empathy through music is abstract, and it is difficult to elucidate its essence; yet as a music therapist, the author believes that this concept is extremely important in the music therapy process and needs to be addressed within the music therapy context. Through actual group experiences, the student subjects seemed to begin to understand that music therapy improvisation had the potential to generate powerful emotional intimacy between and among participants. There were certainly moments of intimate interpersonal relationships between the group members and the researcher, and the spontaneous music making seemed to facilitate these personal and meaningful moments.

The other focus of the study, creativity, is also complex and often difficult to define or measure. Within a music therapy context, creativity might be explained as the ability to perform various practical musical competencies, such as instrumental, vocal, and movement improvisation. However, as the study progressed, it became clear that creativity was very closely related to the therapists' sense of awareness: awareness of the client, awareness of the music of the client and the therapist, and its relation to the world around and within the client. When students became aware of sounds around them, they started to listen and observe others more carefully. It seemed that this was the moment when students started changing the way they played. Perhaps they realized that they needed to be "creative" to connect with other people through music.

In conclusion, the author hopes that the findings of this study generate several ideas and new insights for future research. The study is only a beginning, and the conclusions often were supported only by the subjective speculations made during and after the study to elucidate important aspects of group improvisational music therapy experiences. Therefore, further investigation needs to be conducted to validate the tentative conclusions of this study.

The implementation of this research project was a challenging, yet worthy, experience for the author to further develop her clinical skills and insights. The author believes that both the therapist and the group members gained a new and greater respect for the power of music to bring about new insights and change in the way one views and perceived oneself and others.

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APPENDICES

APPENDIX A

The Balanced Emotional Empathy Scale

Those who wish to use the inventory should contact the author for permission.

Dr. Albert Mehrabian
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E-mail: am@kaaj.com

APPENDIX B

The Kathena-Torrance Creative Perception Inventory
(The Something About Myself & The What Kind of Person Are You?)

Those who wish to use the inventory should contact the publisher for permission.

Scholastic Testing Service, Inc.
480 Meyer Road
Benseville, IL 60106-1617

Telephone: (630) 766-7150

APPENDIX C

Participant Information

Participant Information

In this study, Karin Akamatsu, Music Therapist-Board Certified, will be conducting a research experiment. The purpose of this research is to learn more about the experience of group music therapy improvisation sessions with music therapy undergraduate students. Of particular interest is the effect of the experience of group improvisation on students' emotional empathy to others and on their creative perception. While your full participation is essential to the success of the research project, you are not required to participate in the research project. Participation in the study is voluntary and will not adversely affect your rights and welfare. Specific participation will include the following:

1. Completion of two assessment inventories at the beginning and the ending of the experiment. The first assessment inventory that will be used is called the Balanced Emotional Empathy Scale (BEES). The BEES is a measurement of individual's vicarious emotional response to perceived emotional experience of others. The second assessment inventory that will be used is called the Khatena-Torrance Creative Perception Inventory (KTCPI). The KTCPI is an instrument that predicts how well respondents will perform in situation that require creative thinking. Estimated test completion time is 40 minutes. Schedule for these tests will be made at a time that is convenient for both you and the experimenter.

2. Participation in seven music therapy improvisation sessions over seven weeks. The session will be one hour in length. You will spend about 30 minutes for improvisation, 15 minutes for reflecting upon and verbally discussed your experience with music, 10 minutes for listening back to the music, and 5 minutes for filling out the experimenter-designed improvisation experience checklist. Sessions will be video recorded in order to analyze the quality of improvised music and its relation to various feelings and thoughts of participants.

3. Participation in individual interview about your experience of music therapy improvisation. These interviews will be audio-recorded and transcribed in order to analyze what meaning or significance the participant would give to the music therapy improvisation. The interview will be scheduled at a time that is convenient for both you and the experimenter. It will be conducted in the spring semester, 2002. Estimated interview time is 30 minutes.

Any information that you agree to provide will remain confidential. That means that your name will not be associated with any of the data collected, nor with the responses you have provided, the research findings that are presented, or any discussion of the outcome. You will remain anonymous in any report of the research findings. Your privacy will be protected to the maximum extent by law.

There is no physical harm for those who participating in the study. There might be a possibility of psychological discomfort such as fear and anxiety due to the process of musical element analysis paired with personal feelings, thoughts and/or issues. However, the experimenter is a board-certified music therapist and has been educated to deal with situations in which people might have various negative responses. The experimenter will provide an opportunity for you to talk about individual issues if desired. You also have a right to withdraw from the study at any time.
Benefits which will be gained by individual participants will be:

1) Gaining emotional support from other group members and the experimenter through therapeutic interaction.
2) Having a opportunity to solve personal conflict and/or problems.
3) Developing sensitive music listening skills which are essential for becoming competent music therapist.
4) Having an opportunity to be aware of the essential qualities of improvised music making.

Again, as either a full participation or partial participation, you may also choose to withdraw from the study without penalty or reprisal at any time.

If you choose to participate in the research project, please sign the attached consent form to indicate your voluntary agreement to participate. For any questions or concerns that may be raised by participating in this study, contact:

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For any questions about participant's rights as human subjects of research, contact:

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WEB SITE: - http://www.msu.edu/user/ucrihs/

Improvisation Group will meet every other week for one hour on Fridays from 3:00 to 4:00 p.m. The group will meet in Room 103 of the Music Practice Building and begin on Friday, October 19. We will meet four times this semester: October 19, November 2, 16, and December 7. The new schedule for next semester will be determined in January, 2002.

