

Searching for the unknown
Phenomenon-oriented study
of music performance anxiety
within the boundaries of psychodynamic approach

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INTRODUCTION

“I feel very bad while performing. I cannot control my body, my voice and my brain. Everything is shivering, I feel panic. During my last performance I felt as if I was going to faint. I heard my voice somewhere very far and on low frequencies. It felt as if I saw myself from aside.” This is how a young singer describes her experience of a common problem for performing professionals – music performance anxiety.

As we all know, musicians have a sensitive personality. They have often lived under pressure from a very young age. Musicians have perceived the lack of acting as a “real” child in their childhood: when other children could go out to play games, have fun and a good time with friends, future musicians had to spend time with their instrument, rehearsing to become a good musician. They almost always had to be better than the others – the request that is mostly cultivated by parents and/or teachers. These high expectations that are often hard to meet may cause low self-confidence, uncertainty, even guilt, shame and loneliness.

In music high schools future musicians are under pressure more than ever before. The researcher has worked as a lecturer at the Estonian Academy of Music and Theatre, and the University of Tartu Viljandi Culture Academy for many years and has seen music students’ vital need for help and support on their complicated way of becoming a qualified musician. Furthermore, the author also got to know that practically no musician openly admits suffering from Music Performance Anxiety (further mentioned as MPA), musicians usually regard this unpleasant condition as inevitable and try to cope with it quietly and without searching for help. It is a hidden problem. When looking at the problem through the social situation in Estonia, it is not surprising that people tend to close the unpleasant feelings deep inside and cope with them by themselves. It was the 50 years of belonging to the Soviet Union that infused people with ungrounded optimism and denied the presence of psyche at all. Even the terms “psychology” or “psychotherapy” were inadvisable; we can say that Soviet people did not legally have the psyche. The last 20 years of independence have changed our attitudes towards the presence of an individual’s inner life, but the roots of old conceptions are still very deep and the parents of today’s 20-year-olds carry these old patterns with them consciously or unconsciously.

There has been quite little research into music therapy as a treatment option for MPA. As far as there is apparent reference to the associations between early relations and experiences and the developing of MPA, psychodynamic music therapy can be considered as a possible intervention. The researcher has been educated in psychodynamic forms of music therapy,

e.g. the Bonny Method of Guided Imagery and Music (BMGIM) and her therapy work is founded on a psychodynamic base. When working with MPA related literature, a general question emerged: what phenomenology is behind the formulation of MPA and why does it seem to be so difficult to help people suffering from that problem. As a logical continuation, there appeared a question of how psychodynamic music therapy could support coping with MPA and what kind of opportunities it might give to deal with MPA.

Music therapy *per se* can be considered to support future musicians through their own matter – by expressing themselves and getting self-reflection through music and other artistic values that would give a great possibility to “play” (with/in) music and to enjoy spontaneous expression or inner imaginary processes in a safe environment where nobody tells you what to do and how to be, where all that you do and perceive is right and accepted.

MPA as a multifaceted phenomenon is one of the most discussed topics in performing arts medicine. Thus, there is lack of examining the phenomenon of MPA from a psychodynamic point of view, as well as the phenomenological approach to it. MPA is mostly seen as a problem that can be treated by using cognitive-behavioural techniques. There is also lack of public knowledge about the aetiology and sources of MPA. We can also say that there has been an indifference to empirical research on the psychodynamic approach in MPA. For example, in the journal *Medical Problems of Performing Artists* only 6 articles have been published since 1986 where the psychodynamic approach to MPA was explored. It is remarkable that 4 of these articles were written by the same author – Dr. Julie J. Nagel (1988, 1990, 2004 and 2010). The most recent article of Julie J. Nagel (2010) includes a comprehensive overview of a research in this area and the meta-analyses of it that shows the great efficiency of psychodynamic psychotherapy not only on music performance anxiety but on various anxiety disorders. The research also indicates that the benefits of psychodynamic psychotherapy may endure longer compared to Cognitive Behavioural Therapy and increase with time.

The subject is well represented in both the psychological and musical-pedagogical publications (Gabrielsson, 2003), but there is lack of therapy outcome studies on MPA as well as phenomenological research in general where the phenomenon of MPA would be explored more thoroughly.

The current thesis is a study of the phenomenon of MPA and is phenomenological in its core nature despite using quantitative data and analysis in addition to the qualitative approach. The study can be viewed as an integral freely moving process that was left to develop the way that it naturally would. No artificial or “necessary” turns were taken. The

study began with researching the nature of MPA using related literature and getting an overview of the research work that had been done in this area so far. It continued with a research of MPA among music students to get the overall picture of the real situation concerning MPA at Estonian music colleges at present. Another aim of questioning musicians was to reflect on the relationship between MPA and family patterns and types of parenting because of shortage of studies on this subject. Participation in the research was entirely voluntary. 180 questionnaires were distributed and 105 were returned out of which 103 were usable in the research. Every participant of the empirical study whose trait anxiety and subjectively perceived and objectively measured MPA level was high was offered the possibility to participate in psychodynamically oriented individual music therapy process in order to explore the issues connected with MPA and to gain support and new tools to cope better with MPA and with their life in general. No musician was forced or especially persuaded to come to therapy. The case studies that are included in the current dissertation are only of these people out of the whole sample who showed a will to receive music therapy. This also determines the amount of therapy cases analysed in the study. Further research developments in the thesis have grown out of the knowledge gathered in the music therapy processes with these MPA-clients.

The thesis consists of a literature review and an overview of the theoretical background gathered into Chapter 1. This is followed by the core part of the thesis – the four research studies on Music Performance Anxiety in Chapters 2 to 5. The “Research study on music performance anxiety with music students of Estonian music colleges” maps the presence of MPA among Estonian music students, describes the psychological and social determinants of MPA and the coping tools of the participants. The study also allows examining the associations between MPA and early issues, family and parenting patterns. The researcher’s intention was also to look openly at the phenomenon of MPA and find some possible new knowledge about it, some aspects that could not be noticed so far, by analysing freely expressed thoughts of the musicians about MPA. It has also been of interest how the musicians see the aetiology of MPA. The most comprehensive research study of the thesis is the “Qualitative multiple psychodynamically oriented music therapy case-studies research on phenomenon of music performance anxiety”. In the study the music therapy process with people suffering from MPA will be thoroughly described and explored. In addition to qualitative analysis, the study also includes quantitative measures to support and validate the qualitative findings. The “Phenomenological research on personal issues of music performance anxiety clients in verbal and musical process of psychodynamic music therapy”

is intended to gain a deeper understanding of the phenomenon of MPA by describing the Personal Issues that appeared in psychodynamic music therapy process with MPA-clients and explore the relations of these issues to MPA. The final study “Phenomenological research of the development of the self, embodied in the improvisations in the sample of two clients of music performance anxiety” reflects on the alterations in the clients’ self-picture and the possible personal development during the music therapy process. The improvisation “This is me” performed by the clients at the beginning as well as at the end of the music therapy process gave the clients the possibility to reflect and understand alterations in their inner state and enable the researcher to find evidence in musical material indicating therapeutic change during the course of therapy.

Chapter 6 gives a final discussion taking into consideration the outcome and experience that the research studies have produced.

Several appendices and a CD-ROM accompany the thesis to give a better understanding of the research process and outcome. The first numbers of the appendices indicate the chapter of the thesis which they belong to.

1. LITERATURE REVIEW AND THEORETICAL BACKGROUND

1.1. DEFINITIONS

1.1.1. Social anxiety

Social anxiety disorder (SAD), also known as social phobia, is an anxiety disorder characterized by intense fear in social situations causing considerable distress and impaired ability to function in at least some parts of daily life (APA, 1994; DSM-IV 300.23). The diagnosis of SAD can be of a specific or a generalized disorder. Generalized SAD typically involves a persistent, intense, chronic fear of being judged by others and of being embarrassed or humiliated by one's own actions. The fear of social interaction may be perceived as excessive or unreasonable and overcoming it can be quite difficult. The fear or avoidance may interfere with social life, work as well as family activities.

Social anxiety is rarely treated: by Wittchen & Fehm (2003) only 1-11% of socially anxious people search for help of releasing the anxiety. It is also known that pure social anxiety does not result in high utilisation rates of psychiatric or primary care treatment, unless it is complicated by another disorder. Social anxiety itself is often poorly recognised.

Social anxiety affects the quality of life in several ways:

- It is negatively related to education and income; persons suffering from social anxiety are often neither working nor studying.
- Social anxiety is significantly more common among individuals who have never been married.
- It causes significant role impairments, avoidance of friendship and social interaction in general (this also often prevents from consulting a psychotherapist).
- Socially anxious people have no desire to live; they are a high risk group for suicidal ideation and attempted suicide.
- Alcohol overuse is also characteristic of socially anxious individuals.

1.1.2. Performance anxiety

Performance Anxiety (PA) is seen as a category of social anxiety and in its extreme form it can appear similar to social phobia.

PA is a very common problem affecting musicians, dancers and actors as well as lecturers, politicians and athletes. It is a problem that many performing professionals suffer from, but they often admit it neither to themselves nor to the others. PA affects 25-50% of all performers (Wilson, 2000).

PA can occur in many different settings, in large and in small audiences and it affects the performers of all ages and performance abilities. It includes feeling more or less intense fear and it has a high impact on the quality of the performance and on the ability to accomplish the task to perform accurately and effectively. The latter is what makes performance anxiety differ from many other types of social anxiety. PA is a graduated phenomenon. Different performers experience it on different levels and also the same individual can encounter PA in varying degrees on different occasions.

In the literature one can find many various definitions of PA according to its origins, symptoms, theoretical approach etc.

The current thesis is based on PA definitions as follows:

- 1) PA is the exaggerated and sometimes incapacitating fear of performing in public; PA connects with other forms of anxiety and may be thought of as a component or correlate of general trait anxiety (Wilson, 2000).
- 2) PA is a group of disorders that affect individuals in a range of endeavours from test-taking, maths performance, public speaking, sport and the performing arts – music, drama, dance (Kenny, 2005b).
- 3) PA is a form of situational stress response; it is a unique problem that is related to psychological issues stimulated by performing in front of others (Steptoe, 2001).

In the literature, besides the term Performance Anxiety an alternative is used to describe the same phenomenon – stage fright. The author prefers to use the term Performance Anxiety, because it appears not only on stage but in many other settings and situations.

1.1.3. Music performance anxiety

The current study is concentrated on a category of PA – Music Performance Anxiety (further mentioned as MPA). MPA is an anxiety disorder, specifically a social phobia, if the performer demonstrates significant impairment and otherwise meets the criteria for social phobia presented in DSM IV (APA, 1994).

One of the most comprehensive and widely used definitions of MPA is given by Paul Salmon (1990). He defines MPA as the experience of persisting, distressful apprehension about and/or actual impairment of performance skills in a public context, to a degree unwarranted given the individual's aptitude, training, and level of preparation.

According to studies, 15-25% of musicians suffer from MPA (Steptoe, 2001) and most of all solo musicians (47%) and solo singers (38%), as reported by Marchant-Haycox and Wilson (1992). A study of professional musicians in symphonic orchestras has showed that 59% of the participants reported that MPA affects seriously their lives (van Kemenade et al, 1995). In a study that involved 56 orchestras/ 1639 respondents throughout the world, 70% of the respondents indicated that they sometimes experienced such intense anxiety before a performance that it impaired their playing (Steptoe, 2001).

MPA might represent a circumscribed type of social phobia as the type of social phobia where people experience anxiety in only one or two discrete situations (Heimberg, Holt et al, 1993). According to Osborne and Franklin (2002), 27% of individuals approving high levels of MPA also met DSM-IV criteria for social phobia.

Interestingly, jazz musicians have fewer problems with MPA than classical musicians (Kaspersen & Göttestam, 2002).

McGinnis and Milling (2005) suggest that it may be contextually appropriate for musicians to be concerned about how they are perceived by the audience, teachers, jury, music critics and others. One can agree with this affirmation in boundaries of responsibility that is naturally connected to public performance. But the question here is about the excessive intensity of MPA.

1.2. SYMPTOMS OF PERFORMANCE ANXIETY

PA is not different from general anxiety. Feelings of fear and apprehension can be accompanied by increased and prolonged physiological arousal, which can be normal and temporary or abnormal and long-lasting.

Step toe (2001) identifies 4 components of PA:

1. affect
2. cognition
3. behaviour
4. physiology

Step toe (ibid.) also indicates that the primary component of PA is affect or feeling, which forms the central experience of PA for many performers. Affective components of PA may include feeling anxious, tense, apprehensive and panicky.

Symptoms related to cognition are difficulties in concentration, failure to remember, distraction, reading errors, thinking of what could go wrong, fear of making mistakes, feelings of inadequacy. While performing a performer tends to be occupied with task-oriented or audience-oriented thoughts (good enough performance, remembering the performing material and actions on the stage etc). What happens is a disruption of task-oriented cognitions: catastrophising in imagination the likelihood and effects of negative events during the performance. Performers tend to believe that such occurrences will ruin the entire performance. Also common is the concern of collapse on the stage. Preoccupation with evaluation by others and concern about the others' reactions is found to be positively correlated to anxiety (Lehrer et al, 1990). High internal standards and perfectionist attitude can also be the predictors of PA. According to Mor et al (1995), perfectionism scores were positively correlated with debilitating PA, more anxious performers experienced a lower sense of personal control in their lives.

Behavioural symptoms appear as not being able to do things that normally happen naturally (e.g. breakdowns in performance technique).

The physiological symptoms of PA can be increased heart rate to supply oxygen to the muscles, breathlessness (lungs and bronchial airways open to supply more oxygen), the liver releases stored energy, feeling of "butterflies" in stomach, the stomach and gut shuts down (digestive system is inhibited as blood is diverted from stomach to muscles), shaking knees and hands, muscle tension, difficulties to control finger actions (muscles tense in readiness for

increased physical exertion), dry mouth and difficulty in swallowing (the body fluids are redirected into the bloodstream), sweating to cool the working muscles, visual disturbances, blurring and focusing problems (pupils dilate to sharpen distance vision), dizziness, feeling of pins and needles (calcium is discharged from tense muscles), raised levels of adrenalin and noradrenalin.

1.3. THE DETERMINANTS AND AETIOLOGY OF PERFORMANCE ANXIETY

A summary overview of main personal factors that determine MPA is completed by Dianna T. Kenny (2008):

1. Psychological factors: negative attitudes and emotions, (e.g. fear of failure, success, disapproval, losing control, memory problems, feeling not good enough), unrealistic or no goals, negative or no mental rehearsal, poor concentration and poor preparation routine.
2. Musical factors: poor technical preparation, focusing too little on emotional intention, poor or no emotional connection with the music, not enjoying music, not liking the music, insufficient performance experience, insufficient performance simulations, e.g. unfamiliarity with performance venue.
3. Physical factors: poor health, lack of sleep, poor nutrition, poor control over bodily tension, use of drugs or medications, performance-related musculoskeletal problems.

Le Blanc (1994) has constructed the 11-level hierarchical model of sources of variation in music performance anxiety as viewed on time axis, where the 11th is the lowest and the 1st is the highest level:

11. The beginning level. Certain personal characteristics and experiences of the performer (age, musical ability, musical training, personality, amount and quality of performing experience, memory and circadian rhythm). Musical ability and experience facilitate easing anxiety.
10. Difficulty and appropriateness of the music for performance. Excessive difficulty and impropriety abet anxiety.
9. Adequacy of the musical instrument (or voice) for the performance task, adequacy of preparation to perform, physical conditioning.
8. The performer's emotional and physical health.

7. The performer's current affective state of mood. The music will have its emotional demands that may or may not be congruent with the performer's current mood.
6. Variables of the performing environment (measurement devices, physical comfort, distractions, time of day, audience, authority figures, family members, media, peers etc).
5. Self-perceptions immediately before the performance (beliefs about various conditions –the difficulty and appropriateness of music, how adequately the performer is prepared, personal appearance, the amount of personal exposure, the importance of the performance.
4. Physical and psychological arousal.
3. Focus of attention (the performance begins). The more the performer focuses on the performance, the less he/she will focus on anxiety-producing aspects.
2. Self-perceptions of the 5th level during the performance. The performer receives immediate feedback through his/her own ears and may be encouraged or discouraged by the sound.
1. Subsequent feedback (audience comments, reviews, teachers' evaluations, performance ratings). Favourable feedback may alleviate anxiety in future performances.

Barlow's model of anxiety (2000) indicates triple vulnerabilities that can account for the development of an anxiety disorder:

- 1) generalized biological (heritable) vulnerability;
- 2) generalized psychological vulnerability based on early experiences in developing a sense of control over salient events;
- 3) more specific psychological vulnerability whereby anxiety comes to be associated with certain environmental stimuli through learning processes such as respondent or vicarious conditioning.

There is empirical evidence for the association between childhood adversity (e.g. loss, physical or sexual abuse, parental indifference) and the beginning of any of several anxiety disorders (e.g. Prigerson et al, 1996; Brown & Harris, 1993; Tweed et al, 1989; Torgensen, 1986).

One of the recent studies on this topic by Benjet, Borges and Medina-Mora (2010) indicates that chronic childhood adversities, in particular family dysfunction (i.e., the four family pathology and three abuse/neglect adversities) as opposed to other types of childhood chronic adversities, are associated with the first onset of all four classes of psychopathologies examined (mood, anxiety, substance use and externalizing), and for the most part, over all three life course stages (childhood, adolescence and adulthood). Also Knappe et al (2010)

have found that there are associations with parental psychopathology and unfavourable parental rearing and performance-related fears.

Pahl et al (2012) have found that a higher level of anxiety in early childhood was predicted by higher levels of parenting stress in mothers and fathers. The research also showed that mother's negative affect directly predicted higher levels of child anxiety.

According to literature, one can identify certain types of parenting in the families of the socially anxious/phobic persons:

- 1) violent, alcoholic – most common manifestation of this background; feeling of insecurity of social relationships is generalised to concern all social interactions; e.g. childhood physical or sexual abuse (Stein et al, 1996; Brown & Harris, 1993; Benjet, Borges & Medina-Mora, 2010)
- 2) dominant type with high demands – no positive feedback on his/her achievements; mustn't make fools of themselves because otherwise the parents would be ashamed of them; perfectionism
- 3) negligent – parents absent physically or psychologically; children must manage on their own; parents attempt to push the child away towards more independence that leads in turn to increased pressure for the parent to provide comfort and reassurance (Brown & Harris, 1993; Benjet, Borges & Medina-Mora, 2010; Pahl et al, 2012);
- 4) good enough, but with problems – parents did their best, but because of the external circumstances and parents' own problems the child learns to be afraid of other people, parents can transmit their own anxieties to their children, e.g. parents with social phobia (Mancini et al, 1996; Benjet, Borges & Medina-Mora, 2010);
- 5) overprotective (Wittchen & Fehm, 2003; De Ruiter & Van Ijzendoorn, 1992).

Research has shown that there is a relationship between insecure attachment styles (Bowlby, 1988; Ainsworth, 1971) and the occurrence of anxiety disorders. This includes anxiously ambivalent individuals (hyper-vigilance and a tendency to form dependent relationships that increase anxiety), avoidant individuals (distancing from attachment figures, denying insecurity, devaluating importance of events that cause painful feelings), preoccupied attachment (distress caused by the lack of emotional closeness and absence of close relationships, fear of being under-valuated by others) (Mikuliner & Orbach, 1995; Manassis & Bradley, 1994). Keller (2008) argues that the nature of attachment has to be viewed in the boundaries of the cultural context. By her opinion the standpoints of Bowlby and Ainsworth are appropriate only in the context of Western culture.

Roth, Coles and Heimberg (2002) indicate that there is a strong relationship between childhood teasing and anxiety and depression in adulthood. The research has shown that scores of the Teasing Questionnaire were significantly and positively related to all of the measures of current anxiety and depression ($p < .001$). 85% of participants of the research group with social anxiety disorder have reported to have been bullied or severely teased. They have also found that teasing was significantly related to anxiety sensitivity.

Erwin et al (2006) have studied the frequency of re-experiencing, avoidance and hyperarousal symptoms among persons with social anxiety disorder, e.g. individuals with PA compared to the control group. The researchers found that patients reported reacting to the memories of socially stressful events in the past with hyperarousal and avoidance symptoms.

Further determinants of MPA include 4 main personal characteristics that can be essential factors in forming PA: perfectionism, redundant need for approval, tendency to ignore physical and psychological signs of stress and immoderate need to control everything (Bourne, 1975). All these traits stem from early childhood and one can learn these with the “help” of their close objects, mainly their mother and father.