APPENDIX D

Consent Form and Demographic Questionnaire

Research Project Consent Form

I _____ (print your name) hereby give my voluntary and informed consent as a full participant in the research project, *Group improvisational music therapy: Its relation to emotional empathy and creative perception in senior music therapy students.* I hereby authorize the release of information highlighted on this form. (Your privacy will be protected to the maximum extent allowed by law.)

_____ _____
Signature Date

Name: _____ Project ID# _____

e-mail address: _____ Telephone: _____

Age: _____ Gender (circle one): Male Female

Ethnicity (circle one): African-American/Black, Asian/Asian-American, Caucasian, Hispanic/Latin, Multiracial, Native American, Pacific Islander, Other (_____)

Music background (e.g., your primal instruments, music preference, length of time that you have learned certain musical skills):

_____

_____

Do you have any experiences with improvisation? (circle one) Yes No

If you answer "yes," please describe them shortly.

_____

_____

_____

How would you describe improvisation?_____

_____

_____

APPENDIX E

Sessions

Sessions

Session 1 started with an orientation and focusing strategies to establish group guidelines and rapport. The session began with sharing issues or concerns that the students wanted to or needed to talk about. Issues arising their current clinical work led students to come up with a theme of "unpredictability," and the group decided to improvise their feelings about "unpredictability". Discussion followed in terms of their experiences of improvising this specific feeling.

Session 2 started with spontaneous improvisation. The group welcomed one student who had been suffering from psychiatric distress and often needed to be absent from school on the day of the session. After listening to the student's stories of her past/current conditions, all members wanted to express how happy they were to have her in the group and they expressed their support through music.

Session 3 opened with a review of previous sessions, and the group discussed the differences between music of session 1 and 2. A common issue arose over a conflict with a staff member that some students needed to talk about and share with other group members. The session time was used to assist them in this process. No music was made during this session.

Session 4 focused on trying to resolve the issue from the previous session. Students struggled with resolution of the issue as a group, since there were differing levels of emotional involvement in terms of perceiving the issue itself. The researcher suggested trying the "splitting" technique, which Mary

Priestley (1994) developed as one of her Analytical Music Therapy techniques. With the splitting technique, people project a part of the self onto another character, and in doing so, it is hoped they might be able to feel both sides of the conflict. The groups were divided into two, and one group improvised their feelings onto the other group members, who pretended to be the cause of the issue. These two groups took turns and later shared how they felt while they were playing/receiving music.

Session 5 required a second orientation, since there were two non-music therapy major students joining the group. It was an unavoidable situation since the researcher was notified by the instructor on the day of the session that these students would be required to be in the group. Concepts of music therapy improvisation were explained, and the group decided to "try out" free style improvisation. Then, the researcher encouraged listening to other group members' playing. Students compared the first and the second improvisations in terms of what happened within the music and their own feelings toward the music and how attracted they were to it.

Session 6 consisted of verbal processing; no music was made during the session. The students were so concerned about their internship placements and used the time to share their thoughts with each other. The new two students were no longer in the group, since they agreed to come back after this research project was finished.

Session 7 started with students' engaging in spontaneous improvisation. Once the music had ended, the researcher encouraged students to respond to it

freely, then, asked specific questions about interpersonal aspects of their playing. The group started reflecting on their clinical experiences, and listening to recordings of the improvisation. This led the group to analyze further their awareness of sounds.

Session 8 promoted continued analysis of the group improvisation and each participant's experiences. Spontaneous improvisation began the session and it continued for thirty minutes. Group members listened back to their improvised music again and contributed their individual reflections. The unique characteristics of music were discussed, and the group discussed the difference among individual attention to the various sounds.

APPENDIX F

Personal Interview Protocol

Interview Protocol

1. Tell me about your experience during this study.

2. Have you found any relationship between the quality of music and your feelings and/ or thoughts?

3. How would you describe this experience in comparison to your previous improvisation experience?

4. How has the experience affected your understanding of music therapy group improvisation?

5. How has the experience affected your attitude toward music therapy group improvisation?

6. Describe the one thing that was most valuable to you in your experience. Why?

7. Describe the one thing that was least valuable to you in your experience. Why?

8. What have you learned in your experience?

APPENDIX G

The Balanced Emotional Empathy Scale

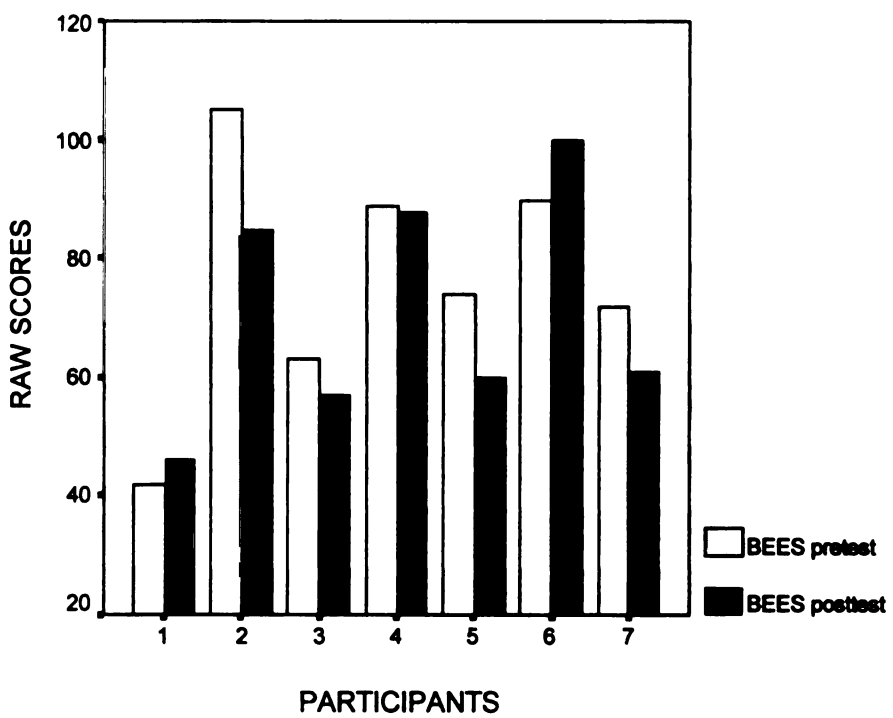
Raw Scores

The Balanced Emotional Empathy Scale
Individual Pretest and Posttest Raw Score Figure

TABLE A

Test Raw Scores of the Balanced Emotional Empathy Scale

Participants	Pretest	Posttest
1	42	46
2	105	85
3	63	57
4	89	88
5	74	60
6	90	100
7	72	61



APPENDIX H

The Something About Myself & Six Factor Orientations

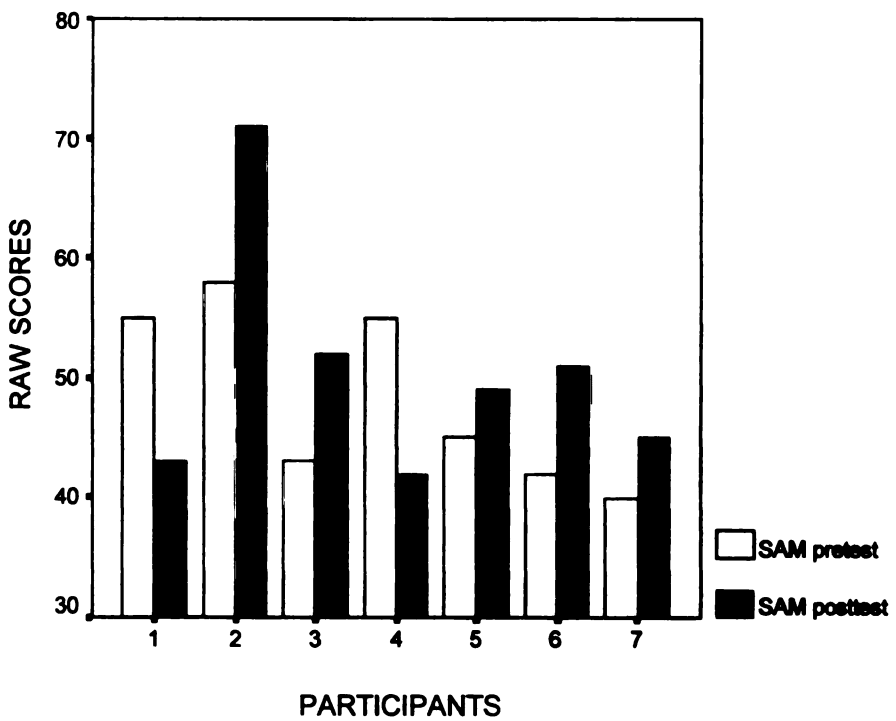
Raw Scores

The Something About Myself
Individual Pretest and Posttest Raw Score Figure

TABLE B

Test Raw Scores of the Something About Myself

Participants	Pretest	Posttest
1	55	43
2	58	71
3	43	52
4	55	42
5	45	49
6	42	51
7	40	45



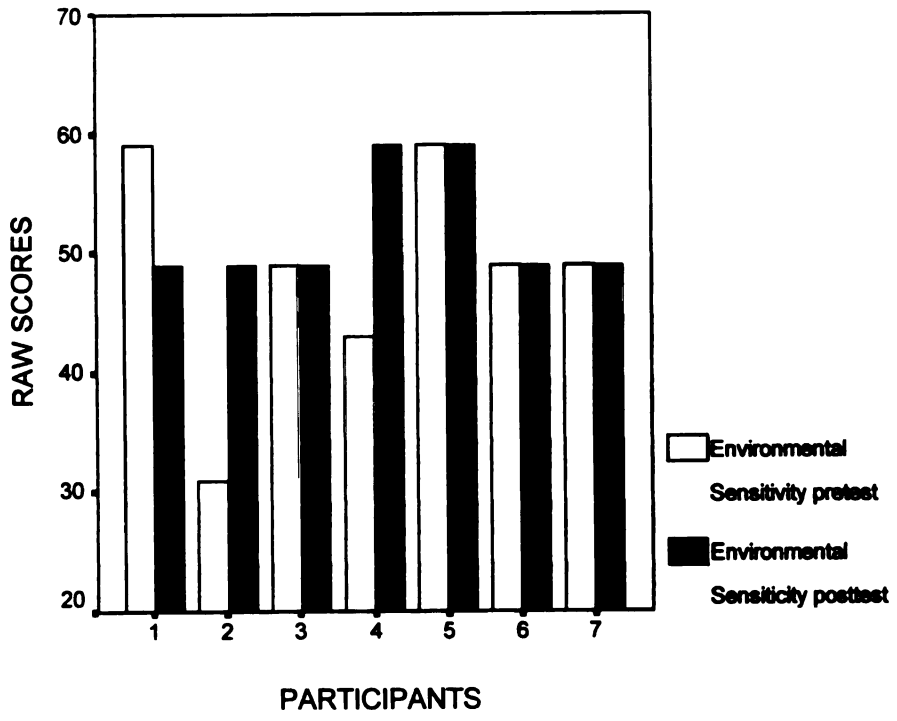
The Something About Myself
Six Factor Orientations