Many researchers indicate that individuals with perfectionist standards are particularly susceptible to feelings of anxiety (e.g. Mallinger, 2009; Higgins, 1987). A study by Mor et al (1995) examined dimensions of perfectionism and anxiety by professional performers. The results show that higher personal and social standards of perfectionism are associated with higher debilitating anxiety and higher somatic anxiety while performing. The largest associations involving performance anxiety tended to be obtained with socially prescribed perfectionism.

PA has been found to correlate with neuroticism and introversion in musicians (Steptoe & Fidler, 1987; Kemp, 1996) and in actors (Steptoe et al, 1995). A high level of PA is also found to be related to low levels of confidence (Abel & Larkin, 1990). There is also evidence that performers with high trait anxiety experience greater increases in state anxiety than those with lower trait anxiety (Hamann, 1982).

Research indicates that anxiety and phobic reactions arise more in women than in men (e.g. Lewinsohn et al, 1998, Lepine & Lellouch, 1995, Regier et al, 1993), so is PA more commonly reported by female than male musicians (Wesner et al, 1990; Mirowsky & Ross, 1995). Steptoe & Fidler (1987) have found that younger musicians have higher PA compared to the high level professional musicians.

According to the Catastrophe Theory (Hardy & Parfitt, 1991), experience of traumatic events produce anxiety – one bad performance leads to another one, the internalised

experience carries a fear of making a mistake once more in situations that are alike. Anxiety becomes a response to something that may happen.

1.4. RELATIONSHIP BETWEEN AROUSAL AND PERFORMANCE

Many musicians say that they need PA in order to perform at the optimum level. A certain amount of anxiety is proven to be good for performing; it is helpful and necessary to perform more efficiently. The Yerkes-Dodson law, a scientific principle developed by psychologists Robert M. Yerkes and J. D. Dodson in 1908, demonstrates an empirical relationship between arousal and performance. It dictates that performance increases with cognitive arousal but only to a certain point. When levels of arousal become too high, performance will decrease. A corollary is that there is an optimal level of arousal for a given task.

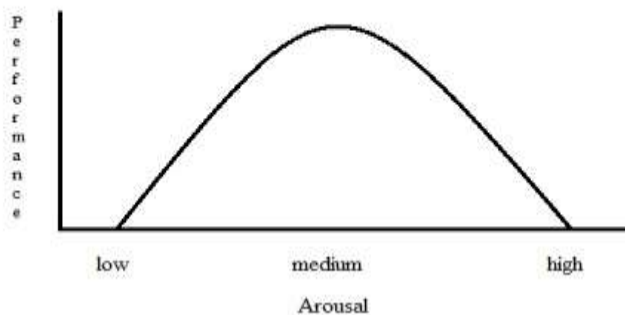


Figure 1.1. Yerkes-Dodson Law: relationship between arousal and performance.

The process is demonstrated graphically as an inverted U-shaped curve (see Figure 1.1.), increasing and then decreasing with higher levels of arousal.

It has been proposed that different tasks may require different levels of arousal. For example, difficult or intellectually demanding tasks may require a lower level of arousal for optimal performance to facilitate concentration, whereas tasks demanding stamina or persistence may be performed better with higher levels or arousal (to increase motivation).

There has been research indicating that the correlation suggested by Yerkes and Dodson exists (e.g. Duffy, 1957; Anderson, 2000), but a cause of the correlation has not yet

successfully been established (Anderson, Revelle and Lynch, 1989). Despite some evidence existing in contrast to it, the law is generally respected.

According to Berlyne (1960), there is an optimal level of arousal for an individual at a given time. If the level of arousal drops below the optimal level, the organism will seek stimulation (i.e. exploratory behaviour). Eysenck (1982) examines the relationship between attention and arousal. He concludes that there are two types of arousal: a passive and general system that can raise or lower the overall level of attention, and a specific, compensatory system that allows attention to be focused on a certain task or environmental stimuli. There is also evidence that state anxiety has motivational and drive properties that help to succeed in performance (Hamann & Sobaje, 1983; Kemp, 1996).

1.5. TREATMENT OF MPA

There is a great variety of treatment methods that are used to treat MPA. Available literature on the treatment of MPA points to the utility of exposure and cognitive therapies, although there is no clear-cut evidence suggesting the superiority of one approach or the benefits of combining the two (Chang, Midlarsky & Lin, 2003; Sweeney & Horan, 1982; Kendrick et al, 1982). Although MPA and Generalised Social Phobia (GSP) share some common diagnostic features, MPA may comprise a distinct form of social phobia that may be best described as circumscribed in nature. It is unclear whether the findings of the research evaluating the effectiveness of psychological treatments for GSP can be extended to the treatment of MPA (McGinnis & Milling, 2005).

McGinnis & Milling (ibid.) give a comprehensive review of empirical research on evaluating psychological treatments of MPA studies that used a controlled design in which a treatment was compared to at least one alternative intervention or a placebo, attention, wait-list or no-treatment control condition. Psychological treatments matching the criteria mentioned above were Behaviour and Cognitive Therapies, Biofeedback, Hypnosis, Music and Music-Enhanced Therapy and Cognitive Behavioural Therapy combined with Medication.

Nagel et al (1989) indicate that an approach using combinations of therapeutic methods and techniques that target all components of symptoms of PA should be used for the treatment of PA.

1.5.1. Cognitive Behavioural Therapy

One of the major approaches used in the treatment of anxiety is Cognitive Behavioural Therapy (CBT). CBT focuses on changing or extinguishing dysfunctional thoughts (cognitive restructuring) and/or behaviours (systematic desensitisation) that arise in anxious situations. Cognitive-behavioural approach assumes that anxiety is a learned or conditioned response to a particular situation and the therapy attempts to break the link between the situation and the response so that the person can finally apply his/her new skills in the actual anxiety provoking situation. The person's behaviour becomes to be based on rational realistic thinking instead of on negative catastrophic thinking that hinders the person's capacity of effective functioning.

CBT is the most researched approach in psychotherapy and is considered the most effective treatment for anxiety disorders. There are several studies that examine the therapeutic effect of CBT on performance anxiety (e.g. Roland, 1994; Clark & Agras, 1991; Harris, 1987; Kendrick et al, 1982; Sweeney & Horan, 1982). The techniques of CBT that are used to treat MPA include systematic desensitisation, in vivo desensitisation, cognitive restructuring, counter-conditioning, exposure-oriented cue-controlled relaxation, and musical analysis of the structure of the composition to be performed.

There is great variance in findings of CBT therapy for individuals suffering from MPA. There is evidence that CBT enhanced performance quality and reduced self-reported anxiety (Appel, 1976; Sweeney & Horan, 1982). Kendrick et al (1982) have found that there were no differences in ratings of performance quality and self-reported anxiety between the research group receiving CBT and the wait-list control group at post time, however a follow-up research has shown enhanced performance quality and reduced anxiety in treatment groups compared to the control group.

There is much critique to using CBT techniques in treatment of anxiety. For example Erwin et al (2006) argue that exposure to current situations that trigger symptoms associated with past stressful social events may not be adequate since it may not access all the components of the fear memory. Stravynski & Greenberg (1998) have found that a deeply disturbed client cannot profit from cognitive-behavioural therapy before he/she has gained more insight into his/her problems and is able to free enough resources to expose himself/herself to the anxiety provoking situations.

However, cognitive-behavioural approach admits, that social anxiety can be caused by negative childhood experiences, by lack in early relationships. But the methods of CBT teach

the individual to change his/her thoughts towards fearful situations and alter their behaviour, but not dealing with the roots of arousal – the matter that holds up the possibility to experience social anxiety over and over again.

1.5.2. Relaxation and breathing techniques

There is evidence that several relaxation and breathing techniques have a therapeutic effect on performance anxiety.

Alexander Technique has been shown to help in coping with performance anxiety (Valentine, 2004; Valentine et al, 1995; Nielsen, 1994). The theory behind the technique is that individuals create unnecessary tension in their body because of bad posture and this tension can reduce their mobility and make them ill. The Alexander Technique is a physical and mental form of therapy as a large part of the practitioners' work involves psychological re-education. Therapists teach their clients to use their body in a more efficient way, they make them aware of the way they perform activities and what optimum posture feels like before beginning to make adjustments, the goal is to produce maximum efficiency with minimum effort. Once the technique has been mastered, it can be used at home. The session is restful, at the end of the treatment movements are easier and the bodies are more aligned. The technique is particularly popular with actors and musicians.

Meditation is used in reducing performance anxiety. Chang et al (2003) found in their research that performance anxiety decreased among participants in the meditation group, in contrast to participants in the control group. An additional benefit of meditation was a reported increase in relaxation pleasure even in the period immediately before the performance. Results indicate that meditation may be a useful tool for aiding performers to combat performance anxiety.

Zen meditation has been found effective in enhancing the quality of performance and reducing performance anxiety at the same time (Lin et al, 2008).

Studies have also shown that meditation indirectly tends to reduce stress or the effects of stress. Studies (e.g. Carrington et al, 1980; Benson et al, 1978; Benson, Beary& Carol, 1974) confirm that meditation reduces the consumption of oxygen in the blood, thereby lowering the physiological activity. However, stress is known to increase physiological activity. Hence, it proves that stress is lowered by mediation.

There is clinical evidence suggesting that *yoga* can be used to reduce performance anxiety and consequently, be beneficial in enhancing performance in musicians (Khalsa,

2004). Combinations of yoga techniques “pranayama” (breathing exercises), “asanas” (physical exercise) and meditation help in the production of cortisol – a hormone that is a helpful part of the body’s response to stress. Practicing yoga also regulates the autonomic nervous system responsible for controlling stress and anxiety.

Apart from the secretion of stress hormones, yoga, especially if practiced before a particular performance, directs the body and mind to concentrate on a particular thought rather than waving away. This process breaks the cycle of tension which otherwise builds up in the mind causing performance related anxiety.

The progressive muscle relaxation training has shown to be effective in reducing several measures of PA (Sweeney & Horan, 1982). Conrad and Roth (2008) have found that the progressive Muscle Relaxation Therapy (MRT) did not decrease physiological activation by patients of generalized anxiety disorder and panic disorder even the patients reported becoming less anxious. In MRT training, the person proceeds through the areas of the body alternately contracting and relaxing the muscles one at a time.

The regular practice of relaxation helps to reduce the physiological response to stress, prevent the cumulative effect of stress, improve memory and concentration, increase energy and productivity levels and reduce muscle tension (Bourne, 1995).

1.5.3. Hypnotherapy

Stanton (1993, 1994) affirms that Hypnotherapy can be effective in reducing performance anxiety. Hypnotherapy is a brief strategic therapy that is aimed specifically at finding a resolution to one’s problem as quickly, safely and efficiently as possible. A skilled hypnotherapist will have the ability during a case study to ascertain whether the client needs to regress back to find the root of the problem, or whether it is more applicable to use future progression techniques to change tomorrow. Hypnotherapy utilises hypnosis, a state of altered consciousness in which the therapist can help the client to access the deeper levels of awareness, to which one is usually oblivious in your normal day-to-day functioning. The research (Stanton, 1994) showed significant reduction of performance anxiety immediately after treatment and 6 months later.

The finding is of interest for the researcher because of the similarity of the therapy process to BMGIM-therapy (see Ch. 1.6.4.) that has been the main method in music therapy work with the sample of the multiple case study explored in the current research. Hypnotherapy also involves relaxation suggestions, induction to slow breathing, pleasant

visual imagery (clouds and a lake), and verbal suggestions that linked these images to increased mental control.

1.5.4. Biofeedback

Biofeedback involves measuring a subject's specific and quantifiable bodily functions such as blood pressure, heart rate, skin temperature, sweat gland activity and muscle tension, conveying the information to the individual in real-time. This raises the individual's awareness and therefore the possibility of conscious control of those functions.

Studies have shown that biofeedback can be useful in reducing muscle tension in specific muscle groups involved in musical performance and thereby improving performance quality (Morasky, Reynolds & Sowell, 1983).

1.5.5. Music Therapy

Dr. Louise Montello has worked out a method called Music Therapy for Musicians (MTM) where she uses cognitive restructuring and behaviour rehearsal with mind-body awareness techniques, including breathing and relaxation exercises, autogenic training, focusing meditation and visualization (Montello, 1990, 1992, 1995).

There has been little research into using music therapy methods in treatment of performance anxiety.

Montello et al (1990) have completed two experiments in Group Music Therapy for freelance musicians consisting of relaxation and breathing, musical improvisation, role playing and guided imagery compared to the wait-list control group in experiment I and the attention-control group in experiment II. Results indicate that individuals who received music therapy reduced self-reported MPA and trait anxiety more than the wait-list control group. Furthermore, participants receiving music therapy improved more than the attention control group in performance quality (observational measures) and showed greater improvement in self-reported MPA than those in both control groups. One of the interesting outcomes of the study was that participants scoring high on trait anxiety and low on narcissism at pre-time were most likely to benefit from the treatment.

In the study of Youngshin (2005) the effect of Music Therapy Improvisation and Desensitization Protocol (MTIDP) on ameliorating music performance anxiety of female

college pianists was examined. Results indicated that there were significant differences in the Likert Anxiety Scale and Spielberger's State Anxiety Inventory. No clear trends were found in the Trait Anxiety Inventory. Although not significant, the mean for the Performance Anxiety Response Questionnaire in the post-test (after six weekly sessions that involved rhythmic breathing exercises, free improvisation and desensitization exercises) was lower than it had been in the pre-test.

There is evidence that listening to classical music can reduce anxiety (e.g. recent studies of Chang et al, 2008; Lai et al, 2008; Labbé et al, 2007). These findings support the Bonny Method of Guided Imagery and Music (BMGIM) as an applicable method for reducing anxiety (see a more comprehensive view of BMGIM in Ch. 1.6.4.).

1.5.6. Medical treatment

Beta-adrenergic blockers are the most popular drugs that inhibit the peripheral physiological manifestations of sympathetic nervous system activation (rapid heart rate, excessive perspiration). Beta-blockers modify the somatic elements of PA without drowning out mental processes. Its chemical agents in the bloodstream bond to the organ's beta receptors in effect blocking out the adrenaline. There is evidence of effectiveness of beta-blockers in relieving the physiological symptoms of anxiety and improving the technical quality of musical performance (e.g. Nubé, 1991; James & Savage, 1984). The impact on other aspects is less clear.

There is evidence that a low dose of a beta-blocker enhances the quality of musical performance, but a high dose diminishes it (Gates et al, 1985).

Beta-blockers have side-effects, can interact with other medications and may cause habit.

1.5.7. Combined interventions

McGinnis and Milling (2005) suggest that clinicians working with musicians experiencing performance anxiety may wish to incorporate exposure and cognitive restructuring in treatment. However, Sweeney and Horan (1982) have found that the

combined treatment was no more effective than exposure-oriented or cognitive-restructuring treatment alone.

Cognitive therapy and cue-controlled relaxation training were individually superior to a control condition that consisted of musical analysis training, but the combination of cognitive therapy and relaxation was best of all (Sweeny & Horan, 1982).

Niemann, Pratt and Maughan (1993) suggest that a combination of biofeedback, exposure therapy and cognitive restructuring may be useful for treatment of MPA. The combined treatment was more effective than no treatment in reducing anxiety (measured immediately before stressful performance situations).

Brodsky and Sloboda (1997) have combined standard cognitive-behavioural treatment with pre-recorded music listening and vibrotactile sensations. All three treatment conditions (CPT, CPT + music listening, CPT + music listening and vibrotactile sensation) produced a significant reduction in trait anxiety and stress at post-time. A two month follow-up showed significant change in MPA.

The field is not well developed and there is need for future research to find out what methods and techniques would be the most effective.

1.6. PSYCHODYNAMIC APPROACH TO PERFORMANCE ANXIETY

Research shows that social anxiety can be caused by negative childhood experiences (see Ch. 1.3.). So the psychodynamic approach is considered to be suitable for gaining deeper understanding of such experiences of the clients and dealing with the roots of arousal – the matter that holds up the possibility to experience social anxiety over and over again.

1.6.1. Attachment style as one of the determinants of performance anxiety

As mentioned in Chapter 2.2.3., there is clear evidence that there is a relationship between insecure attachment styles and the occurrence of anxiety disorders. Successful parenting is the principal key to the mental health of the next generation. Emotional disorders in adulthood are due to disturbed early development of attachment. The nature of the child's tie to his mother (attachment behaviour) has been found useful to regard as the resultant of a

distinctive and in part pre-programmed set of behavioural patterns which in the ordinary expectable environment develop during the early months of life and have the effect of keeping the child in more or less close proximity to his mother-figure. Attachment behaviour is activated especially by pain, fatigue, and anything frightening, and also by the mother being or appearing to be inaccessible. The activation of such behaviour in these circumstances is universal and must be considered the norm (Bowlby, 1988). If the need of a secure base, created by a successful attachment relationship is met, there will be joy and a sense of security. While being threatened, jealousy, anxiety and anger might appear; while broken, there will be grief and depression.

Attachment behaviour is most obvious in early childhood, but it can be observed throughout the life cycle, especially in emergencies. It is regarded as an integral part of human nature. The biological function attributed to it is that of protection.

There is impressive evidence that the pattern of attachment that an individual develops during the years of infancy, childhood and adolescence is profoundly influenced by the way his/her parents or other parent figures treated him/her (Bowlby, 1988; Prigerson et al, 1996; Erwin et al, 2006; Sawicka et al 2009).

One of the pioneers of empirical studies of attachment behaviour Mary Ainsworth (1971) describes three principal patterns of attachment as follows:

1. secure attachment – the individual is confident that his/her parent will be available, responsive, and helpful should he/she encounter adverse or frightening situations; promoted by a parent being readily available, sensitive to the child's signals, lovingly responsive while the child seeks for protection and/or comfort
2. anxious resistant (ambivalent) attachment – the individual is uncertain whether his/her parent will be available, responsive or helpful; because of the uncertainty, he/she is prone to separation anxiety, tends to be clinging and is anxious about exploring the world; promoted by a parent being available and helpful on some occasions but not on others and uses threats of abandonment as a means of control
3. anxious avoidant attachment – the individual has no confidence that while seeking care there will be helpful response, he/she expects to be rebuffed; he tries to become emotionally self-sufficient and may later be diagnosed as narcissistic or as having a false self; promoted by parents, constantly rebuffing or repeatedly rejecting the child when he/she approaches the parent for comfort or protection.

It can also be seen that mothers having grown up anxiously attached as a result of difficult childhood, tend to make their own child their attachment figure. The normal relationship of an attached child to a care giving parent will be inverted and it can lead the child to become anxious, guilty and phobic (Bowlby, 1973).

The circumstances, in which anxious attachment can develop, would be (Bowlby, 1988):

- the risk of loss of the attachment figure
- long or repeated separations from the figure
- unpredictable and ambivalent reactions from the attachment figure
- “shut-off” experiences and impressions (those that parents wish their children not to know about, those in which parents have treated their children in ways the children find too unbearable to think about, those in which children have done or thought things that they feel unbearably guilty or ashamed about)

There is evidence that anxious/ambivalent attachment style is associated with more overt expressions of anxiety (Leveridge, Stoltenberg & Beesley, 2005).

The pattern of attachment, once developed, tends to persist (Bowlby, 1988), so that as a child grows older, he/she tends to impose it or some derivative of it upon new relationships such as with a teacher, girlfriend/boyfriend or a therapist. So the client can develop an intense and anxious attachment to his/her therapist that enables to recover the emotional life that he/she had lost during childhood and with it to recover a sense of “true self” (Winnicott, 1965). In therapy we can clarify the disturbances in client’s capacities to make secure attachments, and the conditions in which these disturbances become amended.

Bowlby (1988) suggests five therapeutic tasks that should be completed while helping the client to reach restructuring in his/her attachment behaviours in the light of new understandings through new experiences:

1. To provide the client a secure base from which he/she can explore the various painful aspects of his/her life.
2. To assist the client in his/her explorations by encouraging him/her to consider the ways in which he/she engages in relationships with significant figures in his/her current life.
3. To build a particular relationship between the client and the therapist, where the client can import all his/her perceptions, constructions and expectations of how an attachment figure is likely to feel and behave towards him/her.

4. To encourage the client to consider how his/her current perceptions, expectations, feelings and actions may be the product of his/her childhood events.
5. To enable the client to recognize that his images of himself/herself and of others derived from past painful experiences or from misleading messages from a parent may or may not be appropriate to his/her present and future.

1.6.2. Death and anxiety

Death transcendence is the major motif in human experience (Yalom, 1980). Death plays a crucial role in the life experience of each person appearing in our motivations, defences and dreams or in our drive to get ahead. Fear of death is considered to be the primary cause of anxiety. Individuals may experience the fear of death in many different levels and ways, consciously and/or unconsciously.