Factor 1: Environmental Sensitivity

TABLE C

Test Raw Scores of Six Factor Orientation 1: Environmental Sensitivity

Participants	Pretest	Posttest
1	59	49
2	31	49
3	49	49
4	43	59
5	59	59
6	49	49
7	49	59



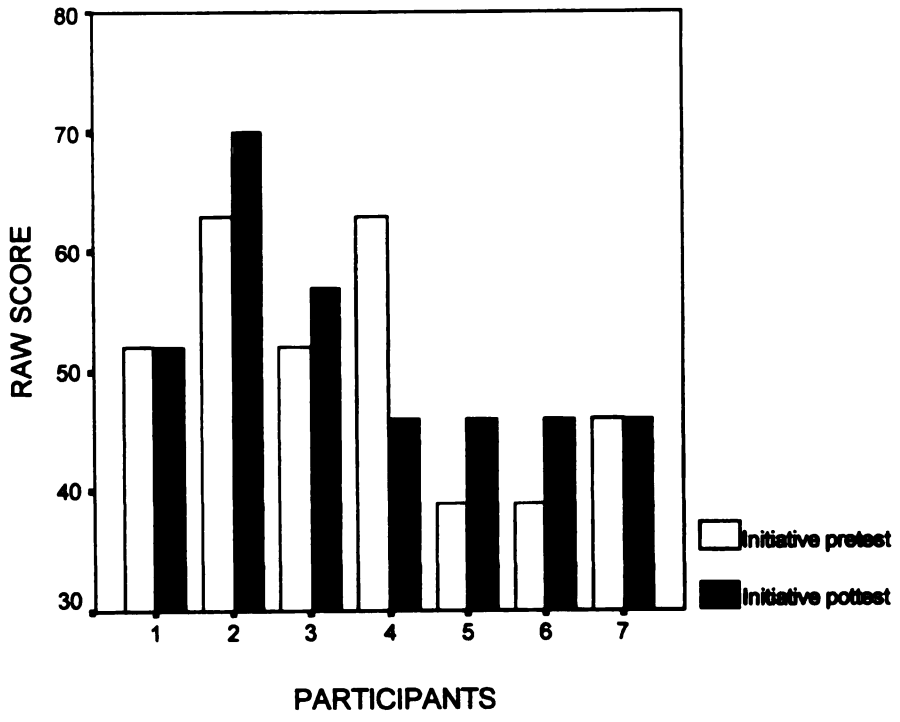
The Something About Myself
Six Factor Orientations

Factor 2: Initiative

TABLE D

Test Raw Scores of Six Factor Orientation 2: Initiative

Participants	Pretest	Posttest
1	52	52
2	63	70
3	52	57
4	63	46
5	39	46
6	39	46
7	46	46



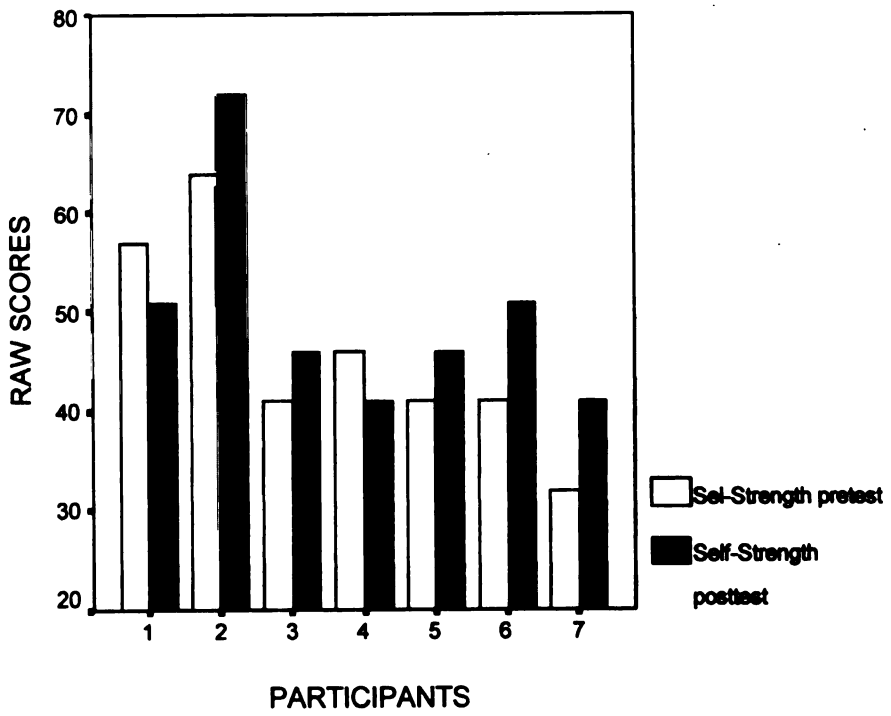
The Something About Myself
Six Factor Orientations

Factor 3: Self-Strength

TABLE E

Test Raw Scores of Six Factor Orientation 3: Self-Strength

Participants	Pretest	Posttest
1	57	51
2	64	72
3	41	46
4	46	41
5	41	46
6	41	51
7	32	41