According to Separation Theory, the roots of death anxiety are in early relationships. The parents have ambivalent feelings toward their children because children recall their experience from their own childhood of perceiving helplessness and insecurity and they tend to project their own deficiencies onto their children. The complete dependence of the child on the parent leads to the understanding that any sign of parental anger can be potentially life threatening. Being afraid of parental anger, the children begin to identify themselves with the punishing parent that allows to develop self-punishing fantasies in which the child efforts to displace parental anger through an internal thought process of self-criticism. In adult life the process can be transformed into existential threats (Firestone, 1994).

The Austrian psychoanalyst Otto Rank (1979) indicated the presence of “life anxiety” besides “death anxiety”. In his opinion, a person striving for individuation encounters life anxiety (e.g. loneliness, vulnerability) as the cost for fulfilling his/her inner potentials. When one’s life anxiety becomes unbearable, one sees as a solution to turn backwards to find a kind of comfort in merger, the opposite of individuation. But the solution of merger provides a base for the sense of stagnation and the loss of the unique self, hereby giving raise to death anxiety. Rank (ibid.) sees people moving back and forth between these two poles their entire lives.

The great psychoanalyst Melanie Klein (1957) also sees “fear for life” going side by side with “fear for death”. However, Klein ascribes another meaning to “fear for life”. According to Klein (ibid.), it is the fear for life of the object (the mother) and even more so

for the life of the ego. This source of anxiety is seen as never eliminated and the struggle between the two drives lasts throughout one's life. The core of Klein's understanding of anxiety is that we are anxious because we are faced with the urge in ourselves to act destructively (the "death-drive") towards the things and people we depend on life itself (Klein, 1957).

Yalom (2008) shows that confronting death allows us to re-enter life in a more compassionate and rich manner. He indicates several existential psychotherapy cases where meeting and exploring the death issues in one's lives have been turn-taking experiences for the clients that lead to new understandings and recognitions. He also indicates a positive correlation between the fear of death and the sense of unlived life. So the more unlived your life is, the greater your death anxiety is. Or vice versa: the more fully you live your life, the more obviously you can get rid of death anxiety and anxiety in general.

1.6.3. Perfectionism

Perfectionism is one of the mental sources of anxiety. It has been shown to accompany MPA (e.g. Osborne & Franklin, 2002; Mor et al, 1995; Steptoe & Fidler, 1987). Perfectionism includes unrealistically high expectations of oneself, concern about minor mistakes and a tendency to notice what is wrong instead of what is right. Little mistakes will usually not ruin the experience for most audiences, but musicians' preoccupation with them can prevent them from accomplishing more expressive performance goals.

Mallinger (2009) outlines three psychological components of perfectionism: 1) the performance component as a rigid need to perform by avoiding mistakes and being outstanding in one's abilities; 2) the character component as an exaggerated need to be exemplary in character to oneself or others; 3) the "pickiness" component as a heightened awareness of and preoccupation with flaws and limitations in persons. These mechanisms underlie a variety of behavioural patterns, e.g. maladaptive or self-defeating.

Psychoanalytic theory views perfectionism as primarily a psychological phenomenon deriving from intra-psychic forces and counterforces that arise in early childhood experiences (Freud, 1959; cited by Mallinger, 2009). A psychodynamic approach of perfectionism indicates the feeling of conditional acceptance that underlies the desire for perfection. The origins of perfectionism are in the messages that caregivers give to children. Perfectionists tend to please their parents in ways they have learned it might work or heal the sense of

shame produced by parents. They also perceive not being fully accepted, not much worth as persons and lack of the sense of coherence of the self-experience as well as diminished self-esteem (e.g. Greenspon, 2000; Parker & Mills, 1996).

The perfectionists' intention is to reduce anxiety through illusorily endeavouring invulnerability and self-confidence. They hardly allow any changes to take place in their lives and attitudes. Research shows that perfectionism is a negative predictor of psychotherapeutic treatment effectiveness (Zuroff et al, 2000; Blatt et al, 1995).

1.6.4. Potentials of The Bonny Method of Guided Imagery and Music (BMGIM) in dealing with MPA

1.6.4.1. The core nature of BMGIM

The Bonny Method of Guided Imagery and Music (BMGIM) was founded by Helen L. Bonny (Bonny, 1978). It is a method of self-exploration in which classical music is used to access the imagination. It includes listening to classical music in a relaxed state, allowing the imagination to come to conscious awareness and sharing the awareness with a guide. The interaction between the listener, music and guide is what makes BMGIM unique. The BMGIM experience can lead to the development of self-understanding, the ordering of the psyche and the achievement of spiritual insight (Clark & Keiser, 1986).

In its individual form BMGIM has four stages:

1. Preliminary conversation: an introductory dialogue which serves as a rapport function (Bonny, 1978) and includes biographical information, current concerns or feelings and goal/focus-setting for the session as well as choosing a music program appropriate to the client's readiness to pursue therapeutic process.
2. Induction: physical relaxation and psychological concentration on one stimulus in order to screen out the external environment and to allow entering into the altered state of consciousness.
3. Music listening/ interactive music experience: The client listens to the music and expresses verbally the imagery evoked by it. The facilitator interacts verbally with the client in ways, which support and enhance the client's music and imagery experiences.

At the end of the music program, the facilitator assists the client's return to a normal/waking state of consciousness.

4. Post-session/ integration: integration of the session experiences proceeds through reflective discussion and/or expressive activities immediately following the music, as well as throughout the period of therapeutic process.

The fundamental ideas of BMGIM that serve the current study are as follows:

- Every person has healing power inside.
- All the human experiences are valuable; the experiences are connected with each other.
- Both positive and problematic aspects are valuable and are welcome to express.
- Movements in psyche allow alterations and transformations.
- Altered state of consciousness is able to communicate with us through experiences that emerge from imagination.
- Music is the key to our imaginary world. It initiates the movements in psyche, creates images, facilitates the inner dialogue, supports the acceptance of unexpected reactions and promotes the integration of mind, soul and body.

The induction/relaxation phase is of high importance in BMGIM. The facilitator/therapist provides verbal suggestions to relax the body and focus the mind of the client, thereby assisting the client's entry into an altered state of consciousness. The induction phase of BMGIM could be considered to have correspondences to the Depth Relaxation Music Therapy (DRMT) by Hans-Helmut Decker-Voigt (2007). The first three phases of DRMT resemble the induction-phase of BMGIM: 1) perceiving the feeling of comfort in the body; 2) perceiving one's breath; and 3) focusing on images or feelings. The DMRT stresses individual approach to every single client according to one's physical and psycho-emotional condition and characteristics that resonate with general basics of BMGIM. Decker-Voigt (ibid.) points out that every step of the DMRT can be used in any order or integrated with other techniques.

BMGIM music programs are pre-designed, mostly 30-50 minutes in length and include classical masterworks. Specifically chosen classical music is utilized to initiate movement within the individual psyche, provide structures for therapeutic work, evoke and support varied responses and reactions and support and sustain experiences in altered states of consciousness. The main characteristics of BMGIM-music are predictable structure and

variability, rich harmony, timbre and melody, rather slow tempo, ability to evoke specific and non-specific emotions and archetypal characteristics. Instrumental as well as vocal music is used.

According to Heinz Kohut (2011) the individual knows that the outer world needs to be dealt with and the developing ego begins to recognise it as the danger produced by the unknown but also as a source of satisfaction. Music that consists of balanced and meaningful elements can produce early symbolic associations with pleasurable events and produce remarkable relief from anxiety. This fact could be suggested indicating the suitability of BMGIM to treat anxiety because the music relieves one's perceptions of fear. The energies that were previously involved in keeping up the anxious tension were given the possibility to free and direct them to more productive inner activities, e.g. making it possible to take a look inside one's inner world in a more relieved state and explore the themes (also anxiety-related) that would be rather painful or even impossible to explore without the music.

It is important to point out that intentional listening to music in an altered state of consciousness can bring an internalized sense of order, balance, and harmony, as well as a sense of connection to the pulse and movement of consciousness. In BMGIM, altered states of consciousness experiences induced and supported by trained facilitators enable a multidimensional connection and interaction with music and imagery, facilitate the emergence of both positive and problematic aspects of the individual psyche, and provide access to peak experiences containing healing processes not available in waking states.

1.6.4.2. Clinical applications of BMGIM

Psychotherapeutic applications of BMGIM include stress, post-traumatic stress disorder, depression, addictions, eating disorders, multiple personality disorder, sexual abuse, autism and personal development (Meadows, 2002).

There is lack of documentation about the implications of BMGIM on anxiety or anxiety disorders. Although there are many components of the method that indicate its suitability for dealing with anxiety, including PA (see Ch. 3.2.6.).

Hammer (1996) has found that patients who received 10 group guided imagery music sessions experienced a significant decrease in state anxiety as compared to the patients in the control group.

A thorough study on BMGIM effects on mood and cortisol has been provided by McKinney et al (1997). Split-plot factorial and post hoc analyses demonstrated that after 6 biweekly sessions, GIM participants reported significant decreases between pre- and post-session depression, fatigue, and total mood disturbance and had significant decreases in cortisol level by follow-up. Pretest to follow-up decrease in cortisol was significantly associated with a decrease in mood disturbance. McKinney et al suggest that such changes in hormonal regulation may have health implications for chronically stressed people.

1.6.4.3. Peak Experience in BMGIM

One of the major founder theorists of Humanistic Psychology, Abraham Maslow has defined peak experience (further PE) as an individually unique, self-validating and self-justifying moment with its own intrinsic value that fills an individual with a sense of wonder and awe (Maslow, 1962). Already Maslow pointed out that the two major triggers for PE are music and sex.

Maslow also referred to the therapeutic value of the experience. The structure of the BMGIM technique and BMGIM music programs construct provide an excellent possibility to experience PE that has been mostly seen as one form of transpersonal experiences in context of BMGIM (Bonny, 1975; Abrams, 2002). As a matter of fact, PE is often experienced by BMGIM clients (e.g. Erdonmez Grocke, 1999; Bunt, 2000; Beck, 2002; Trondalen, 2010; Mortenson Blom, 2011). PE can be considered to be one of the most valuable phenomena in BMGIM allowing major inner changes and therapeutic growth. In one of the most comprehensive studies on this subject, Gabrielsson and Lindström (1995) have found that strong experiences of music definitely elicit positive therapeutic effect as relief from physical pain, grief and depression, release of personal and social barriers, increased self-confidence and total reorientation of one's attitude and value system.

Maslow finds the experience purely good and desirable (Maslow, 1962). The researcher takes courage to stress the uniqueness, self-validation and self-justification, to widen the phenomenon. Maslow (ibid.) himself also uses the term "higher levels of consciousness" as an alternative to the term "peak experience". The former comprises a much wider understanding of experiences that a person may experience. In the author's opinion, it is important that the person has experienced something sublime, major and powerful that brings him/her a clear understanding or perception of something, regardless of the experience being

positive or negative in nature. Moreover – it would be quite complicated to differentiate negative or positive experiences, because at the very moment of experiencing PE the feeling might be very painful or even unbearable, but it might have (and usually it does) a very important role to play in further development of the therapy process and in client's personal growth. In the current study the term Enlightening Moment (see Ch. 3.2.7.2.) has been used to cover PE-like experiences that emerge in both verbal and musical processes during music therapy.

2. RESEARCH STUDY ON MUSIC PERFORMANCE ANXIETY OF MUSIC STUDENTS OF ESTONIAN MUSIC COLLEGES

2.1. INTRODUCTION

One of the aims of the current research was mapping the presence of Music Performance Anxiety (MPA) among Estonian music students, describing psychological and social determinants of MPA and coping tools of the participants. The sample consists of the students of three main Estonian music education institutions: the Estonian Academy of Music and Theatre, the University of Tartu Viljandi Culture Academy and the Georg Ots Tallinn School of Music.

Whereas one of the questionnaires used in the investigation, the Kenny Music Performance Anxiety Inventory (K-MPAI; see Appendix 2.3.), also consists of several statements that show the participants' family patterns that allow exploring possible associations with trait anxiety and with performance anxiety in general, the study also allows examining the associations between MPA and early issues, family and parenting patterns. As mentioned before, there is lack of studies on psychodynamic approach to the phenomenon. The results of this research will be a good base for continuing the study with music therapy case studies research and finding associations between the outcomes of the two studies.

There is empirical evidence of the association between childhood adversity and the outset of any of several anxiety disorders (e.g. Prigerson et al, 1996; Brown & Harris, 1993). According to the literature, one can identify certain types of parenting in the families of the socially anxious/phobic persons (see Ch.1.3.). Research has also shown that there is a relationship between insecure attachment styles and the occurrence of anxiety disorders (Mikulincer & Orbach, 1995; Manassis & Bradley, 1994).

The researcher's intention was also to look openly at the phenomenon of MPA and find some possible new knowledge about it, some aspects that could not be noticed so far, by analysing freely expressed thoughts of the musicians about MPA reported in one of the questionnaires PASR (see Appendix 2.1.). It has also been of interest how the musicians see the aetiology of MPA.

Quantitative as well as qualitative analysing methods were used in the research to get a wider and many-sided perspective of the phenomenon of MPA by this particular sample.

The knowledge from this research will be used in a later multiple case study investigation with those anxious students who showed their interest in going through a psychodynamic music therapy process in order to understand the causes of their MPA and to gather necessary tools for further better coping with MPA.

2.2. QUANTITATIVE RESEARCH

2.2.1. Method

2.2.1.1. Participants

Participants were students of three Estonian Music Colleges ($n = 103$) with the mean age of 21,2 years (S.D. = 3.0). The sample consisted of 61,2% female ($n = 63$) and 38,8% male ($n=40$) participants. According to their main instrument the participants can be divided as follows: vocal 24,3% ($n=25$), piano 23,3% ($n=24$), wind instruments 9,7% ($n=10$), strings 8,7% ($n=9$), brass 6,8% ($n=7$), percussion 5,8% ($n=6$), other instruments 21,4% ($n=22$).

The sample was randomly selected and the participation was entirely voluntary.

The measures of interest to this study were included in a questionnaire battery that was distributed to the students. Every student who completed the packet had the opportunity to have feedback on it. The students that had a high anxiety level were offered music therapy.

2.2.1.2. Data

The inquiry battery (see Attachment 2) consists of three questionnaires: The Performance Anxiety Self Report (PASR), The State-Trait Anxiety Inventory (STAI) and The Kenny Music Performance Anxiety Inventory (K-MPAI). The STAI and K-MPAI comprise quantitative data; the PASR consists of both qualitative and quantitative data.

The State-Trait Anxiety Inventory (STAI) by Ch. D. Spielberger (1983) is a 20-item scale that is used to measure anxiety in adults. The STAI contains four-point Likert items. The instrument is divided into two sections, each having twenty questions. The first subscale EX-1 measures state anxiety, the second EX-2 measures trait anxiety. The range of scores is 20-80, the higher the score, the greater anxiety it indicates. Some of the questions relate to the

absence of anxiety, and are reverse-scored. The scale can be effectively used to measure a particular population in a study regardless of their racial, spiritual or gender background. The STAI is adapted into 48 languages including the Estonian language. The STAI EX-1 and EX-2 used in the current study were adapted by the work group of M.-I. Pedajas. The score between 20-35 marks low anxiety, 36-45 average anxiety, 46-80 high anxiety.

The Kenny Music Performance Anxiety Inventory (K-MPAI) by D. Kenny is a 37-item scale that contains seven-point Likert items. The K-MPAI was designed to be used with adolescents to assess the somatic, cognitive and behavioural components of Music Performance Anxiety, based on the emotion-based theory of anxiety proposed by Barlow (2000). Items were either specially constructed or selected from other scales to specifically address each of the components in Barlow's theory. These included the evocation of anxious propositions (e.g. uncontrollability, unpredictability, negative affect, situational cues), attention shift (e.g. task or self-evaluative focus, fear of negative evaluation), physiological arousal and memory bias (Kenny & Osborne, 2005).

Originally, the 7-point items were marked in the questionnaire as follows: -3, -2, -1, 0, 1, 2, 3. This kind of numeration allows the participant simply to understand whether the question indicates a "positive" or "negative" aspect of PA and concerning that may damage the validity of outcome. The researcher changed the scale into a simple 7-point scale from 1 to 7. Some of the questions relate to the absence of performance anxiety and are reverse-scored.

The Performance Anxiety Self Report (PASR) designed by the author consists of five open-ended questions about the nature of the participant's MPA allowing the participants to evaluate and describe freely their performance anxiety and the coping strategies with MPA. The PASR also includes a 4-item subjective evaluation scale of MPA-level.

2.2.2. Results

2.2.2.1. Correlates of mean total scores of questionnaires

Each of the mean total scores of the four questionnaires (STAI EX-1, STAI EX-2, K-MPAI, PASR) for this sample evidenced significant correlations with each other ($r = .39$ to $.78$), see Table 2.1. The current research uses the criterion of range $.30$ or greater valid as meaningful correlation as recommended by Nunnally and Bernstein (1994).

Table 2.1.

Significant correlations between the mean total scores of the questionnaires, $p < .05$.

	STAI EX-1	STAI EX-2	K-MPAI	PASR
STAI EX-1	1.00	0.70	0.62	0.39
STAI EX-2	0.70	1.00	0.78	0.50
K-MPAI	0.62	0.78	1.00	0.69
PASR	0.39	0.50	0.69	1.00

2.2.2.2. Descriptive statistics of trait anxiety and MPA

Mean score of PASR was 2.86, S.D. = 0.74. 19,4% (n=20) of the participants reported on PASR that performance anxiety (PA) is a big problem for them and strongly influences their performances, 49,5% (n=51) reported that PA is a problem for them and influences their performances distinguishably, 29,1 % (n=30) of the participants informed having moderate anxiety that does not have negative influence on the quality of the performance and 1,9 % (n=2) of the sample reported never having experienced PA (see Figure 2.1.).

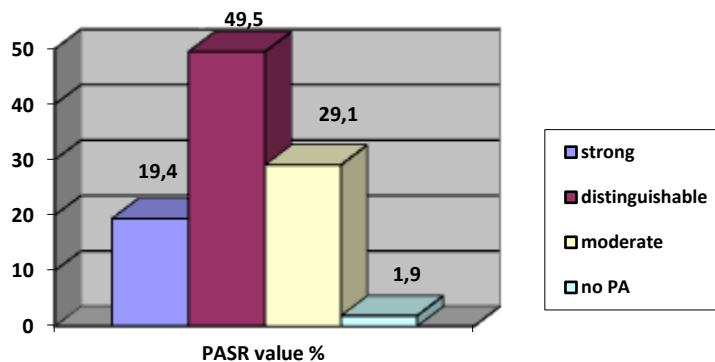


Figure 2.1. PA level subjective evaluation on a 4-item scale of PASR (%).

45,6% (n=47) of the participants have high trait anxiety (measures between 46-80), 38,8% (n=40) have moderate trait anxiety (36-45) and 15,5% (n=16) have low trait anxiety.

Mean trait anxiety measured by STAI EX-2 was 45.26, S.D. = 10.15 and mean MPA measured by K-MPAI was 131.89, S.D. = 33.05.

To compare gender, age, experience and instrument as the grouping variables t-tests or ANOVA were run on each item of the questionnaire battery.

There were significant gender differences found in trait anxiety and PA level. Female participants reported significantly higher PA as measured by PASR scale ($M = 3.0$, $S.D. = 0.76$) than male participants ($M = 2.65$, $S.D. = 0.66$), $p < .01$ and by K-MPAI scale ($M = 137.65$, $S.D. = 34.70$) than male participants ($M = 122.83$, $S.D. = 28.85$), $p < .05$. Also trait anxiety measured by STAI EX-2 was significantly higher among the female ($M = 46.93$, $S.D. = 9.97$) than male sample ($M = 42.63$, $S.D. = 10.13$), $p < .05$.

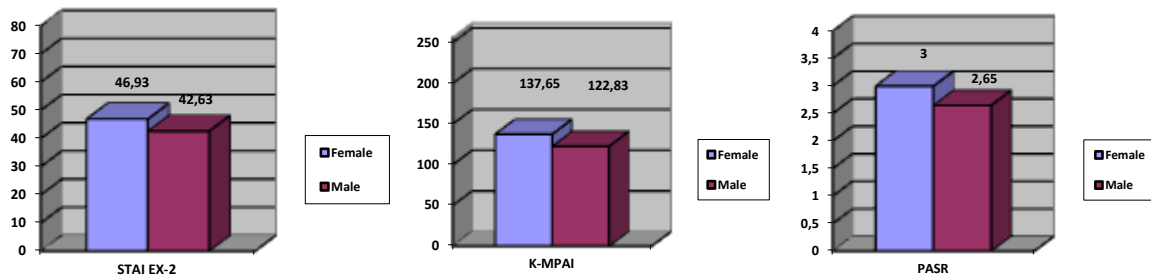


Figure 2.2. Significant gender differences in PASR, STAI EX-2 and K-MPAI.

The results showed significant gender differences in several items of trait anxiety scale (STAI EX-2). The female sample had significantly higher score on items “I can easily burst into tears” ($M = 2.16$, $S.D. = 0.92$ for female; $M = 1.33$, $S.D. = 0.69$ for male; $p < .00001$), “I worry too much for unimportant matters”, “I tend to take everything too seriously”, “I take my mistakes so seriously that I cannot forget them for a long time” and “I am captured by strong agitation while thinking of my work and activities”. Male participants showed significantly higher score on item “I am calm, untroubled and confident” (see Table 2.2. for scores).

There were also significant gender differences found in several items of K-MPAI. Female participants had a significantly higher score on items that indicate PA-connected cognitive and behavioural patterns: “During a performance I find myself thinking about whether I’ll even get through it”, “Thinking about the evaluation I may get interferes with my performance”, “I worry that one bad performance may ruin my career”, “After the performance, I worry about whether I played well enough”, “My worry and nervousness about my performance interferes with my focus and concentration” and “I worry so much before a performance, I cannot sleep”. The female sample had also significantly higher scores on physiology-related items of K-MPAI: “Prior to, or during a performance, I experience dry mouth”, “Prior to, or during a performance, I feel sick or faint or have a churning in my

Table 2.2.
Significant gender differences in STAI EX-2 items.

STAI EX-2 items	Female		Male		p
	Mean	S.D.	Mean	S.D.	
I can easily burst into tears	2.16	0.92	1.33	0.69	< .00001
I worry too much for unimportant matters	2.73	0.97	2.15	0.80	< .01
I tend to take everything too seriously	2.97	0.97	2.36	0.81	< .01
I take my mistakes so seriously that I cannot forget them for a long time	2.49	1.00	2.05	0.93	< .05
I am captured by strong agitation while thinking of my works and activities	2.44	0.88	2.08	0.86	< .05
I am calm, untroubled and confident	2.44	0.84	2.85	0.83	< .05

stomach”, “Prior to, or during a performance, I have increased muscle tension” and “Prior to, or during a performance, I experience shaking or trembling or tremor”. The only item where the male sample had a significantly higher score than the female sample was “I am confident playing from memory” (see scores Table 2.3.).

There were no significant gender differences in K-MPAI items that relate to family patterns and types of parenting.

No significant differences were found between age, experience and instrument and the items of the questionnaire battery, except of the female sample being significantly more experienced ($M = 11.86$, $S.D. = 5.14$) than the male ($M = 10.80$, $S.D. = 5.68$), $p < .05$.

Table 2.3.
Significant gender differences in K-MPAI items.

K-MPAI items	Female		Male		p
	Mean	S.D.	Mean	S.D.	
During a performance I find myself thinking about whether I'll even get through it	2.96	1.80	2.18	1.40	< .05
Thinking about the evaluation I may get interferes with my performance	4.46	1.90	3.35	1.79	< .01
I worry that one bad performance may ruin my career	2.67	1.63	1.92	1.02	< .01
After the performance, I worry about whether I played well enough	4.76	1.67	3.92	1.93	< .05
My worry and nervousness about my performance interferes with my focus and concentration	4.60	1.99	3.60	1.95	< .01
I worry so much before a performance, I cannot sleep	3.21	1.82	2.38	1.41	< .05
Prior to, or during a performance, I experience dry mouth	3.75	1.92	2.74	1.71	< .01
Prior to, or during a performance, I feel sick or faint or have a churning in my stomach	3.83	1.98	2.78	1.69	< .01
Prior to, or during a performance, I have increased muscle tension	4.22	1.86	3.38	1.63	< .05
Prior to, or during a performance, I experience shaking or trembling or tremor	4.83	1.95	3.80	1.71	< .05
I am confident playing from memory	3.73	1.56	4.53	1.71	< .05

2.2.2.3. Correlates of trait anxiety (STAI EX-2) and single items of K-MPAI

27 items out of the total 37 of K-MPAI showed significant correlations with STAI EX-2 total scores. See Table 2.4. for the most strongly related K-MPAI items ($r \geq .50$):

Table 2.4.

Correlations between STAI EX-2 total scores and single items values of the K-MPAI.

Variables of K-MPAI	Correlations significant at $p < .05$, $n = 103$ with STAI EX-2
I generally feel in control of my life	-.52
I often find it difficult to work up the energy to do things	.58
I often feel that life has not much to offer me	.52
I often feel that I am not worth much as a person	.65
Sometimes I feel anxious for no particular reason	.62
After the performance, I worry about whether I played well enough	.50
I often prepare for a concert with a sense of dread and impending disaster	.52
I often feel that I have nothing to look forward to	.63
My worry and nervousness about my performance interferes with my focus and concentration	.52

It was of interest to the author how early experiences, certain types of parenting and family patterns indicated on items of K-MPAI would be related to trait anxiety. Results indicated that significant correlations at $p < .05$ were found between STAI EX-2 and “As a child, I often felt sad” ($r = .37$) and “One or both of my parents were overly anxious” ($r = .44$).

2.2.2.4. Correlates of K-MPAI and single items of STAI EX-2

Every single item of STAI EX-2 was significantly correlated with K-MPAI total score, except of one item: “I try to avoid critical situations and difficulties”. The strongest correlations ($r > .50$) are shown in Table 2.5.

Table 2.5.

Correlations between K-MPAI total scores and single items values of the STAI EX-2.

Variables of STAI EX-2	Correlations significant at $p < .05$, $n = 103$ with K-MPAI
I feel comfortable	-.55
I did not have success, because I could not make decisions fast enough	.50
I am calm, untroubled and confident	-.61
I worry too much for unimportant matters	.53
I tend to take everything too seriously	.50
I have lack of self-confidence	.61
My mind is heavy	.51
I am satisfied	-.50
Secondary thoughts do not let me be calm	.55
I take my mistakes so seriously that I cannot forget them for a long time	.62
I am composed	-.56
I am captured by strong agitation while thinking of my works and activities	.63

2.2.2.5. Correlates of K-MPAI total score and single items of K-MPAI

There were only 2 items out of the total of 37 of the K-MPAI that did have only mild and insignificant correlations with K-MPAI total score: “I find it difficult to depend on others” and “When performing without music, my memory is reliable”. All other items have showed significant correlations. See the toughest correlations ($r \geq .60$) Table 2.6.

Table 2.6.

Correlations between K-MPAI total scores and single items values of the K-MPAI.

Variables of K-MPAI	Correlations significant at $p < .05$, $n = 103$ with K-MPAI total score
Even if work hard in preparation for a performance, I am likely to make mistakes	.70
Prior to, or during a performance, I get feelings akin to panic	.68
I never know before a concert whether I will perform well	.60
During a performance I find myself thinking about whether I'll even get through it	.75
Even in the most stressful performance situations, I am confident that I will perform well	.67
I worry that one bad performance may ruin my career	.63
I give up worthwhile performance opportunities due to anxiety	.62
My worry and nervousness about my performance interferes with my focus and concentration	.72
I often prepare for a concert with a sense of dread and impending disaster	.62
Prior to, or during a performance, I have increased muscle tension	.62
I often feel that I have nothing to look forward to	.62
I worry so much before a performance, I cannot sleep	.61
Prior to, or during a performance, I experience shaking or trembling or tremor	.61

2.2.2.6. Interrelationship between the items of K-MPAI

6 items of K-MPAI were indicated as determinants of early experiences, types of parenting and family patterns (see Table 2.7.). There we can see significant negative correlations between the item “As a child, I often felt sad” and the items “My parents were mostly responsive to my needs” ($r = -.31$) and “My parents always listened to me” ($r = -.42$)”. Several significant correlations were found in relation to the K-MPAI item “One or both of my parents were overly anxious”. This particular item was positively correlated with the items “Excessive worrying is a characteristic of my family” ($r = .41$) and “As a child, I often felt sad” ($r = .32$) and negatively correlated with items “My parents always listened to me” ($r = -.33$) and “My parents encouraged me to try new things” ($r = -.39$).

Table 2.7.

Correlation matrix of the items of the K-MPAI indicating early experiences, types of parenting and family patterns.

	Correlations significant at $p < .05$, $n = 103$					
	Excessive worrying is a characteristic of my family	My parents were mostly responsive to my needs	My parents always listened to me	As a child, I often felt sad	One or both of my parents were overly anxious	My parents encouraged me to try new things
Excessive worrying is a characteristic of my family	1.00	.01	-.06	-.01	.41*	-.12
My parents were mostly responsive to my needs	.01	1.00	.66*	-.31*	-.27	.61*
My parents always listened to me	-.06	.66*	1.00	-.42*	-.33*	.63*
As a child, I often felt sad	-.01	-.31*	-.42*	1.00	.32*	-.39*
One or both of my parents were overly anxious	.41*	-.27	-.33*	.32*	1.00	-.39*
My parents encouraged me to try new things	-.12	.61*	.63*	-.39*	-.39*	1.00

There were many other significant correlations between the items of K-MPAI. See the full table of correlations in Appendix 2.6.

2.2.2.7. Differences between users and non-users of certain coping skills

There were some significant differences found in the scores of certain K-MPAI scales between the users and non-users of certain coping skills categories reported in PASR. The coping skills categories (see Appendix 2.4.) were found through open and axial coding and comparative analysis as suggested by the grounded theory research method (Corbin & Strauss, 2008).

Musicians who used coping skills categorized as “Distracting focus” (n = 16), reported a significantly lower measure in the K-MPAI scale “My parents were mostly responsive to my needs” (M = 4.6, S.D. = 1.6 for users; M = 5.6, S.D. = 1.6 for non-users; $p < .05$) and a significantly higher measure in the scale “From early in my music studies, I remember being anxious about performing” (M = 5.6, S.D. = 1.1 for users; M = 4.3, S.D. = 2.0 for non-users; $p < 0.01$).

Participants who concentrate and meditate in anxious situations (n = 27) reported lower measures in scales “I never know before a concert whether I will perform well” (M = 4.0, S.D. = 1.6 for users; M = 4.8, S.D. = 1.8 for non-users; $p < .05$) and “I often prepare for a concert with a sense of dread and impending disaster” (M = 2.2, S.D. = 1.5 for users; M = 3.1, S. D. = 1.9 for non-users; $p < .05$).

Participants who used positive self-suggestion as a coping resource before the concert (n = 19), had significantly higher results in the scales “My parents were mostly responsive to my needs” (M = 6.1, S.D. = 1.5 for users; M = 5.3, S.D. 1.7 for non-users; $p < .05$) and “My parents always listened to me” (M = 5.9, S.D. = 1.3 for users; M = 4.9, S.D. = 1.9 for non-users; $p < .05$).

Persons using breathing techniques for coping (n = 33), reported significantly higher score in scales “Excessive worrying is a characteristic of my family” (M = 4.3, S.D. = 1.9 for users; M = 3.5, S.D. = 1.9 for non-users; $p < .05$) and “From early in my music studies, I remember being anxious about performing” (M = 5.2, S.D. = 1.6 for users; M = 4.2, S.D. = 2.0 for non-users; $p < .01$).

There was a little sample of musicians who reported using medicine to reduce MPA (n = 6), but still the findings are interesting. The medicine users had significantly higher scores of the K-MPAI scales “One or both of my parents were overly anxious” (M = 5.5, S.D. = 3.0 for users; M = 3.1, S.D. = 1.9 for non-users; $p < .001$), “Even if I work hard in preparation for a performance, I am likely to make mistakes” (M = 6.5, S.D. = 0.8 for users; M = 4.3, S.D. = 1.8 for non-users; $p < .01$), “During a performance I find myself thinking about whether I’ll

even get through it” (M = 4.5, S.D. 1.9 for users; M = 2.5, S.D. = 1.6 for non-users; $p < .01$), “Prior to, or during a performance, I feel sick or faint or have a churning in my stomach” (M = 5.2, S.D. = 1.9 for users; M = 3.3, S.D. = 1.9 for non-users; $p < .01$), “Prior to, or during a performance, I experience increased heart rate like pounding in my chest” (M = 6.3, S.D. = 1.2 for users; M = 4.6, S.D. = 1.7 for non-users; $p < .01$), “I give up worthwhile performance opportunities due to anxiety” (M = 5.0, S.D. = 2.8 for users; M = 2.4, S.D. = 1.9 for non-users; $p < .01$), “My worry and nervousness about my performance interferes with my focus and concentration” (M = 6.0, S.D. = 1.3 for users; M = 4.0, S.D. = 2.0 for non-users; $p < .01$), “One or both of my parents were overly anxious” (M = 5.5, S.D. = 3.0 for users; M = 3.1, S.D. = 1.9 for non-users; $p < .001$), “Prior to, or during a performance, I have increased muscle tension” (M = 5.5, S.D. = 1.4 for users; M = 3.7, S.D. = 1.7 for non-users; $p < .01$), “I worry so much before a performance, I cannot sleep” (M = 4.7, S.D. = 2.6 for users; M = 2.7, S.D. = 1.6 for non-users; $p < .001$) and significantly lower scores on the scale “I find it easy to trust others” (M = 3.0, S.D. = 1.9 for users; M = 4.3, S.D. 1.5 for non-users; $p < .05$).

Persons using prayers as coping skills ($n = 4$) reported significantly higher PA-degree than others (M = 3.8, S.D. = 0.5 for users of this coping skill; M = 2.8, S.D. = 0.7 for non-users; $p < .01$), they also have the belief that “I worry that one bad performance may ruin my career” (M = 5.0, S.D. = 1.2 for users of this coping skill; M = 2.2, S. D. = 1.3 for others; $p < .0001$).

No significant differences were found between using certain coping skill and state or trait anxiety levels reported in STAI.

2.2.2.8. Relationship of the sources of MPA and items of the questionnaire battery

T-tests and ANOVA were run on STAI EX-1, STAI EX-2, K-MPAI and PASR total scores and certain single items of K-MPAI with source groups/categories of sources of MPA that the participants reported in PASR as the grouping variables. The MPA source categories (see Appendix 2.5.) were found through open and axial coding and comparative analysis as suggested by the grounded theory research method (Corbin & Strauss, 2008).

No significant differences were found in total scores of STAI EX-1, STAI EX-2, K-MPAI and PASR between certain source groups of MPA compared to those participants who did not mention these sources as the cause of their MPA.

Participants reporting that their source of MPA is fear of opinion ($n=61$) are found to have significantly higher scores on K-MPAI items “Thinking about the evaluation I may get

interferes with my performance “ (M = 4.40, S.D. = 1.73 versus M = 3.48, S.D. = 2.10; $p < .05$) , “I am often concerned about a negative reaction from the audience” (M = 4.49, S.D. = 1.62 versus M = 3.26, S.D. = 1.59; $p < .001$) and “After the performance, I worry about whether I played well enough” (M = 4.87, S.D. = 1.70 versus M = 3.81, S.D. = 1.81; $p < .01$) and a significantly lower score on the item “Even in the most stressful performance situations, I am confident that I will perform well” (M = 2.92, S.D. = 1.49 versus M = 3.62, S.D. = 1.83; $p < .05$).

Participants having informed the two sources of their MPA to be fear of opinion and fear for failure (n=36) have also shown significantly higher scores on K-MPAI items “Thinking about the evaluation I may get interferes with my performance “ (M = 4.67, S.D. = 1.74 versus M = 3.69, S.D. = 1.96; $p < .05$), “I am often concerned about a negative reaction from the audience” (M = 4.65, S.D. = 1.62 versus M = 3.64, S.D. = 1.66; $p < .01$) and “After the performance, I worry about whether I played well enough” (M = 5.17, S.D. = 1.56 versus M = 4.04, S.D. = 1.83; $p < .01$).

Musicians informing the source of their PA to be poor preparation (n=27) are found to report a significantly lower score on the K-MPAI item “As a child, I often felt sad” (M = 2.04, S.D. 1.29 versus M = 3.03, S.D. = 2.07; $p < .05$).

Only 9 participants reported poor experience as the source of MPA. Although the sample was narrow, there were significant differences found between these 9 and the others not indicating this source on K-MPAI items: a higher score on “I am often concerned about a negative reaction from the audience” (M = 5.33, S.D. = 1.58 versus M = 3.86, S.D. = 1.67; $p < .05$) and lower scores on “My worry and nervousness about my performance interferes with my focus and concentration” (M = 2.67, S.D. = 1.58 versus M = 4.36, S.D. = 2.00; $p < .05$) and “One or both of my parents were overly anxious” (M = 2.00, S.D. = 1.66 versus M = 3.36, S.D. = 1.93; $p < .05$).

Musicians that mentioned that the source of the MPA in unknown for them (n=9) had a significantly lower score on the item “My parents always listened to me” (M = 3.89, S.D. = 1.90 versus M = 5.20, S.D. = 1.77; $p < .05$).

2.2.3. Discussion

The study shows that many students of Estonian academic music institutions suffer from MPA. It was not expected that 68,9% of the sample reported subjectively perceiving MPA as a problem that influences their performance negatively. The other outcome that allows being concerned about was that 84,4% of the subjects reported to have trait anxiety level higher than the norms prescribe. The numbers are much higher than the research has shown so far: the previous results indicate that the quantity of performing professionals that suffer from MPA or PA is between 15 and 50% (e.g. Wilson, 2000; Steptoe, 2001).

Interestingly, this research did not support earlier evidence of bigger performing experience being a predictor of lower MPA. There were no significant correlations found between experience and other items of the questionnaire battery. Nevertheless, poor experience subjectively reported in PASR questionnaire and determined as one of the categories of the sources of MPA showed significant differences between those who mentioned poor experience as a source of their MPA, being more often concerned about a negative reaction from the audience, and seeing lower interfering of worry and nervousness about their performance with their focus and concentration, compared to those who did not declare it.

The study did not find evidence of any significant connection between age and MPA either. In addition, there was no evidence of certain instrument players having higher MPA than the others. Vocalists and pianists showed a tendency towards higher MPA, but the outcome was not significant.

The study provides general support to previous findings (e.g. Wesner et al, 1990; Mirowsky & Ross, 1995) that female musicians suffer more from PA than male performers. The female sample showed significantly higher values in trait anxiety and MPA measured by a questionnaire and also by their subjective perception. Female participants had significantly higher scores on 10 K-MPAI scales that indicate cognitive and behavioural patterns of MPA. Interestingly, there were no significant gender differences in K-MPAI item values that relate to early relationships, family patterns and types of parenting. This finding allows us to assume that female as well as male musicians are influenced by early family matters equally.

According to earlier studies, there is evidence that parents can transmit their own anxieties to their children, which may cause social anxiety in general (e.g. Mancini et al, 1996). The current study clearly differentiates the K-MPAI scale “One or both of my parents were overly anxious” that has significant correlations with many variables of the study as shown in Table

2.8. Those musicians, who reported that their parents were overly anxious, had higher scores in STAI EX-1, STAI EX-2 and K-MPAI. The results show relations between parents' anxiety and their children's MPA as, according to K-MPAI, they believe that they will make mistakes in the performance even if they have prepared well, during preparations they anticipate

Table 2.8.

Correlations between K-MPAI scale "One or both of my parents were overly anxious" and other variables of the study.

Variables	Correlations significant at $p < .05$, $n = 103$ K-MPAI scale "One or both of my parents were overly anxious"
STAI EX-1	.40
STAI EX-2	.44
K-MPAI general value	.59
PASR	.39
My parents always listened to me (K-MPAI)	-.33
My parents encouraged me to try new things (K-MPAI)	-.39
Excessive worrying is a characteristic of my family (K-MPAI)	.41
Even if I work hard in preparation for a performance, I am likely to make mistakes (K-MPAI)	.32
Prior to, or during a performance, I get feelings akin to panic (K-MPAI)	.35
I never know before a concert whether I will perform well (K-MPAI)	.31
I often feel that I am not worth much as a person (K-MPAI)	.34
During a performance I find myself thinking about whether I'll even get through it (K-MPAI)	.38
I worry that one bad performance may ruin my career (K-MPAI)	.36
I give up worthwhile performance opportunities due to anxiety (K-MPAI)	.40
As a child, I often felt sad (K-MPAI)	.32
Prior to, or during a performance, I have increased muscle tension (K-MPAI)	.32
I often feel that I have nothing to look forward to (K-MPAI)	.48
I worry so much before a performance, I cannot sleep (K-MPAI)	.38
I often prepare for a concert with a sense of dread and impending disaster (K-MPAI)	.40

possible disaster while performing, there are thoughts of a possible failure racing through their heads during the performance that inhibit concentrating on the performance and finally – they give up their performance opportunities that may finally even lead to finishing the talented young musician’s career.