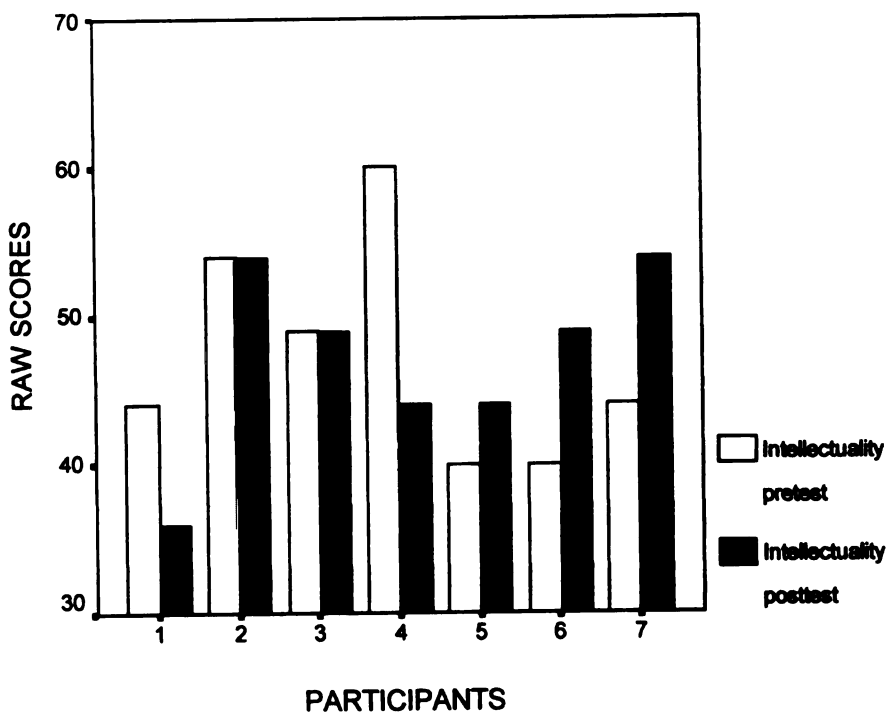
The Something About Myself
Six Factor Orientations

Factor 4: Intellectuality

TABLE F

Test Raw Scores of Six Factor Orientation 4: Intellectuality

Participants	Pretest	Posttest
1	44	36
2	54	54
3	49	49
4	60	44
5	40	44
6	40	49
7	44	54



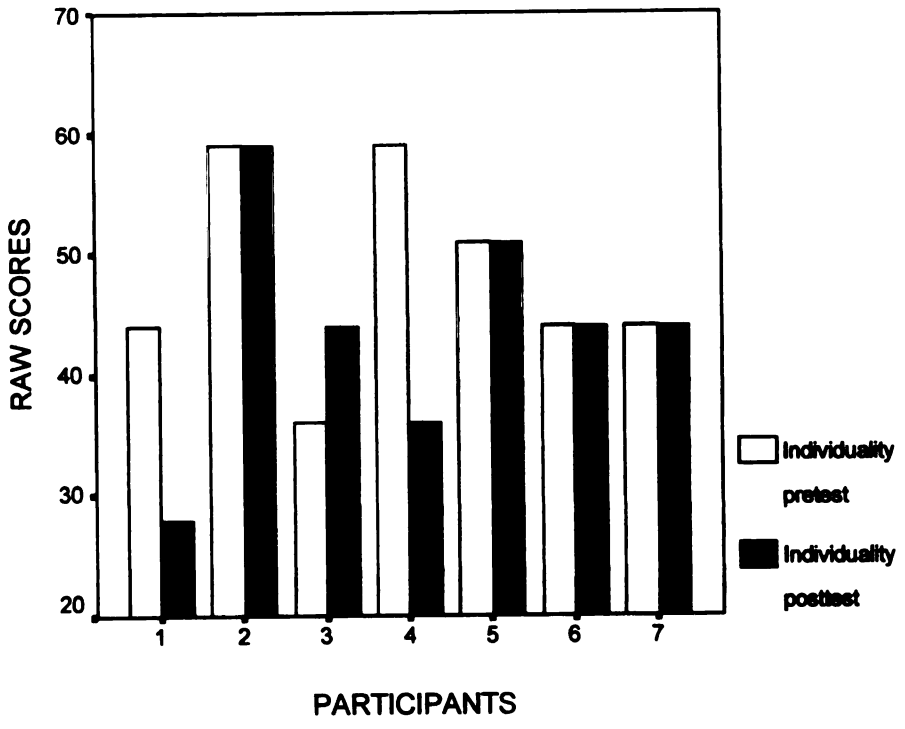
The Something About Myself
Six Factor Orientations

Factor 5: Individuality

TABLE G

Test Raw Scores of Six Factor Orientation 5: Individuality

Participants	Pretest	Posttest
1	44	28
2	59	59
3	36	44
4	59	36
5	51	51
6	44	44
7	44	44



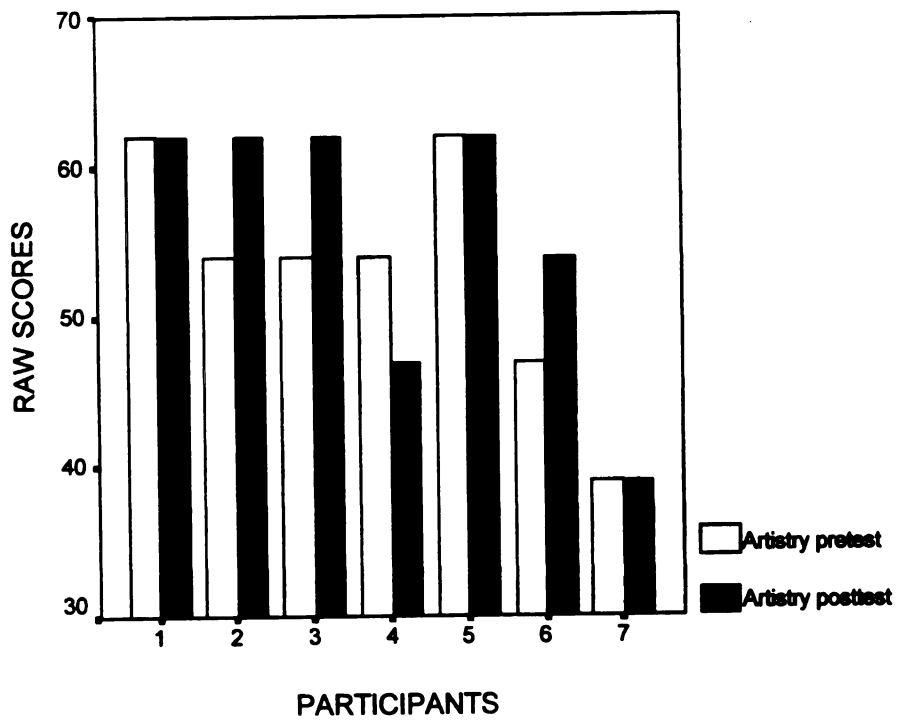
The Something About Myself
Six Factor Orientations