When investigating the items of K-MPAI related to family matters, we also find evidence that musicians who grew up in a worrying family never know before the concert if they will perform well; the musicians whose parents were not mostly responsive to them experience feelings akin to panic before or during performance; persons whose parents did not always listen to them do not generally feel in control of their lives; and persons who often felt sad as a child currently often feel that life has not much to offer them.

When looking at the interrelationship between K-MPAI items that relate to family matters, we can see that parents who did not always listen to their child were reported by the participants as overly anxious and causing sadness in their child. The sadness was also in negative correlation with parents who were mostly not responsive to their child’s needs and with those who did not encourage the child to try new things. Remarkably, there is also evidence that overly anxious parents did not encourage their children to try new things; and the K-MPAI total score was significantly correlated with the K-MPAI item about trying new things. This finding can be seen as a clear determinant of producing MPA especially when performing situation is new (poor performing experience, new stage, unknown audience, contest situation etc.).

The findings also proved that high trait anxiety is in positive correlation with overly anxious parents’ item and feeling sad as a child item as indicated in K-MPAI.

So the current study suggests that if parents are most responsive to their children, listen carefully to them, encourage them to try new things, take care of their anxiety, thus avoiding excessive worrying in the family and allowing their children to experience joy and comfort, their children will suffer less from MPA.

There was another interesting outcome concerning coping strategies and MPA determinants. Musicians who remembered suffering from MPA since they were young and whose parents did not always meet their needs defend themselves by escaping from the situation and pushing aside the unpleasant feelings connected to the performance. Another important finding was affirming the earlier research that indicates the improvements in anxiety and the quality of performance predicted by positive self-talk and personal efficacy expectations (Kendrick et al 1982). Participants of the current study who used positive self-suggestion as a coping skill also reported that their parents were mostly responsive to their

needs and listened to their child. Interestingly, participants with overly anxious parents use medication as a coping tool. Even though the sample was small, the users of medication had significantly higher scores on the scale. But there is no clear evidence that drugs improve the quality of performance (e.g. Gates et al., 1985). Beta-blockers can also have side-effects and can interact with other medications.

K-MPAI only indicates several certain aspects of family matters that may determine MPA. Further research is needed to clarify the formation of MPA connected with parenting styles and family patterns more profoundly.

2.3. QUALITATIVE RESEARCH

2.3.1. Method

2.3.1.1. Sample

The sample size for this particular part of the current research was 20. The subjects were selected from the 103 musicians participating in the study on base of their subjectively perceived highest MPA reported in PASR (“Performance anxiety is a big problem for me. It bothers me a lot and influences strongly the quality of my performances”; see the description of PASR Ch. 2.2.1.2. and the content of the questionnaire in Appendix 2.1.).

Interestingly, the sample consists of 17 female and 3 male participants between the ages 19-23 and with performing experience of 5-17 years. The subjects’ trait anxiety total score measured by STAI EX-2 was 39-68 and performance anxiety measured by K-MPAI was 126-211.

This sample was of interest to the researcher because these musicians openly admit suffering from MPA and it was assumed that their answers to the open questions could also be honest, sincere and, therefore, reliable for the current research.

2.3.3.2. Data

In PASR, five open-ended questions were asked from the participants to let them freely express their thoughts and reflections on MPA:

1. Describe briefly how you usually feel while performing.
2. Describe one situation where you have experienced uncomfortable performance anxiety.
3. How do you recognize performance anxiety, what are the symptoms?
4. What in your opinion causes performance anxiety in you?
5. What kind of techniques do you use to cope with performance anxiety?

Participants’ answers differed in length and content. Some answers are quite laconic, the others descriptive, narrative and some of them also emotionally laden. To give an example of the style of the answers, there are thoughts of two participants concerning the 1. question of the PASR: 1) “I’m quite nervous and unsure.” and 2) “Anxious, constant fear and thought that I might fail. For example, when playing the piano my head is totally empty and I work automatically. If I start to think on harmony or notes, I make mistakes.”

There were many overlaps of statements in different answers of the same participant (for example, describing a situation of experiencing strong MPA while performing in front of a big audience and seeing a big audience also as a cause of his/her MPA).

2.3.3.3. Research method

Phenomenology studies structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of experience. The central structure of an experience is its intentionality, the way it is directed through its content or meaning toward a certain object in the world (Smith, 2011). The domain of phenomenology is the range of many-sided unique human experiences.

Classical phenomenologists practice three distinguishable methods (ibid.): 1) describing a type of experience just as we find it in our own (past) experience (pure description of lived experience by Husserl and Merleau-Ponty); 2) interpreting a type of experience by relating it to relevant features of context (hermeneutics, the art of interpretation in context by Heidegger and his followers) and 3) analysing the form of a type of experience. The phenomenological research methods used in the current study are classified into the second method mentioned above.

According to Husserl (1900/2002), pure phenomenological research seeks essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions.

Phenomenological perspective in qualitative music therapy research has started to spread more widely since late 1980-ies. Forinash and Gonzales (1989) stress the excellent suitability of the phenomenological approach for studying the nature of music therapy by its core essence of uncovering the meaning of a phenomenon “through a series of manoeuvres designed to isolate the object/event from any preconceived formulae or judgements”. Today, this research method is one of the most used research methods in music therapy allowing describing the essential qualities of the experience.

A descriptive phenomenological research method by Giorgi was used in the current study. Giorgi (1997, 2005) underlines staying close to the participants’ descriptions and means capturing as clearly as possible the way a phenomenon appears in the actual experience. The research process consists of four stages: 1) reading the transcript, 2) division

of the transcript into Meaning Units (MU), 3) transformation of data in the units and 4) developing the structure of the phenomenon.

According to the research method, the answers to the PASR questions were analysed through the following research steps:

1. Reading the transcripts thoroughly and trying to get as adequate a picture of the material as possible.
2. Division of the transcripts into the Meaning Units (MU) and validating every MU equally.
3. Transforming the data in MU-s by using the process of reflection and imaginative variation.
4. Developing the structure of the phenomenon by forming a specific situated structure.
5. Forming a general structure for the phenomenon by keeping connections with the specific situated structure and showing the phenomenon in its variety.

The idea of compiling the questionnaire was that, first of all, the participants could openly describe how they generally feel during a public performance; then they could explore a certain situation when they have perceived great MPA; after that they could list their symptoms of MPA; then report about their beliefs of where their MPA could come from, what could be the sources and causes of it; and finally to map their coping tools with MPA.

The research was started by studying individual descriptions of the phenomenon of MPA and progressed with a process of inductive reasoning towards the understanding and description of universals or most common principles (Giorgi, 2005; Walters, 1995).

See Table 2.9. for an example of the first three steps of the analysis.

Table 2.9.

Example of the three first steps of the phenomenological research.

<p style="text-align: center;">Step 1 (The raw material: answers to all PASR questions)</p>	<p style="text-align: center;">Step 2</p>	<p style="text-align: center;">Step 3</p>
<p>Usually I am very nervous while performing. Sometimes the nervousness decreases, but usually the nervousness does not disappear. Sometimes it influences the quality of my performance badly. I am extremely afraid while performing in front of big audiences by playing a solo. My heart is beating, hands are sweating, legs are shivering, sometimes my voice is also trembling. The major reason for performance anxiety for me is that I'm not good at remembering the words. I always worry that I might forget the words. I'm also a person with a bit lower self-esteem, so I am afraid of performing in public. I try not to think about the performance, to breathe deeply and think (force) myself to be calm.</p>	<p>Usually I am very nervous while performing. Sometimes the nervousness decreases, but usually the nervousness does not disappear.</p>	<p>The musician usually perceives high anxiety while performing. She also says that she rarely has moments when the anxiety decreases.</p>
	<p>Sometimes it influences the quality of my performance badly.</p>	<p>MPA lowers the quality of her performance.</p>
	<p>I am extremely afraid while performing in front of big audiences by playing a solo.</p>	<p>Big audiences and solo playing are the determinants of MPA for this participant.</p>
	<p>My heart is beating, hands are sweating, legs are shivering, sometimes my voice is also trembling.</p>	<p>The MPA symptoms are physical: increased heart rate, sweating hands, trembling legs and voice.</p>
	<p>The major reason for performance anxiety for me is that I'm not good at remembering the words and it happens quite often with me. I always worry that I might forget the words.</p>	<p>The musician sees her bad memory as one reason for her MPA. The former experiences of forgetting the words on the stage enhance her worry of experiencing failure again.</p>
	<p>I'm also a person with a bit lower self-esteem, so I am afraid of performing in public.</p>	<p>She admits having low self-esteem and sees it as a reasonable determinant of her fear of public performance.</p>
	<p>I try not to think about the performance, to breathe deeply and think (force) myself to be calm.</p>	<p>She uses attention distraction, breathing techniques and self-suggestion as coping techniques.</p>

2.3.3.4. Reliability of the outcome

Concerning the reliability of the outcome, it is important to mention that the PASR was the first questionnaire in the pattern and the open questions were answered first by the participants.

In order to avoid bias and to keep the reliability of the outcome, the current phenomenological research was carried out before the statistical analysis and the grounded theory based analysis so that the latter did not have any influence on the researcher.

2.3.2. Outcome: General structure of performing experiences

The general structure of performing experiences of the musicians suffering from MPA will be described as follows:

The participants subjectively reporting MPA as a big problem for them, which strongly influences the quality of the performance, generally feel uncomfortable and unsure while performing. It includes feelings of fear, anxiety and even panic and losing control; symptoms related to cognition like inability to concentrate, worrying about the performance quality, forgetting the material and/or having failures in their performance; and physiological symptoms from which the most common were tremor (hands, legs, voice), sweating hands, cold hands, increased heart rate, muscle tension, feeling sick and “butterflies” in the stomach.

A specific situational determinant of MPA was an important solo performance (exam, contest, TV-performance etc.). MPA enhancing situational factors were poor performing experience, too large or too small (intimate) performing space and poorly prepared stage.

There was a high variety in participants' suggestions as to what might cause their MPA. The audience-related sources of MPA were fear of failure because of the preconceived high expectations of audiences (e.g. consisting of high professionals, unfamiliar persons or close relatives), their possible critics after performance and how the failure could influence the musicians' future. The self-related matters that cause MPA in the musicians' opinion were self-criticism and perfectionism, responsibility for themselves, for some of the musicians also low self-esteem. The participants also saw the symptoms of MPA as the cause of MPA. The

other sources of MPA include uncertainty caused by poor preparation or general dislike to what the musician is doing (the music, the instrument or even the performing act itself). For several musicians the cause of MPA is unknown; they are afraid of “something” and believe that something unexpected might happen.

To reduce MPA, the main coping technique is breathing exercises. Musicians also use effective coping skills like positive self-suggestion, freeing their minds from thoughts (meditation) and concentration on music. Several ineffective coping skills practiced by the participants include forcing themselves to be calm or impassive and rehearsing immediately before the performance. Several musicians search for help from medicine or prayers.

Despite all the inconvenience that MPA causes, the musicians can mobilize themselves and cope even with high MPA producing situations whatever it takes.

2.3.3. Discussion

In this study the researcher was interested in getting deeper knowledge of the phenomenon of Music Performance Anxiety (MPA) according to the unique experiences of musicians who admit suffering from MPA. The participants’ understandings were described through the original meanings that they gave to the experiences, no standards for naming the certain factors or determinants were given. The existing theoretical framework was avoided.

The quantitative part of the current research has shown that female musicians suffer more from MPA than male performers. The sample for the qualitative research has proven this finding consisting of 17 female and 3 male participants who subjectively reported the highest level of MPA.

The knowledge from the qualitative analysis indicates universals of perceiving MPA. Most of the musicians’ experiences described in the current research are well-known as usually perceived feelings, thoughts and behaviour connected with MPA (see Ch. 1.2.), like feeling fear, anxiety and panic during performance; common physiological symptoms like tremor, sweating hands, increased heart rate and muscle tension; having fear of failing and believing the audience having high expectations towards their performances etc. However, there were several interesting findings that capture the attention of the researcher and will be discussed below.

The author would like to pay attention to one of the possible sources of MPA as seen by the participants. Namely, several musicians reported generally disliking performing at all. The question is what could be the motivator for them despite disliking making music and finding the tools for coping with MPA. Could it be somebody else's (their parents?) wish or demand? Could they have been told (by the parents and/or teachers) to be too talented to waste their gift on other subjects? The other matter that rises from the material is that often the musicians do not like the material that they should perform: the teacher has stressed them to play that certain piece of music or being a member of a band or orchestra they just have to play what the program includes. No will, no good result. And so the chain that leads to MPA is completed: while making music against their will the musicians are not motivated to rehearse well; being poorly prepared causes the anxiety of failure; being afraid of making mistakes or forgetting the material enhances anxiety and increases the probability of poor performance that causes negative expectations towards next performances etc.

The researcher would also like to point out that according to the outcome the musicians do not see the core matters that stay behind the MPA. For example, if they see several high professionals in the audience they just perceive that their presence causes anxiety. Some of the informants feel increasing anxiety while their family members are among the audience. But they do not think why this might be so, they do not see the reason for asking the question at all. We can speculate that unconsciously they know that the answers can be too painful to bear, much more inconvenient than bearing MPA and this might be the cause they choose the latter. Interestingly, the participants believe that MPA might also be caused by their physiological symptoms, so they see the symptoms being the source of MPA and not vice versa. The musicians do not perceive that the symptoms are the expressions of deep psychological processes that try to communicate the performers the inner imbalance and unresolved conflicts.

Several musicians also admitted that they do not know where their MPA comes from and that this knowledge causes uncertainty and concern in them. Some of them continuously search for something unknown as the cause of MPA. Some are trying to accept the unknown and just to cope with the situation; they tend to perceive the situation and the feelings as inevitable.

Although the quantitative research of the current study has shown that there were no significant correlations between performance experience and MPA level (see Ch. 2.2.2.2.), the qualitative data indicates one of the determinants of MPA to be poor performing experience, though the sample consisted of musicians whose experience was remarkable (up to 17 years).

The study has proved earlier findings that solo performance has been perceived as more anxiety evoking than performing in groups (e.g. Marchant-Haycox & Wilson, 1992), although the quantitative research of the current study did not find evidence for this fact.

Interestingly, the participants reported both large and small spaces/audiences as MPA enhancing situational factors. In large halls the main anxiety evoking factor is the too large audience, which evokes the sense of being extremely responsible for the performance excellence. In small spaces the too intimate atmosphere was pointed out as MPA enhancing aspect, allowing the audience to see close every little finger movement or facial expression of the musician.

All in all, the musicians report generally coping with MPA despite the large amount of energy they have to spend on it. There is no clear reference to it, but based on the knowledge from the study one can infer that musicians tend to take MPA as something natural and unavoidable and, therefore, they often do not search for outer support and do not see that understanding the roots of MPA could be of great help in coping with this complicated phenomenon.

Further phenomenological research would be needed on a wider sample to discover the authentic phenomenological explanations of the phenomenon of MPA besides the numerous quantitative studies on MPA or related areas and phenomena. Gaining a more overwhelming picture of the MPA phenomenon would be the vital knowledge for discovering new methods and approaches that could support coping with MPA or reducing it to a moderate level.

3. QUALITATIVE PSYCHODYNAMICALLY ORIENTED MUSIC THERAPY MULTIPLE CASE-STUDIES RESEARCH ON PHENOMENON OF MUSIC PERFORMANCE ANXIETY

3.1. INTRODUCTION

The current research is a qualitative study that observes four psychodynamically oriented music therapy cases in process where Music Performance Anxiety (MPA) has been the common problematic issue for all participants. All four clients were participants of the study examined in Chapter 2. The current study is a natural sequence of the previous research.

Psychodynamically oriented music therapy as the main approach used in these therapy cases gives the opportunity to discover and become conscious of the experiences (e.g. early experiences), cognitive and behavioural patterns, and values and preconceptions of the clients that can be seen as predictors of the formation of MPA or anxiety in general (e.g. Barlow, 2000; Benjet et al, 2010; Knappe et al, 2010). The main aim of the therapy has been to find, recognise and reactivate these experiences producing anxiety, to become conscious of them, to accept them, to work them through and finally to integrate the possible new aspects and strengths growing out from these experiences into current life.

Client-centred and existentially oriented perspective and integrative therapy methods were used in these music therapy processes. The main music therapy method used throughout the cases was the Bonny Method of Guided Imagery and Music (BMGIM, see Ch.1.6.4.). According to the client's needs and to guarantee the best possible result, the therapist also included other music therapy techniques as well as techniques from other psychotherapy methods (see Ch. 3.2.6.) in the process.

The major objective of the research is to describe and study the therapy process with persons suffering from MPA. MPA is a very common problem among musicians and what we learn from the process will reveal one of many ways – by using the psychodynamic music therapy – to deal with it. If we know in detail what and how happens in the therapy process with the current sample, we have the possibility to compare the current knowledge with future research outcome and discover possible universal aspects of it. The knowledge can promote understanding of the phenomenon of MPA and give opportunities to handle with it in the psychodynamic music therapy process, and give guidance to those music therapists who meet similar problems in their therapy work. The researcher calls the approach the Client-in-

Context-Focused Strategy that does not emphasize the problem narrowly but approaches the phenomenon through the personal context of the client.

In addition to the qualitative analysis, the study also includes quantitative measures to support and validate the qualitative findings.

3.2. METHOD

3.2.1. Participants

The students who completed the questionnaire battery for the MPA study explored in Chapter 2 had the opportunity to have feedback to the results. They could choose to have feedback by writing a remark in the indicated place in the battery and leaving their e-mail address. 50 students out of 103 (48,5%) requested feedback. For 28 people out of 50 that had high anxiety level as measured by STAI and K-MPAI music therapy was offered to relieve MPA. 6 people out of 28 (21,4 %) replied to the offer and 4 people out of 6 reached therapy, 2 female and 2 male clients. All these four musicians also reported subjectively perceiving MPA as a big problem that strongly influences the quality of their performance as reported by the PASR questionnaire (see Attachment 2.1.).

Basic information about the four participants can be seen in Table 3.1.

Table 3.1.

General information about the 4 participants of the multiple case study research.

Case number	Name (alias)	Gender	Age	Experience as a musician (years)	Number of therapy sessions (+ interview sessions)	Period of therapy sessions (months)	Follow-up
1	Laura	F	22	15	6+1	2	yes
2	Emma	F	19	9	17+2	11	yes
3	Eric	M	22	11	2+1	0,5	no
4	Oliver	M	21	7	9+2	8	yes

3.2.2. Therapy setting

Therapy setting will be described in detail in every case description. The setting design differs slightly from case to case, based on each client's needs and possibilities.

The duration of the music therapy process and the amount of sessions was not set. It was agreed with clients to follow the process naturally and lead it to the end according to the objectives set for each client personally.

Common components for every therapy case:

- the duration of one therapy session was 90-120 minutes
- every therapy session was audio-recorded

3.2.3. Data

3.2.3.1. Qualitative data

Qualitative data was gathered from music therapy sessions and interviews. Every therapy session and interview was audio-recorded.

3.2.3.1.1. Interviews

Two interviews were provided with the clients who completed the therapy process: the initial interview and the final interview. Both interviews were semi-structured interviews (Flick, 2006) which were based on predetermined questions (see Appendix 3.1.) with the possibility to modify the wording and the order of the questions if appropriate by the perception of the interviewer, and to allow new questions to be brought up during the interview as a result of what the interviewee says.

Full transcriptions of every interview have been completed by listening to the audio-recordings.

The follow-up questionnaire (see Appendix 3.2.) was completed by the clients by e-mail approximately 6 months after the end of the music therapy process. The questionnaire includes three open questions and a 10-item scale for subjective evaluation of the total outcome of the music therapy as seen by the client at the current moment.

3.2.3.1.2. Field notes

Every music therapy session was audio-recorded. Meaning Units (MU) were identified from the whole material and field notes were gathered from every MU. Giorgi (1997, 2005) describes MU-s as contextually laden constituents that do not actually exist in the raw text; these are constituted perceptually by the researcher actively searching for emerging meaning. Field notes of pre- and post-talk or pure talking sessions were taken no more than 24 hours after every session. All field notes were corrected in the course of an additional listening of the recordings of every session.

Meaningful Moments and Enlightening Moments (see in more detail Ch. 3.2.7.2.) were identified from the field notes.

3.2.3.1.3. BMGIM travel transcriptions

Writing full transcripts of the clients' BMGIM-travel experiences is the standard procedure of BMGIM (Bonny, 2002). The therapist/guide writes down everything that the client says and while the client expresses himself/herself verbally, by simultaneously evaluating client's physical and emotional reactions during and between the verbal reports. The transcripts give a good opportunity for further analysis of what has happened during the travel being adequate and valid material of what the client had experienced and thought. They are also good material for clients to read over again afterwards and discover new knowledge or get new understandings that were not reachable during the session.