Factor 6: Artistry

TABLE H

Test Raw Scores of Six Factor Orientation 6: Artistry

Participants	Pretest	Posttest
1	62	62
2	54	62
3	54	62
4	54	47
5	62	62
6	47	54
7	39	39



APPENDIX I

The What Kind of Person Are You? & Five Factor Orientations

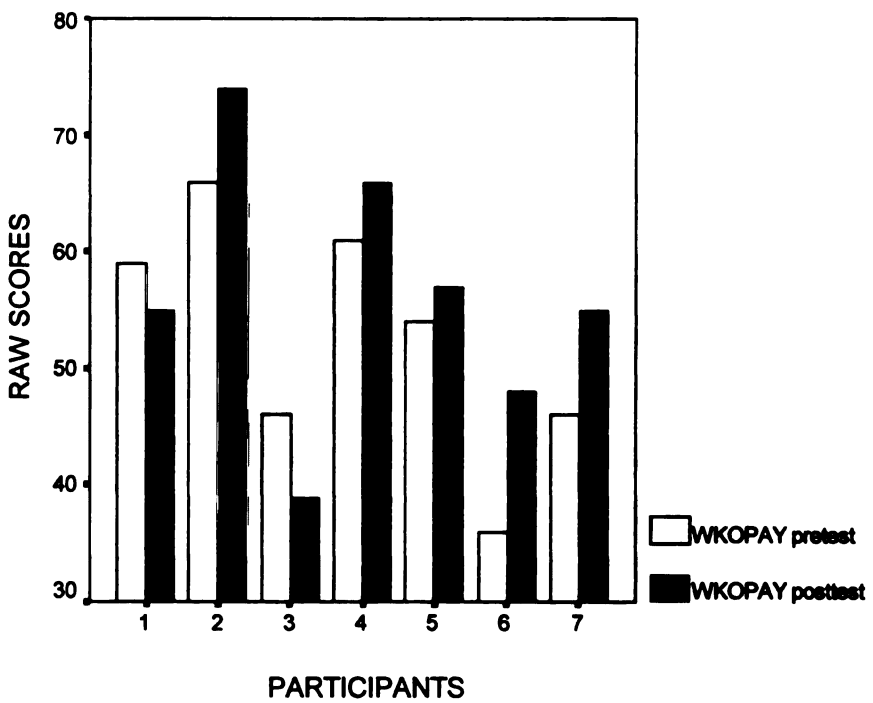
Raw Scores

The What Kind of Person Are You?
Individual Pretest and Posttest Raw Score Figure

TABLE I

Test Raw Scores of the What Kind of Person Are You?

Participants	Pretest	Posttest
1	59	55
2	66	74
3	46	39
4	61	66
5	54	57
6	36	48
7	46	55



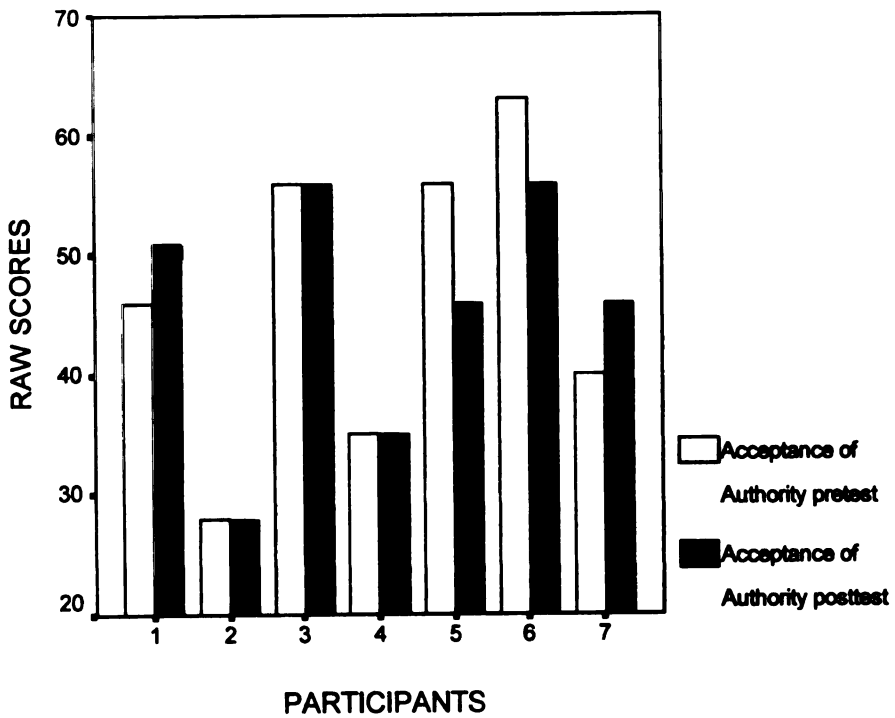
The What Kind of Person Are You?
Five Factor Orientations