Transcriptions of every BMGIM-travel were written down during therapy sessions and corrected afterwards by listening to the audio-recordings. Transcriptions have been divided into Meaning Units (MU) and the key images of every MU were brought into the current study. Meaningful Moments and Enlightening Moments (see Ch. 3.2.7.2.) were identified from the field notes of each BMGIM-travel transcription.

3.2.3.1.4. Mood pictures

155 different coloured pictures were used for metaphorical description of the client's here-and-now condition before and after music therapy sessions. The description of the pictures and the client's interpretations of the pictures are included in the descriptions of the therapy cases.

3.2.3.1.5. Drawings and mini sculptures

The client was asked to draw an image of herself/himself and her/his close people (see Appendices 3.3.-3.6.) during the initial interview. The drawing was interpreted by the client. The interpretation was fully transcribed.

The clients had the opportunity to draw a mandala or just a picture or make a mini sculpture out of modelling paste during therapy sessions for diverse purposes. The art works were photographed.

3.2.3.1.6. Letters

Three clients out of four sent letters to the therapist for different reasons. The content of the letters has been explored in the thesis in connection with the specific therapy case.

3.2.3.2. Quantitative data

3.2.3.2.1. The State-Trait Anxiety Inventory (STAI)

The STAI questionnaire was completed by the clients before and after the music therapy process and in follow-up (if it was possible). See the description of the inventory in Chapter 2.2.1.2. and the content of the inventory in Appendix 2.2.

3.2.3.2.2. The Kenny Music Performance Anxiety Inventory (K-MPAI)

The K-MPAI questionnaire was completed by the clients before and after the music therapy process and in follow-up (if it was possible). See the description of the questionnaire in Chapter 2.2.1.2. and the content of the questionnaire in Appendix 2.3.

3.2.3.2.3. The Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory (BAI, see Appendix 3.8.) is a 21-item multiple-choice self-report inventory that measures the severity of anxiety in adults and adolescents. The age range for the measure is from 17 to 80. Each of the items on the BAI is a simple description of a symptom of anxiety in one of its four expressed aspects: subjective, neurophysiologic, autonomic or panic-related (Beck, 1990). The BAI can be used to assess and establish a baseline anxiety level, as a diagnostic aid, to detect the effectiveness of treatment as it progresses, and as a post-treatment outcome measure.

The BAI was completed by the clients before the music therapy process. There was no reason to repeat the measures of BAI after the treatment because of very low anxiety level outcome. Beck (ibid.) assumes that in case of too low scores it is possible that one might be unrealistic in either one's assessment which would be denial or that one has learned to "mask" the symptoms commonly associated with anxiety. Too little "anxiety" could indicate that the person is detached from himself or herself, others, or the environment. This standpoint would be considered to fit into current therapy situations as well. If so, the measure does not show the actual condition of the clients and the real state of mind can only be speculatively assumed.

3.2.3.2.4. Performance Anxiety Self Report (PASR)

The PASR was completed by the clients before the music therapy process. See the description of the PASR in Chapter 2.2.1.2. and Appendix 2.1.

3.2.3.2.5. *Self-Image Inventory (SII)*

Self-Image Inventory is a 14-item personal character evaluating scale that contains 7-point Likert items within a spectrum from e.g. joyful to sad and other similar opposite pairs of characteristics (see the content of the inventory in Appendix 3.9.). The inventory can be used to clarify the client's current self-image to achieve better understanding of it. If completed before and after the therapy process it gives a good picture of if or how the client's personality characteristics have altered.

SII was completed by the clients before and after the whole music therapy process and in follow-up (if it was possible).

3.2.3.2.6. *Simple subjective general self-condition scale and anxiety level scale*

Two simple 10-item scales were used before and after every therapy session for subjective self-evaluation of the client's here-and-now condition and the current level of anxiety.

On the general self-condition scale, 1 marks the worst and 10 the best current condition:

Worst general condition 1 2 3 4 5 6 7 8 9 10 Best general condition

On the anxiety level scale, 1 marks the lowest and 10 the highest level of currently perceived anxiety:

Lowest anxiety level 1 2 3 4 5 6 7 8 9 10 Highest anxiety level

3.2.4. Ethical issues

All four clients have given their conscious agreement allowing all the material that was gathered from the music therapy process to be used in the current thesis, including audio-recorded materials, transcriptions of interviews and sessions, art work and test results. Personal data is presented delicately in the study. To guarantee better confidentiality to the clients, the names of geographical places or certain institutions were left out from the materials. The names of the clients as well as the related people mentioned in the study have been changed.

3.2.5. Therapist's/researcher's theoretical background and therapy methods

The therapist/researcher (further mentioned as “therapist” in this chapter) has had experience in music therapy for approximately 15 years. It includes competence in the Bonny Method of Guided Imagery and Music (BMGIM).

The therapist's general background as a music therapist is psychodynamic. Besides, the therapist uses all the knowledge and experience that she has from different psychotherapeutic approaches and methods in her work to guarantee the possibly most effective therapy outcome for every client. This is why multiple methods have been used during the music therapy processes explored in the current research.

In her music therapy work, the therapist uses C. G. Jung's, M. Klein's, and several other psychodynamically oriented theorists' approaches to psychotherapy as base. Also, the principles of Existential psychotherapy (e.g. Irvin Yalom, Rollo May) have been followed in her psychotherapeutic work.

The main method used in the therapy processes of the current research was The Bonny Method of Guided Imagery and Music (BMGIM; see Bonny & Summer, 2002; Bruscia & Grocke, 2002; see also Ch. 1.6.4. for basic principles of the method). As the most developed method of the Receptive Music Therapy, BMGIM has proved to be a great tool for clarifying and interpreting the repressed material, releasing and expressing feelings connected with it, allowing experiencing corrective emotional experience, making it possible to integrate the important insights and corrective experiences into the self and current relationships (Bruscia, 2002).

In addition, other music therapy techniques (free improvisation, referential improvisation (based on Analytic Music Therapy, see Priestley, 1994 & 1975), unguided music imaging, directed music imaging, (see Grocke & Wigram, 2007) as well as techniques from other psychotherapy methods (active imagination (Jung & Chodorow, 1997), empty chair technique (Brownell, 2008), constellations (Hellinger, 2001), body work (Smith, 1985)) were used in the therapy processes if so deemed to be most efficient concerning the therapy process and the client's intentions and needs. Also other creative modalities – drawing and sculpturing were used to deepen the understanding of the process.

Recently, Brief Psychodynamic Therapy (e.g. Book, 1997; Levenson, 2010) has been one of the therapist's main interests. Many clients want to move on and reach their goals as

quickly as possible. They are not ready for very long therapy processes that can last several years. It might be a question of culture as well. In Estonia we do not have such a long experience with different psychotherapies compared to people in the USA or other “older” European countries. During the Soviet times the word “psychology” was a taboo here; Soviet people “did not have” psyche and did not legally have any psychological problems either. Every Soviet citizen should be joyful and live in harmony with oneself and everybody else. So being depressed or anxious is still somehow not recognized in society and many people think that if they turn to a psychologist, psychotherapist or psychiatrist, other people might think that they are abnormal. Mostly because of that social pattern, an ordinary Estonian still comes to a psychotherapist only when things are really bad and when classical medicine does not help. And then their wish is to get alleviation to their pain as soon as possible. So when the therapist finds the client ready for quicker proceeding (after some observation of defence and coping mechanisms, way of thinking etc) she usually makes a proposal and the client can choose if he/she would like to move in therapy slowly or quickly. One of the great practitioners of Brief Psychodynamic Psychotherapy Jeffrey L. Binder (2004) has pointed out that while consciously accepting the possibility of moving quickly in therapy process, the client unconsciously sets him/her up for accomplishing the task to do. And with the help of the therapist, using the time of therapy with maximum efficiency by carefully keeping the focus in the centre of the process, the set object can be attained. The therapy processes in the current study can also be seen as brief therapy processes ranging between 6 and 17 sessions.

Integrative psychotherapeutic approaches, using two or more therapeutic approaches have become quite common in the last decade (e.g. Norcross & Goldfried, 2005). The *Journal of Psychotherapy Integration* has been published by the American Psychological Association since 1991. For the therapist one of the most interesting articles of the latest issue was the Jerry Gold’s (2011) article about attachment based integrative psychotherapy for anxiety disorders. Knowledge from this study will be used in future therapeutic work of the author. Also in context of music therapy the integrative approach has been cultivated. Dr. Isabelle Frohne-Hagemann (2007, 2001) shows the overlapping existence of different music therapy methods and psychotherapy approaches by indicating the Integrative Music Therapy having in background humanistic, psychodynamic as well as behaviouristic approaches and involving all currently acknowledged music therapy methods on that background that overlap by themselves as well. Frohne-Hagemann (2001) also points out that the integrative approach in music therapy does not mean a “wild or pragmatic eclecticism”, but on systematic, meta-theoretical and therapy-theoretical core concepts based heuristics. The therapist thinks that

using different techniques and interventions makes it possible to keep the therapy process phenomenologically natural whereas using only one certain method could restrict or retard gaining the objectives of the therapy.

3.2.6. Research method

3.2.6.1. Case study research

Case study research describes and explains certain phenomena that relate to people, groups, organisations etc. and it uses two general approaches:

- 1) extensive approach that is based on collecting information about the relevant properties of a large number of instances of a phenomenon and make conclusions according to all the information and interpret correlations between the properties of these examples;
- 2) intensive approach focuses on one specific instance of the phenomenon or on a handful of instances studying the phenomenon in depth (Swanborn, 2010).

The current study uses the latter approach for exploring the phenomena.

The most important determinants of the case study research are taking place in the natural context (excluding laboratory experiments), collecting information with respect to the development of the phenomenon during a certain period, focusing on process tracing, exploring data and after some time formulating precise research questions, keeping an open focus on possible unexpected aspects of the process and using several data sources (Swanborn, 2010).

According to Swanborn (*ibid.*) case study research normally involves no more than four or five cases.

Gall et al (1996) describe three approaches for case data analyses: interpretational, structural and reflective. In the current research interpretational analysis has been used. With this strategy, the researcher is looking for patterns, constructs and threads within the data to explain the phenomenon. Describing and explaining processes gives a unique opportunity to follow the developing meanings that the participants give to the phenomena or acts.

3.2.6.2. Current multiple case studies research design and case studies' description design

Four music therapy cases will be described in detail followed by the structure designed especially for the current study. There is lack of thorough research work where the whole therapy process has been described and analysed. These descriptions give readers the opportunity to set themselves into the therapy process and to see how the phenomenon of music performance anxiety and the other relevant issues show itself in the process and how it is explored by the clients and the therapist.

The researcher/therapist approaches the music therapy process openly, without concentrating on any particular issue and paying equal attention to every thought, action or reaction either in music or verbal expression or in other modalities.

Much attention has been paid to bringing to the readers the clients' background information that has been collected during the initial interviews. Knowing in depth the clients' backgrounds gives the opportunity to understand the prerequisites and roots of MPA better as well as to follow the process development and outcome of therapy cases.

The intention was to bring to the reader the whole content of the sessions. The researcher found it appropriate to use the technique of dividing the material into Meaning Units (MU) according to the Giorgi's (2005) method (see description Ch. 2.3.3.3.) and has presented the field notes of the MU-s in the descriptions of the sessions (see Data collection, Ch. 3.2.3.1.).

Additionally, the Meaningful Moments (MM) and the Enlightening Moments (EM) were identified and marked from the process field notes. To explicate the meaning of MM and EM it would be appropriate to refer at first to Daniel Stern's conception of Now Moments. Stern (1998) approaches several aspects of developmental change that are dependent on interactions between parent and infant for their value in casting light on the process of change in adult psychotherapy. Stern's idea is to explore the change process itself by analysing the micro-process of proceeding in a therapy. The Now Moments are one part of the core of this concept. Now Moments are short subjective units of time in which something of importance, bearing on the future, is happening during the therapy sessions. Now Moments are considered to be affectively charged moments of truth, nonlinear jumps into something unexpected that announces a "disturbance" in the system and constitutes a potential transition to a new state of organization (ibid.). One of the greatest specialists of BMGIM Denise Erdonmez Grocke (1999) uses the term Pivotal Moments to mark similar processes. She defines the Pivotal

Moments as the “turning points where the client understands an issue or problem from another perspective”.

The researcher uses the term Meaningful Moments (MM) to indicate a wide range of important insights, moments of truth or turning points when the client reaches a future bearing new understanding or finds an explanation or a solution to a certain problematic personal issue.

The MM-s that have additional value(s), like exceptionally powerful emotional and/or physical outburst, or an extremely strong cognitive understanding of a certain aspect or issue in the clients’ lives that “enlightens” the moment and serves as a potential transition to a new state of being, will be defined as Enlightening Moments (EM). Usually musical or verbal intervention is considered to support reaching the EM. The EM-s could be distinguished from Peak Experience (Maslow, 1962) by a wider range of experiences also including negative affects or recognitions. See the process of gaining new understanding in music therapy process Figure 3.

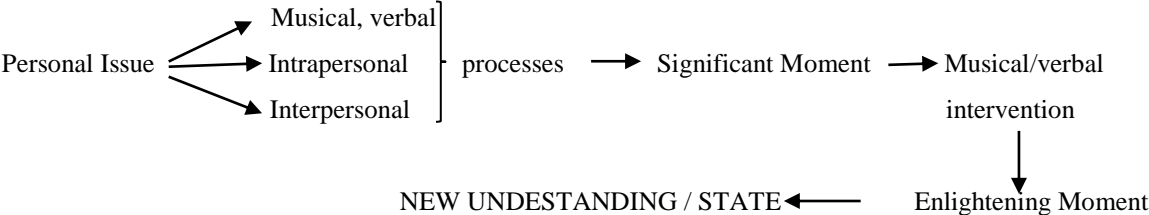


Figure 3. Process of gaining new understanding in music therapy process.

In the current research study the music therapy cases will be described and the research steps structured by the following format:

- 1) Background information according to the initial interview (field notes of Meaning Units (MU) derived from the initial interview).
- 2) Objectives of the music therapy.
- 3) Therapy setting.

- 4) Music therapy process: data from therapy sessions (field notes of MU-s of pre- and post-talk, key images of the BMGIM-travels, other important aspects (art work, body work etc.), discussion/interpretation of the current therapy session). Personal Issues that had produced Meaningful Moments and Enlightening Moments have been marked in bold. Personal Issues will be elaborated in Chapter 4 in a separate study. Measures of subjectively perceived general condition and anxiety level and chosen mood pictures before and after sessions are exposed at the beginning of every therapy session description.
- 5) Outcome of the music therapy process: client's opinion on outcome (field notes from MU-s from final interview and/or follow-up interview); objective outcome (including quantitative measures and follow-up research where possible); main results of music therapy in nutshell, presented only in fully completed therapy processes (therapy results according to the therapy objectives; main problematic personal issues during therapy and their development).
- 6) Interpretative analysis: discussion and therapist's reflections on the process.

There will be some diversity in case description formats of different cases according to the uniqueness of every therapy process.

Finally, the general discussion of the multiple case studies research will be provided where different aspects of the case studies are explored.

3.3. CASE STUDY 1/ LAURA: A CAT THAT IS WALKING ON ITS OWN

3.3.1. Background information

Laura (name changed) is a 22-year-old music student who came to therapy because of Music Performance Anxiety (MPA). The problems with performance anxiety appear when Laura has to perform playing the piano. She is very much afraid of what the audience (e.g. the jury at exams) will think of her and her performance. She is afraid of being disclosed, that her “real self” that is not perfect enough will become public.

Laura has to make an effort to stay and act herself. She likes to build a peel around her not to be a part of the “nervous rush” and to feel calm and stable.

According to the results of the questionnaire battery, Laura had high trait anxiety, at the beginning of the therapy her score on STAI EX-2 was 61 (from the maximum of 80) (Spielberger, 1983; see Appendix 2.2.) and high performance anxiety measured on K-MPAI (The Kenny Music Performance Anxiety Inventory; Kenny, 2005; see Appendix 2.3.), the score was 202 (out of 259). On PASR scale (see Appendix 2.1.), which measures the level of MPA, Laura has reported the highest score 4 points that indicates that MPA is a big problem for her; it bothers her and influences deeply the quality of her performance.

There are many patterns in Laura’s family that might create a “good base” for performance anxiety. Laura is highly dependent on her core family. She worries that her parents, mainly her mother does not accept her the way she is, that she expects something else or something more from her. Laura compares herself to a cat that is walking on its own, at the same time trying to be a good girl for her parents. Laura strongly believes that her family does not fully understand her; she said that she even saw a possibility that they would never understand and accept her. In their family it is not common to talk about emotional topics, relationship problems, to share their life problems and uncertainties with each other. There is a clear lack of emotional closeness.

Laura speaks in short sentences, often leaving the endings open and jumping to another subject without completing her previous thought. Frequently it is quite hard to get the point out of her thoughts but it is not easy either to interrupt her in order to ask a clarifying question because habitually she does not leave any appropriate moments for that. It can be considered as one of her defence mechanisms – while talking by herself she can choose what to talk about and is not “obligated” to touch upon any themes or answer any questions that

would be inconvenient for her. Also, she often laughs dryly after saying something that she found not very appropriate or “right”. This indicates her everyday behaviour pattern that she admits – after saying something to somebody she often finds herself thinking if it is right or clever enough. When laughing after the sentence it could soften the thought, diminish or maybe even efface this thought.

It is appropriate to bring in an example of her talking, although it is quite complicated to translate these thoughts: “Mm ... maybe... I have a feeling that ... that ... eee ... just today I was thinking, that ... that often, khmm... that the time would go in another tempo for me in that sense that... not that I feel that everything is so fast and is going so fast, for me going so fast... eee ... but ... eee ... for me... it takes just very-very much time for me... eee... to understand like ... something (*laughing*), mmm... just that... that this point where I am at the moment, actually I know, that ... that... eee... that for a long time I have experienced in me such a wish and force and that the thing that I’m doing now and studying, but that... for some reasons it is, is like coming like really by a roundabout route mmm... and because of that I should like... like to pay some duty... like (*laughing*)... like for these decisions maybe, that... yes... are not coming fast enough... /.../ And... and maybe I try maybe, yes... like find some... some peace in a way, that actually it is good and so it is I think (*laughing*)...”.

Four main themes in the initial interview were the client’s thoughts about and attitudes towards herself, her core family and family members, her boyfriend and other people in general. Issues connected to Laura’s performance anxiety will be also viewed.

3.3.1.1. Laura’s self-image

One of the main issues during the interview and the theme that she started with was the question of time. Laura finds time to be moving too quickly and herself moving too slowly. She believes that understanding several things takes more time for her than for other people. She feels pressure from the outside to think quickly, which also causes “wrong decisions”. So she tries to find some peace and possibilities to be and stay calm. She blames the others, mainly her mother for making her life move too quickly.

A problem that is also connected with time management is the fact that to cope financially she has to work. On one hand, she is satisfied that she has a job and can earn some money. But on the other hand, it is not easy for her to work and study at the same time; she

believes that working influences her studying and creation as an obstruction. She often feels very tired and her energy is low.

Laura does not trust herself enough. She is not sure of her decisions and is afraid of how her decisions influence her life and if these decisions are right. On one hand, she is satisfied with where she is at the moment and what she does (what she means here is studying music at the college). On the other hand, she feels that “something is wrong” in her life. Also, she often finds herself pondering about doing or saying something that was not perfect enough, she feels embarrassed and ashamed.

She feels that in her school work she is not as good as the other students. Other students’ high professionalism oppresses her; she thinks that she is not perfect enough in what she is doing. She believes that compared to the others she has much more work to do because she believes to be “middling” in certain subjects and she would like to be better.

Playing the piano is one of the subjects where she would like to improve. This task is quite hard to complete because of the performance anxiety. Laura believes that everybody in the audience evaluates her strongly and cruelly. She also believes that everybody expects her not to succeed in piano playing. One factor that has a role to play in her MPA is her piano teacher whom she experiences as a tyrant. She believes that her teacher does not wish her any good and has only demands towards her. Neither in everyday lessons nor during exams does she feel any support from her teacher, although she tries to do her best and to interpret music the way her teacher wants her to and not by her own inner feelings.

Laura compares herself to a cat that is walking on its own. She likes calm, balanced and secure environment. She would rather be by herself than communicate with many people and be in crowded places. She tries to isolate herself from the “nervous rush”. Also, she likes the situation when everything is good and when she feels good.

It is hard for her to say “no”. She has done many things that demand too much energy or devotion from her but that she did not really enjoy (for example she was a member of the university student board and was very actively engaged in several students’ enterprises).