Factor 1: Acceptance of Authority

TABLE J

Test Raw Scores of Five Factor Orientation 1: Acceptance of Authority

Participants	Pretest	Posttest
1	46	51
2	28	28
3	56	56
4	35	35
5	56	46
6	63	56
7	40	46



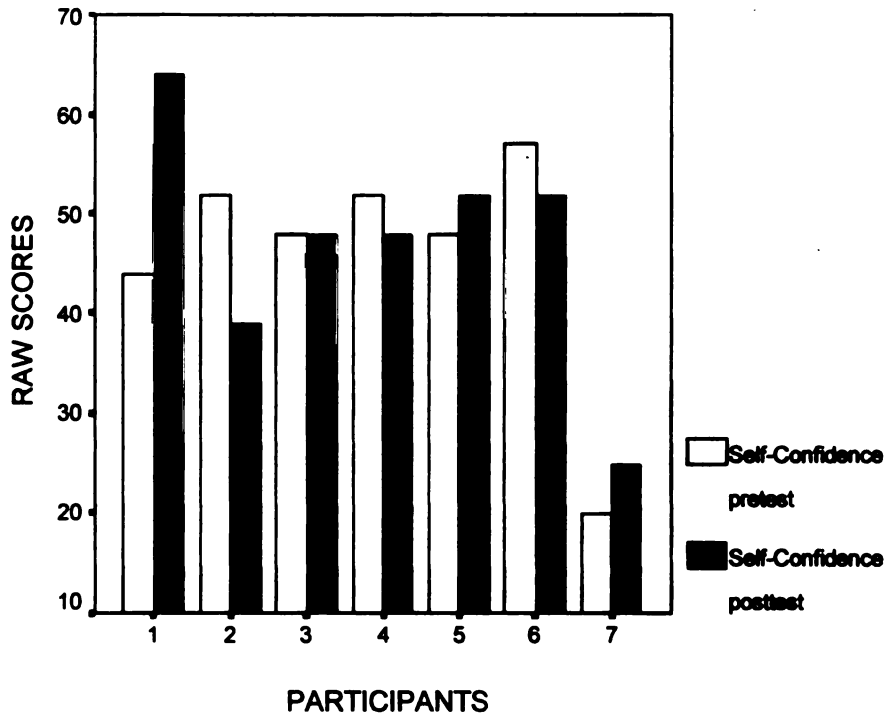
The What Kind of Person Are You?
Five Factor Orientations

Factor 2: Self-Confidence

TABLE K

Test Raw Scores of Five Factor Orientation 2: Self-Confidence

Participants	Pretest	Posttest
1	44	64
2	52	39
3	48	48
4	52	48
5	48	52
6	57	52
7	20	25



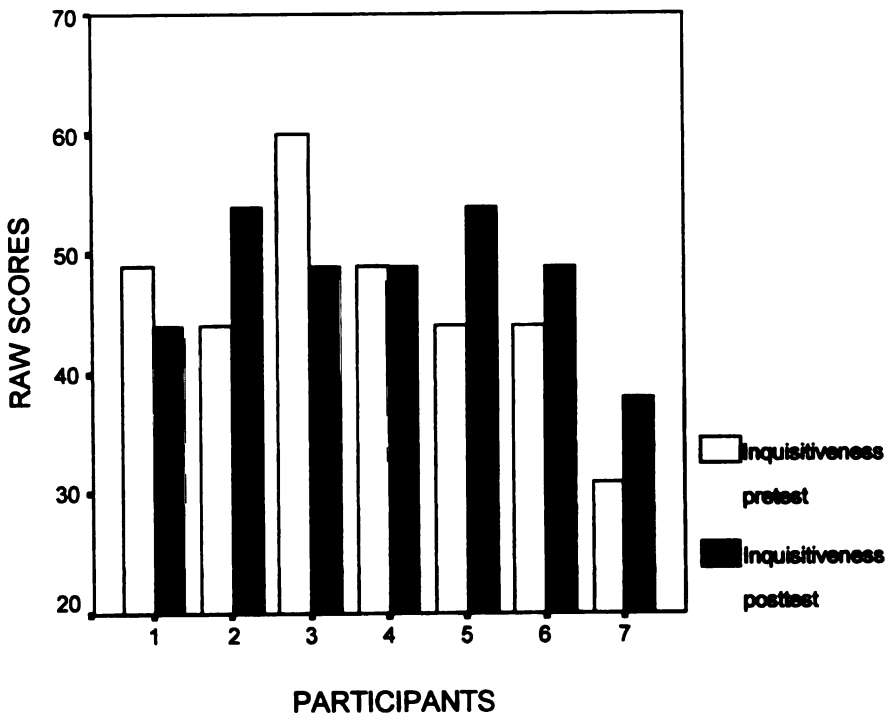
The What Kind of Person Are You?
Five Factor Orientations

Factor 3: Inquisitiveness

TABLE L

Test Raw Scores of Five Factor Orientation 3: Inquisitiveness

Participants	Pretest	Posttest
1	49	44
2	44	54
3	60	49
4	49	49
5	44	54
6	44	49
7	31	38