Laura has a peel that surrounds her. She draws herself as a grey cloud-like creature that has something red inside (see Appendix 3.3.). For Laura grey represents something calm, stable and good, maybe also cold. She would not say she is different from the inside compared to the outside but still she drew herself red inside that she interpreted as warmth. She says that it takes time for other people to see this inner part of her.

For her first improvisation “This is me” she chooses instruments for quite a long time. Finally she chooses a table harp (an Estonian national string instrument similar to lyre) and a

triangle. The duration of the improvisation is 1:55. The intensity profile of the improvisation as pictured through the music analysing program MIA (Bonde, 2007) can be seen on Figure 3.1. and the music can be listened to on the CD added to the thesis, track 1.

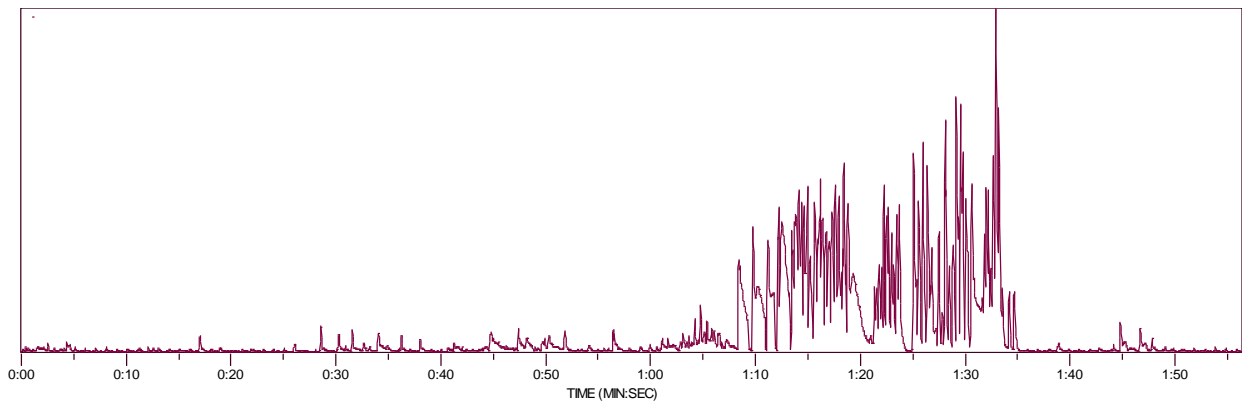


Figure 3.1. Music intensity profile of Laura's improvisation "This is me": initial interview.

Description of the improvisation:

Laura starts with very gentle careful detached high sounds on one string (the same pitch) of the table harp. After half a minute she changes the string/pitch to make a lower and more powerful sound. The table harp does not sound perfectly (it is not tuned) and she seems to enjoy it. She continues adding more strings/different pitches and playing quite chaotic and unstructured music on these. On 1:08 she suddenly plays more intensive and more frequent sounds on one string, it sounds demanding and even obstinate. The culmination point is at 1:22-1:33 where she brings in Tibetan chimes and uses these in turn with the table harp, making a loud sound. The improvisation ends with smooth diminuendo of table harp sounds.

Laura said that she had never played the table harp before. While playing she remembered that she often felt that something went wrong and that she said something not clear or certain enough. She might feel quite ashamed in such situations and she habitually tries to alleviate this feeling by humming a song.

In the second improvisation "This is what I would like to be" she uses a drum, a rain stick and wooden wind chimes. The duration of this improvisation is the same as the first one – approximately 1:55. By MIA the improvisation is represented as seen on Figure 3.2. The improvisation can be listened to on the CD added to the thesis, track 2.

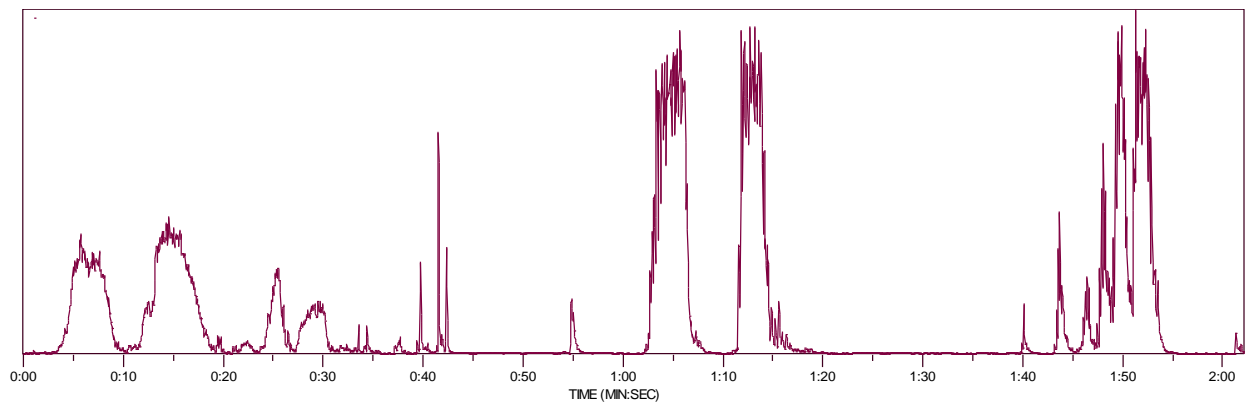


Figure 3.2. Music intensity profile of Laura's improvisation "This is what I would like to be": initial interview.

Description of the improvisation:

The structure of this improvisation diverges a lot from the previous one. Laura starts by playing on the rain stick, playing two sequential phrases in 18 seconds. Then she adds wind chimes, playing quite noisy sounds on the rain stick with one hand and the wind chimes very gently with the other hand. On 0:31 she adds the drum, continuing to play on wind chimes shortly. From 0:40 onwards she continues only on the drum, playing it in turn by beating it or making a rustling sound. There are two intensive peaks on 1:02-1:08 and 1:11-1:17 after one another, then a 20-second rustling phrase follows before the improvisation quite unexpectedly ends by the most powerful peak on 1:47-1:54.

Laura commented that she would have liked to make even more noise. She says she wants to be more confident and not to be afraid of the person she is and to be able to show it to other people. Sometimes she feels that she somehow "loses herself", like being on "slippery ground". At these moments she does not know any more who she is or what she is like. She experiences it like a kind of transformation. She finds other people to be natural but she must make an effort trying to be the person she really is.

Laura perceives conversations on such themes like this interview as she over dramatizes her problems. She feels uncomfortable and as if being undressed.

3.3.1.2. Family and family members as seen through Laura's eyes

Laura strongly believes that her family does not fully understand her; she said that she even saw a possibility that they would never understand and accept her. She believes that they do not want to understand and accept her and that this is their attitude that would be very hard to change. She deeply wishes that her family would finally understand her intentions and accept her. But she realizes that she does not have enough motivation at the moment to influence them to do so. This is a question for her if she should try to influence them or just let the situation be as it is. She finds that she cannot lean on her family; she feels that she is cut off from it.

In their family it is not common to talk about emotional topics, relationship problems or to share their life problems and uncertainties with each other. There is a clear lack of emotional closeness.

Her mother and father live together as if living apart. They only talk about everyday matters, what has to be bought or made and maybe touching upon some themes that are connected with health. There is no warmth between these two people.

3.3.1.2.1. Mother – the flower with two blooms

Laura has a deep attachment to her mother. She sees her mother as a very powerful and energetic woman, being dominant and having very high demands on Laura. Laura's mother works as a high school headmaster.

Laura's mother has much control over her. Since childhood she has forced her daughter to make choices that seem right for her, so that Laura couldn't make her decisions herself. Laura wishes that her mother would finally accept her the way she is and accept her choices.

Her mother influenced her a lot when choosing the subject for studying. At first Laura studied philology because her mother suggested so. But Laura's heart chose music studies. And when she finally succeeded in exams and was accepted to the music college she was extremely happy and satisfied. But her mother did not understand her new choice at all; she was very angry with her and insisted on her completing her BA in philology as well. And Laura, being a good daughter, did so.

Laura also believes that her mother cannot understand her. As one of the reasons for that Laura sees that she and her mother are two very different people. The other explanation is that her mother is quite rigid and does not have experience in seeing things in a “certain way”.

Laura was quite disappointed when her mother did not come to her first concert where her compositions were performed in public. Mother did not have enough time for her or did not show much interest in her doings also in her childhood. Laura was only one year old when sent into kindergarten with his brother. Her mother had to work and her father was on a business trip as usual. When not being in kindergarten Laura spent a lot of time with her aunt whom she saw as a second grandmother to her.

Laura draws her mother as a flower with two blooms, one bloom is open and the other one is closed (see Appendix 3.3.). Her mother is like a flower that has opened its bloom in the morning. Laura finds her very energetic, caring and gentle. The other bloom of the flower is afraid to open and show itself, it has accumulated some energy in there for unexpected reasons when there would be any necessity to use it.

Laura found out that while talking about her mother she is often thinking about talking of both her parents. Her mother represents both parents for her, because her father has been very far away most of the time.

3.3.1.2.2. Father – the lighthouse

During the interview Laura did not mention her father before the therapist asked for that.

Laura’s father is “far away” from her. Laura says that “he just is”, he does not communicate much, does not give advice and does not take a position in family matters at all. Because of his work as a sailor he was often away for a long time when Laura was a child.

She draws her father as a lighthouse (see Appendix 3.3.). He shows some light from afar. She knows that he exists but he never participates actively in family activities. “He is unreachable for me. He stands in one point and is unable to move from that place. He is in his loneliness.”

Father does not have a decisive role in the family. When Laura has something important to discuss she will discuss it with her mother. She believes that her father is not able

to say or suggest anything. He does not have his own opinion, although he is not dumb as Laura adds.

Laura finds it to be very balancing if her father were beside her mother, if he supported her if necessary.

3.3.1.2.3. Brother – the second accordion

Laura also forgot to talk about her brother; she remembered him while drawing her grandfather (her father's father). She mentions that this is amazing that she forgot him. She drew her brother as the second accordion (see Appendix 3.3.) next to her grandfather (the first accordion). According to Laura's opinion, her brother has similarities with their grandfather. Laura says her brother is lovely. She likes the accordion, this instrument has been a symbol of warmth in the family and many family members play the accordion.

Her brother is 3 years older than Laura. In childhood they lived in the same room for a long time, they were good friends and played together all the time. When her brother found his girlfriend, everything changed. The relationship between Laura and her brother has become "cold and odd". Laura says that he does not seek contact and that she does not know how to relate to him anymore. They have become strangers. After getting married the brother does not want to pay attention to Laura, she perceives him as heedless and even impolite. It seems as if he were disengaging. It could be seen, that the two closest men in Laura's life are distant from her and do not pay much attention to her.

3.3.1.3. Boyfriend – the cosmos

Sam (name changed) is the same age as Laura and he is a music student as well. Laura and Sam have been living together for 2 years.

Laura draws Sam very much like herself – something cloud-like, but this cloud has more colours inside and it has a more intensive red nucleus as a centre of the cloud (see Appendix 3.3.). She said that Sam is like the cosmos with a warm glowing point for her. He is a certainty, point of peace and source of energy for her. Laura likes to discover things together with him. Some moments later she said that in the cosmos everything is uncertain; some

comets can come and go. This fact may indicate Laura's fear of losing Sam as she has "lost" her father and her brother.

3.3.1.4. Laura's attitudes to other people

Based on the interview Laura's attitudes to other people are clearly connected to her relationships and behavioural patterns in the family.

Laura does not enjoy too intensive relationships. She talks about a foreign music student who demanded her attention (without wishing an intimate relationship) and all the time wanted to know what she had done, for example to listen to the music that she had written. He demanded too much energy from her to share her thoughts and opinions. She said that she needed more time for adaptation and that she could not give him as much as he would have liked her to give. She felt that they had a considerable distance between them. But she believed that he could not understand her. Laura was also afraid of his self-confidence that pressed her "near the ground". She perceived him as a selfish man who came from somewhere and showed everybody how things really should be.

She has a girlfriend whom she perceives as an uncertain friend. She calls her a soul mate and finds that they have many things in common, but although Laura finds their relationship unstable, she is not there when Laura needs her. Laura does not know (or cannot control?) if she comes or goes and that is why she cannot regard her as a companion.

Laura also has a close friend from childhood, but when that friend found a boyfriend their relationship became less close. Laura believed that she was holding something back when they were talking to each other and that they did not get to the bottom of these matters. This friend broke up with her boyfriend and after that Laura felt that she was like in "olden times" again. She said that her boyfriend had forced her to be somebody else, that she had not really been herself while being in relationship with him.

The only person that Laura finds to be "the same all the time" is her teacher at the college. Laura finds her to be stable and self-confident. Despite not knowing each other for a long time she finds that the teacher could be a good example and also a mentor for her. In her lessons Laura can be the person who she is and she believes that this woman could help to bring out her good sides that she likes in herself.

3.3.1.5. Laura and MPA

Laura does not speak about her MPA voluntarily; she mentions the issue only after the therapist's questions. MPA was not in the list of her actual problems that she told about during the final interview.

Laura experiences MPA mostly when playing the piano. She says that she did not have MPA during her high school time. She started to suffer from MPA during her university studies. She explains that she is not able to switch off thinking about the situation and that causes anxiety. Laura remembers experiencing MPA for the first time while having to perform her own compositions. She says that the situation feels like disclosure and because of that is hard to bear. Laura also admits that she is anxious while performing music that she is not completely prepared for.

The tyrannical piano teacher also has an important role to play in Laura's MPA. Laura is afraid of her piano teacher. The teacher does not support her at all; he is evaluative and cold and never finds good words or gives friendly feedback to Laura. Despite that Laura tries to please the teacher and to play like he has said and not to perform the way she would like to interpret a certain piece of music. Laura is looking for a new piano teacher.

Laura believes that the exam commission always consists of unfriendly evaluative people who have high expectations towards her and who really do not know her.

3.3.2. Objectives of the therapy

The main aim of the therapy for Laura was to accept herself "as a whole", not living her life split between the real self and the formal self, which in her opinion could possibly help to decrease her fear of performing.

The other objective was to find out if she only imagined that there were problems in her family and that she had problems with herself, or if these matters were real and she did not overestimate the problematical situation.

3.3.3. Therapy setting

It was agreed with Laura that at the beginning of the therapy process we meet once a week for 1,5-2 hours. We also agreed that we could be flexible in the frequency of the sessions and the duration of the therapy, so for example after some time we might diminish the frequency of the sessions to 2 times a month if so deems appropriate.

The therapy process started with an initial semi-structured interview session and followed by six therapy sessions. All therapy sessions and the interview were audio-recorded.

After the 6th session the therapy was terminated by the client. A short follow-up interview was completed approximately 6 months after the therapy.

3.3.4. Music therapy process: data from therapy sessions

3.3.4.1. Session 1: Artificial versus natural

Mood pictures:

Before: Picture No 49

Therapist's description (T): a lightened airstrip for airplanes in the night, main colour dark blue

Client's explanations (C): cold and inviting colours; this is life that is moving away from home warmth; blue colour: provocative, new, inviting; C likes to see blue by/on other people

After: Picture No 110

T: trees without leaves in autumn, some birds sitting on branches; soft natural colours

C: warmer colours compared to the first picture; a bit bare and uneasy; reminds of a warm home

Condition (10-items scale):

Before: general 4, anxiety 6 (C: a bit anxious)

After: general 6, anxiety 5

Pre-session:

- Laura's days are full of work and obligations. She tries to acclimatize by accelerating the

tempo of life and she has succeeded. **She admits not being herself and not being natural while doing so.**

- She would like to change her piano teacher, but she has not done anything for that so far. She experiences anxiety that is connected with the tasks at the college.

- She finds her life interesting at the moment.

- She expresses her negative surprise that her boyfriend Sam has been studying composition like her and that he can make things on the same level as she, although not having composition as his main subject. **It is not fair!**

- Laura decides to leave the focus for BMGIM free.

BMGIM:

Induction: Progressive relaxation

Program: Pastorale (see the complete list of BMGIM programs used with Laura in Appendix 3.3.2.)

Opening image: free

Key-images:

- Artificial forest.
- Actors on the stage: **an artificial man and a natural woman**. The man tries to impress the woman; the woman plays with the man; they are strangers.
- 2 pictures together: **artificial**, people in certain roles **and natural** forest. **It** seems that I am in that forest but I don't know where I am. I hear some music from a distance and move towards it.
- **Sadness** as a big, fragile, lonely, empty but beautiful **hole of air** (when discovering that there was no building that she had expected to be at the place she reached, feels sadness in her upper body). There is emptiness and rocks, walls of stones.
- Back in the bushy forest. The two artificial persons are like "rent" in the forest, they don't belong there. I'm looking into the sky; there is much space for moving.
- I'm back in the beginning, just waiting for new knowledge indicating what to do.
- I'm in a concert hall.
- I'm on a **desert island (tears), sad**; I'm lonely there. I went to the island with somebody, but I don't know...
- I can see a **land far away**, thinking of things that might be possible.

Mandala: "Timeless good place for being" (see Appendix 3.3.1.)

Post-session:

- Laura **does not want to belong to any institution.**
- She **does not want to be connected to artificial environments.**
- The man is artificial, he is strained and laboured. The woman is natural, haughty.
- It was a familiar island for her – she was often on the island with her brother while being a child.

Discussion/ interpretation:

The mood picture chosen by Laura at the beginning of the session is a very good characteristic of the situation. On one hand she is in an unfamiliar, new, inviting situation that she is expecting something new and good to result from. On the other hand the picture represents for her the feeling that life is going too fast and that she should adapt to that. Though she says that she succeeded in it, it seems that this is not completely so.

The BMGIM-program “Pastorale”, created by K. Bruscia was chosen because of the smooth and not challenging music that suits therapy beginners very well. K. Bruscia writes about the program in GIM database: ”It provides lots of rest and reassurance, while bringing many beautiful and healing images. It holds the person very lovingly, and encourages deeper states of consciousness. It is safe and accessible for beginners and can be used early in a series” (Bonde, 2009).

In Laura’s imagination she sees a stage, which can be considered as a symbolic representation of the life’s drama (Jacobi 1968), wherein she could play an active part. She sees natural and artificial – a woman and a man and she used in post-talk the form of “Me” talking about both. So we can assume that this represents the true self and the false self (Winnicott, 1965) that are trying to coexist or that she is trying to join together.

Music helps Laura to move on (1. piece), towards the music. It indicates the suitable choice of music. But she feels disappointed not to see a house that she has expected to see at the place she has moved to. She feels sadness that she describes as a big hole of air that she is inside of. She goes back to the forest, sees the woman and the man again there, but they do not belong to the forest. The situation is not comfortable for her. She helps herself by looking up to the sky where she sees many birds, much light and space for moving. It seems as if she was stuck in the forest dealing with her inner conflicts and it could be easier to move away from it.

Laura then seems to defend herself against the possible unpleasant feelings that she might experience in the forest and at the beginning of the 3rd piece of music she suddenly finds herself in a concert hall. Imagination of a concert or musicians can be seen as the intellectualization that BMGIM-clients often defend themselves with. But afterwards during the same music she lets herself go deeper again and a desert island will appear in her imagination. She feels sad there, she is in tears, but she also feels good by feeling hope and thinking of things that might come to her in the future. On the island she feels secure although she is sad. It is better to be there than on the land, that is far away and where there is the forest and no house that make her uncomfortable. It is interesting to notice, that she went to the island with her father and she found her brother on the island. Her mother was not connected to that image. Did she leave her mother to the land where artificial matters were?

In post-talk Laura affirms that she would not like to be dependent on certain institutions or people. That might be connected to her wish not to depend on her family so much anymore and to go her own way. She wants in a way to get rid of the artificial. To cope better with her family matters Laura has to be artificial and often to pretend, not being herself, to achieve a normal relationship mostly with her mother and to please her mother. Laura sees that the behaviour of her mother is often artificial. Doing things her way might also mean not being a good daughter anymore and might be connected to possible guilt that she would not like to experience.

In the mood picture she chose after the session Laura sees more warm colours than the previous picture had. She says that she feels a little bit better than before the session, but the impression she leaves is calm sadness, as if accepting the situation without struggling against it and without any intentions to go on. From the therapist's point of view the latter mood picture represented sadness and staying in the same place, compared to the picture chosen at the beginning where there was movement and the beginning of a road that one could move along. It seemed as if Laura moved from darkness to a bit foggy lighter place, but also from a clear starting point to nowhere, a neutral calm place where one might not feel any disturbing feelings.