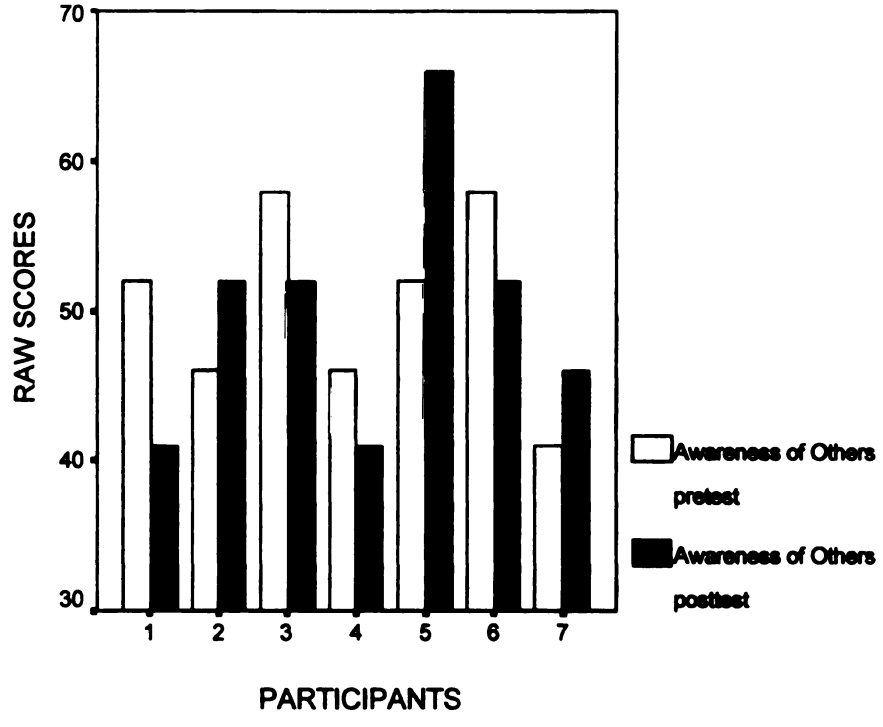
The What Kind of Person Are You?
Five Factor Orientations

Factor 4: Awareness of Others

TABLE M

Test Raw Scores of Five Factor Orientation 4: Awareness of Others

Participants	Pretest	Posttest
1	52	41
2	46	52
3	58	52
4	46	41
5	52	66
6	58	52
7	41	46



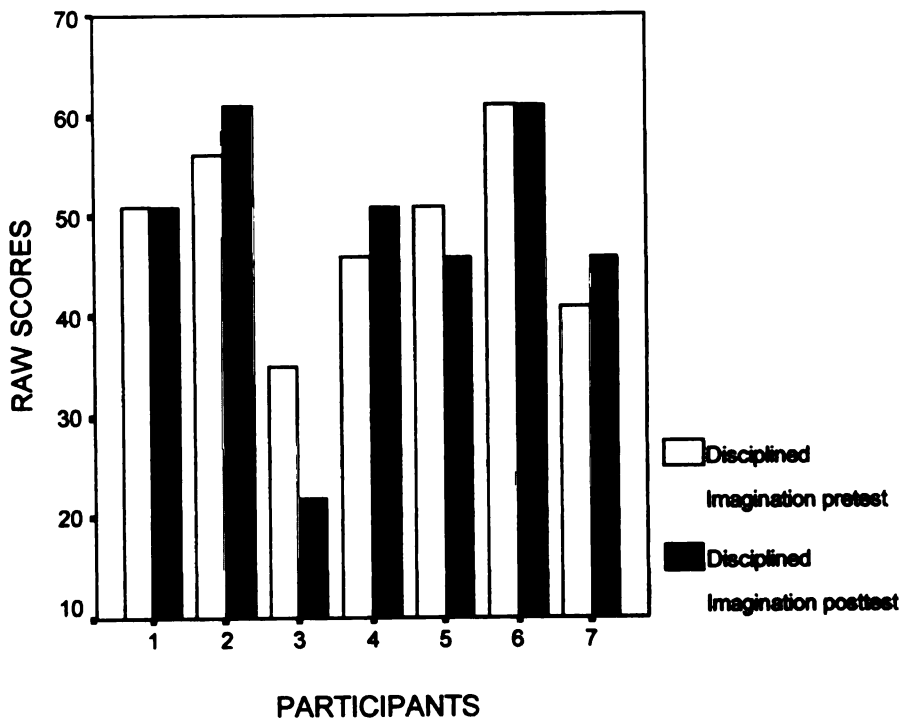
The What Kind of Person Are You?
Five Factor Orientations

Factor 5: Disciplined Imagination

TABLE N

Test Raw Scores of Five Factor Orientation 5: Disciplined Imagination

Participants	Pretest	Posttest
1	51	51
2	56	61
3	35	22
4	46	51
5	51	46
6	61	61
7	41	46



APPENDIX J

Human Subject Committee

MICHIGAN STATE
UNIVERSITY

October 10, 2001

TO: Frederick TIMS
102 Music Bldg.

RE: **IRB# 01-670** CATEGORY: EXEMPT 1-A,B,C,D

APPROVAL DATE: October 10, 2001

TITLE: GROUP IMPROVISATIONAL MUSIC THERAPY: ITS RELATION TO EMOTIONAL EMPATHY AND CREATIVE PERCEPTION IN SENIOR MUSIC THERAPY MAJORS

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the **UCRIHS approved this project.**

RENEWALS: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Projects continuing beyond one year must be renewed with the green renewal form. A maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for a complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of further assistance, please contact us at (517) 355-2180 or via email: UCRIHS@msu.edu. Please note that all UCRIHS forms are located on the web: http://www.msu.edu/user/ucrihs

Sincerely,

Ashir Kumar, M.D.
UCRIHS Chair

AK: kj

cc: Karin Akamastsu
4967 Campus Hill Dr. A301
Okemos, MI 48864

OFFICE OF
RESEARCH AND GRADUATE STUDIES

University Committee on Research Involving Human Subjects

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