3.3.4.2. Session 2: Letter to mother

Mood pictures:

Before: Picture No 111

T: an atom, red nucleus with many blue and lilac ions circling around it

C: blur moving; I know, where I am, new interesting moving people; red – the colour of this day

After: Picture No 18

T: a town as seen from the air that is covered by a yellow-orange cloud

C: I'm boiling

Condition:

Before: general 6-7 (C: 6 would be too little, 7 too much, but I feel surprisingly good!), anxiety 5 (it is altering)

After: general 6 (C: not bad 6, came with sweat and fag); anxiety 6-7

Talking session, no images:

- Laura has been able not to worry too much before some event or job recently. She admits that **worrying is characteristic of her**.
- She is proud of herself for being able to ask something from a stranger.
- Time management is an important issue. Not enough time causes stress, **Laura can stay calmer when she has enough time**.
- She finds that she has been able to put her energy into important issues.
- Laura said that the image of the island from the last session was connected to the home place, to parents. She tried to speak with her mother on the phone; she thinks that **everything is not all right between her and her mother**. Laura talks about her great success – she got the possibility to study further without paying the tuition fee any more. And her mother's reaction to that news had been: "This is good to know; now we can finish building the stove at home". Laura's eyes are full of tears while talking about it. **She feels very upset about that**, she regards it as if she has been something that hinders her family to feel more comfortable in their home. **She finds that her mother does not respect her and what she is doing**.
- She wrote a letter to her mother about her feelings and thoughts (she wishes to be together more; she feels that her mother is pretending something and asks whether it

could be connected to her role as a headmaster at school; she wishes her mother showed interest in close people, including her). **“Mother doesn’t want to listen, mother doesn’t respect me, doesn’t trust, she controls me”.**

- “Am I guilty in anything when it is not possible for me to go to my parents’ home on a certain day because of my school work or other important personal matters apart from home, but my mother would like me to be at home?”
- **“I’ve chosen what is good for me; I’m detached from my family.”**
- Laura believes that **she owes something to her mother**. Her mother obligates her to do something all the time. Laura feels that it is obligatory to deal with family matters, but this is not pleasant for her.

Discussion/interpretation:

It is obvious that Laura tries very hard to get more differentiation from her family and especially from her mother, but she does not succeed. It seems that she tries too hard and wishes to reach the goal too fast.

The main subject of the session was her relationship with her mother. She would like it very much to have a good relationship with her, but she blames her mother in many aspects that she sees are impossible for her to alter. She feels that the only way of living her own life is to detach herself from her mother and the family, or as she said “cut herself from the family”. It seems that she sees her mother as the equivalent of the family. When talking of her family, she soon turns to telling about her mother.

Laura shows that she is highly dependent on her mother. We can say that this relationship is symbiotic. The mother has been the main attachment object for Laura, but unfortunately the attachment experience has been unsafe.

3.3.4.3. Session 3: Inner resources

Mood pictures:

Before: Picture No 46

T: inside image of a big high contemporary spiral transparent building; colours: light blue, grey, silver

C: constructive environment, preparing to be public; I'm not ready to adapt so quickly

After: Picture No 100

T: Parthenon (Athens) in sunshine; colours: beige, white

C: the colours are right; warm and dry; I wouldn't say that my state is as firm as this portico; it reminded me of the place where it would be good to be at the moment, I could climb and move, the see is ahead.

Condition:

Before: general 4 (I feel impassive); anxiety 4

After: general 6; anxiety 5 (I feel better than at the beginning, but I still have anxiety inside)

Pre-session:

- Matters connected to parents are difficult for Laura. On one hand she feels that she is still a child who has to act according to the parents' wishes, but on the other hand she **feels a strong intention to separate from them.**
- Laura does not have energy for everything. She has too much to do.
- Laura's thoughts are lingering on the matters that have come up in therapy process, especially the issues that are connected to her mother. She admits that her mother plays too important a role in her life.
- She plans to tell her mother about her health problems and stress.
- Laura has a nagging stomach-ache. She has had a similar feeling some years ago while studying at another university and completing difficult tasks.
- Active imagination: The therapist used the technique to clarify the roots of the stomach-ache. Laura sees the **stomach-ache as a scorpion** (see Laura's drawing in Appendix 3.3.1.), that spreads its feelers and spatters the poison. Laura believes that as she is a Taurus by birth, it is normal to have digestion problems when stressed.
- Laura decided to have an opening image of a desert where scorpions live as a starting point for her BMGIM-travel.

BMGIM:

Induction: concentrating on the belly, warmth that spreads over the body

Program: Reflections

Opening image: desert where scorpions might live

Key-images:

- I can see an oasis; I don't want to go there, it's better to stay in the open place.
- Aladdin with a camel. **Aladdin said that I shouldn't be afraid of scorpions!**
- Night is coming; I'm tired; I'm searching for a place to rest.
- I'm at the oasis, there are familiar people doing their everyday doings.
- Thoughts of **father** while looking to the sky; he has showed me constellations a long time ago.
- Good smell, strange smell, sweet and salty at the same time – cinnamon, curry.
- **Good to be there when everybody else is sleeping.** A small waterfall or spring with clear cold blue water. I take a look at myself on the water – I'm tanned by the sun, **small pretty wild Laura.** I'm physically strong and brave, it's a good feeling. I'm in a high place. **I'm as if a part of the nature, I feel that everybody takes me the way I am and I'm a natural part of this community.**
- I should leave this place soon and should go on a journey. The wind blows from the left side; I should go to the right. **I feel like being an expert.** I take some water and biscuits with me.
- A bright star, I'm going towards it. This is a **good feeling, when I know where to go.** Calm and hot weather.

Mandala: "Wild desert with Desert-Laura" (see Appendix3.3.1.)

Post-session:

- Being wild and vital, being a part of nature and living in harmony with everything that surrounds her was a very important aspect of her journey. She also adds that this **wild Laura does not have to make an effort to exist**; she can just enjoy her being and exist in it naturally. She also points out that this was the way she used to live in her childhood, often walking in the forest and fields and being in nature.
- The ability to read the signs of nature seems to be important for her. She feels good when she understands it and when the surroundings talk to her.

- **Aladdin was a man from a different culture. He is a stranger,** but somehow he did not evoke uneasiness or shyness in Laura and **she felt very good with him.** He was trustful and helpful. She remembers from the fairy-tale that he was a dodge man. She did not think about the magic abilities of his.
- She tries to remember who could be a Scorpion by birth. Surprisingly she discovers that **her boyfriend is a Scorpion,** but she cannot connect her boyfriend to the image of the scorpion or the feeling that was connected with the image. She tries to “defend” him instead by talking about his good sides. But she also admits that he has the habit of hiding his head “under the sand” sometimes, when not wishing to meet some unpleasant things or he can also bite when somebody touches him in the wrong place.
- Laura feels very calm and good. She felt the same while being on the journey. She finds that it might be necessary for her to sometimes do some physical exercises as she could move herself and feel more alive and have good muscle tone.
- **She considers trying to let herself feel good at some places** where usually it is not good to be. In her imagination she did not want to go to the oasis at first either but she found it very enjoyable when she finally did it.
- Laura **cannot be in peace and feel good and free while being at her parents’ home.** There are always different obligations; the family members tend to dictate what to do and how to be.

Discussion/ interpretation:

Laura has digestion problems that are sometimes really hard to bear. She sees the stomach-ache as a scorpion. The question is who or what the scorpion represents, what it could be that is hard to digest. Is it somehow connected to her mother? Could it be the representation of the dark side of her? But very soon after talking about the scorpion she uses intellectualization as a defence mechanism by assuming that it is natural for people being Taurus by birth to have stomach-aches sometimes.

The choice of music (“Reflections” by Sierra Sterns) was induced on one hand by the knowledge that Laura has a rich imaginative world and this program could open great inner areas for her to go through. On the other hand, it was chosen because of the understanding that she seemed a little unsure and afraid of something and not ready yet to go straight to the matter that was connected to the scorpion. The therapist’s intention was to give Laura some more time to build up a more confident and certain base for her. But the music was not very

easy and if she had been ready, she would have explored deeper more hurtful issues as well. The program is very interesting to listen to and it allows great fantasies to arise easily. It starts with slow moving and broadness-creating music that allows taking time to settle the situation.

The scorpion appeared only once in her image during the first music. She just mentioned that the scorpions (in plural) might be somewhere under the sand, but then Aladdin appears, that we could consider as an archetype of a Wise Old Man (Jung, 1964) and he said that Laura should not be afraid of these. And this statement of his was something that fit into Laura's state of mind perfectly so that she could continue her journey without thinking or mentioning the scorpion during the whole journey any more. This could be seen as defence, so maybe Laura still was not ready to explore the issues that were connected to the scorpion.

Laura found many good characteristics and resources of herself during her journey. She felt comfortable and natural in this environment with familiar people (although she said that they are familiar, she could not mention any particular persons). And she felt especially good while the others were sleeping (nobody was bothering her). Were these "others" the evaluating part of her that while turned off let her be herself? She saw herself as a pretty and wild, strong and brave girl. She did not show her wild part to the therapist yet during talking phases. While speaking about it during the imagination she clearly feels very good and enjoys the possibility to experience something that she might not be able to experience in her real life. It might be the true self of her, the hidden natural part of her that she tries to suppress. During her travel Laura clearly shows that she is a part of nature and a natural part of the community. She let herself be there the way she really is. In her real life she looks quite balanced and calm on the outside that indicates having strong self-control and this obviously is how other people perceive her.

But despite enjoying the place and the feeling she should leave it soon. It seems as if she cannot accept the good feeling, the good condition and strengths of herself. It might be related to guilt towards her mother or other close people: on one side she would like to be herself very much, but on the other side being herself possibly hurts her mother and makes Laura feel uncomfortable.

However she feels like an expert and knows that she should go right. It is the sign of moving forward, a good perspective for the future.

3.3.4.4. Session 4: Alone and together

Mood pictures:

Before: Picture No 115

T: shoes with a broken heel

C: (searches for a long time) it feels like at a dance contest; something is broken that I didn't expect to happen, it hinders movement

After: Picture No 103

T: cave that opens up, much light

C: empty cave, empty room, the head is totally empty, I'm confused, there is no system in things, neither in mine nor in our (Laura's and her boyfriend's) things; there is a lot to think about, to clarify, I should bring life and things into order.

Condition:

Before: general 4; anxiety 3

After: general 5; anxiety 2

Pre-session:

- Laura and her boyfriend are moving from one flat to the other and they have a lot of misunderstandings that are connected to this.
- Laura becomes nervous and upset very easily.
- **She perceives Sam (her boyfriend) as very heedless**, she makes some strong statements like **"I'm sacrificing myself to him, I'm not important enough for him!"**
- Laura gets upset seeing other people's good life. It seems to her that **this is unfair that others can experience joy and happiness**, but she should bear injustice and uneasiness.
- Laura proposes to focus on relationships during the imagination, but let the opening image free.

BMGIM

Induction: a light ball

Program: Relationships-M

Opening image: free

Key-images:

- Autumn in a non-familiar town, it looks like Venice. I have a romantic walk with Sam.
- We have a nice sunny flat, it is cosy and homely. Our neighbours are speaking a foreign language but we can understand them. Sam has many obligations; I'm trying to do something but I can't, **my thoughts are blocked.**
- I decided to go to town alone. My real home is so far away. **I feel loneliness.**
- **I am alone in a café with good ideas for creative work.** I do know what I do, I enjoy that, I can concentrate!
- I'm writing music, there is a written **text of harmony and disharmony between the human and the environment.** This is a text for my composition that I have not found until now in my real life.
- I'm going home. **My boyfriend is annoyed and worries about his personal duties.** We both are dealing with our own matters.
- **I try to read a boyfriend's book** (Science fiction), but I can't keep my thoughts on this book.
- I have a **dilemma: I can't decide** if I should deal with something that I must do or just listen to some music. **I can't decide.** I choose listening to music.

Post-session:

- **Laura cannot concentrate on anything because of the tense situation between her and her boyfriend.**
- Sam watches movies by himself, because he doesn't like the films that Laura likes or vice versa. It makes Laura **upset and also sad.**
- Laura used to spend more time together with Sam and to do things together previously. Sam has a lot of obligations and **does not pay enough attention to her.** Laura is upset and angry because of that.

Discussion/ interpretation:

Laura comes to the session quite upset and angry. She feels that her boyfriend does not meet her expectations while moving from one apartment to another. They have a lot of misunderstandings and that is very hard to bear for Laura. She picks the mood picture that represents her situation very well. She feels that something is broken and it prevents her from moving on. This is the main issue of the whole session.

Laura suggests letting the opening image free. So the therapist tries to choose a program that could possibly support moving on with these actual matters. The BMGIM-program “Relationships-M” is suitable to clarify relationship problems. The therapist has experienced it many times with different clients. The program created by H. Bonny and modified by K. Bruscia (Bonde, 2009) is designed to bring to consciousness important interactions with others; these sequenced musical selections will highlight past and present sexual, familial or working relations with others.

In her imagination Laura shows clearly that at the present moment they have many tensions and misunderstandings between her and her boyfriend. Her thoughts are blocked while her boyfriend deals with his own matters and is not paying much attention to Laura. It is easier for Laura to keep this situation like it is in her imagination and not to try to solve it somehow. She just goes out by herself and at once Laura’s inner condition alters, she feels free, her thoughts can flow freely, she feels creative and more confident. She talks about the texts of harmony and disharmony and that she had not found these in her real life until today. It indicates her inner situation. Probably she has inner intentions to solve the situation but she does not have enough power to deal with this matter at the moment in her real life. She also tries to read “the boyfriend’s book”, she tries to make an effort to understand the boyfriend’s intentions and motives, but it is easier to choose listening to music and not thinking about these unpleasant matters. Choosing listening to music can be considered as a defence in order not to go further with these relationship issues in the imagery. The dilemma of how to go on arose during the 3rd piece of music (Respighi Valle Giulia) and when the last piece started Laura just said that she chose listening to music.

The researcher suggests that these kinds of thoughts and feelings could be connected to Laura’s core family matters. She seems to be very strongly attached to her boyfriend as she did have unsafe attachment with his father in childhood, so she might try to compensate for it, but she runs into difficulties again, unconsciously recognises the situation and blames her boyfriend for not being attentive and kind enough to her just like her father has been.

Interestingly, Laura feels subjectively better after the session. As evaluated on 10-item scales she reports to have a little bit better general condition and lower anxiety.

3.3.4.5. Session 5: Dances with wolves

Mood pictures:

Before: Picture No 2

T: open space, water and sky, horizon, light from above; colours: black and white

C: dim colours, nasty

After: Picture No 4

T: winter in forest with a river, colours: white, blue

C: colours are brighter than at the beginning, trees are covered by snow, **I would like to be in peace under the snow**, I'm a piece of ice that is drifting with the water flow

Condition:

Before: general 4, anxiety 3

After: general 5-6 (C: the state could be better if I could be in that nice house in reality), anxiety 3

Pre-session:

- The boyfriend “helps” Laura not to do her important jobs. **“I can’t do my important jobs!”** They still have problems moving: Sam does not help to arrange the new flat and in addition to that **they are talking less and less to each other.**
- She feels uncertainty that is related to her professional field. There are pleasant tasks, which she should complete, which are connected to her school work, but “the sound of obligations” stays with these tasks and that bothers her.
- Laura is still suffering from **stomach-ache**, she thinks that the **reasons are physical, but despite that she would not go to the doctor.**
- **Laura is angry at Sam, very angry.** She said that she had not felt like that before towards Sam. **“Sam was so cruel!”**
- **She would like to focus only on herself.** She would like to be in her imagination somewhere unknown – in a wild forest in Siberia.

BMGIM

Induction: progressive relaxation

Program: Inner Odyssey

Opening image: A place where she has not been before, a place where are the wolves and deep wild forest, somewhere in Siberia

Key-images:

- Unfamiliar deep wild forest; snow, footsteps on snow, rocks.
- I don't know where to go.
- **A cave, cold**, wide, ancient drawings on walls.
- **8 friendly wolf-dogs** are with me in the cave; **it's good to be there.**
- The dogs would like to go for a ride, I'm riding with them.
- **A house, an old man** with a grey beard; I'm drinking tea with him. He seems to be a writer; he gives me some books, old books, something from Russian literature – Yevgeny Onegin.
- We are riding dogs to a village. I'm feeding the dogs and letting them rest.
- **I'm searching for warm clothes** from people in the village.
- I'm in a hall with an old piano and some people; **I'm playing something for the people** to thank them, some old music. **They are listening with attention and great satisfaction.**
- Morning, I'm **going home along a curvy, complicated road**, through mountains, fields and wild forest.
- Home – the house is warm, a lot of space and light. **I'm alone there**, but I know that **the house is not meant for living alone.** I'm making some food. **Being alone needs some time to get used to.**
- **A dog** behind the door, I let it in, it's friendly.
- I'm reading the book that the Old Man gave to me – this is Pushkin's Yevgeny Onegin. Tatyana writes a letter to Yevgeny, it's very romantic, **it is sad to read.**
- **I'm playing the piano; it sounds nice**, good acoustics.
- I'm going to sleep now; I'm thinking of the next day – what I could do tomorrow...

Mandala: “A Sunday house in Siberia” (see Appendix 3.3.1.)

Post-session:

- In the house (home) **endless time was planned for herself with no obligations.** She could write music there. Going to work was not necessary; she could plan her day by herself. She could choose the time to go out and to communicate with others.
- Playing the piano was important in that image – she could thank her helpers, people who gave her warm clothes.

- She wants to give something to thank the musicians who have played her composition at a school concert. She decides to give them a CD with the recording of the same concert.

Discussion/ interpretation:

In pre-talk the main issue was the moving again. Laura expressed her anger through her words many times, but her feelings were split from the words, she talked with a little smile on her face as she has done during all previous sessions. Does she not let herself feel anger because of the intention to be a good girl for the therapist? Here we can see a transference issue where Laura projects her relation to her mother to the therapist and expressing the real feelings could be not appropriate and might cause guilt.

In the imagery Laura decided to concentrate only on her own and not on the problems that relate to her relationship with Sam. She was probably afraid of her feelings that might arise and cutting her boyfriend off of this experience made the imagery easier to go through. She is obviously not ready to deal deeply with her relationship problems; even though she undoubtedly suffers because of the tense situation.

The therapist decided to use a music program that allows to experience powerful feelings and to support the creation a picture of an unknown place with wolves and wild forest. “Inner Odyssey” is the BMGIM-program that has a challenging start because of no gradual introduction of the Brahms’ work (Grocke, 2002). This is the most challenging piece of music of this program. The further pieces allow experiencing a many-sided palette of moods and feelings, concluded by Corelli’s stabile and harmonic excerpt.

At the beginning of the imagery Laura happens to be in a cave where she feels quite uncomfortable. But she soon brings in 8 wolf-dogs who act as helpers for her offering some company and security. It is remarkable that these animals have two faces. They are at the same time wolves – the animals that are usually seen as unfriendly, fury, nasty and unpredictable; and dogs, which are friendly, warm, clever animals that have been living with people from the beginning of all times. There is ambivalence converged in these figures, that she could not see.

These animals help her to move on to a house where she meets an Old Man, the archetypal figure that represents wisdom and security. He nurtures her physically with tea and mentally by giving her the book, which tells a love story, about relationships of a woman and a man.

She needs more help and nurturing from other people as well. It is winter-time and she gets warm clothes from people in the village and plays the piano to thank them. In post-talk Laura indicates the importance of the piano playing. In the imagery she could enjoy it, she could experience how it would feel like to play the piano with great enthusiasm and pleasure. In real life she still feels very anxious performing on the piano. In the imagery Laura could compensate for what she could never get from her mother and family: when she was thankful to the people, she played the piano for them and they were listening to her with great attention and satisfaction.

After a really long complicated way Laura reaches home in her imagery. This moving scene took much more time than the previous (the beginning of the 3. work by Beethoven), though led similarly by the wolf-dogs. It was necessary to go past the Old Man's house and through the village with friendly people to finally reach home. Did she gather knowledge, drink and food and warm clothes to cope better at home alone? She clearly shows in her imagery that she feels very good at home while being alone. She reads the book the Old Man gave her. She feels sad. It seems as if she tries to prepare herself for a loss similarly to the story. Did she consider finishing her relationship with Sam? But she does not stay alone for a long time. She definitely needs somebody near her; she also said that the house was not meant for living alone. She lets in a friendly dog. In contrast to a human being, the dog does not speak anything, it does not demand anything, it is satisfied with the situation as it is, it just lies down on the floor and lets Laura feel more comfortable and safe.

At the end of the imagery Laura plays the piano again, this time by herself and she is enjoying it very much. She feels good and calm and can peacefully go to sleep with good thoughts for tomorrow. She picked the mood picture that represents her state of mind very well. The aspect that she would like to stay peacefully under the snow could be a sign of possible depressive symptoms. It could be safer to hide under the snow blanket, to stay apart from other people and just to have a rest by not doing anything and not thinking of anything that could cause anxiety and fear.

3.3.4.6. Session 6: Reaching more harmony and balance

Mood pictures:

Before: Picture No 72

T: hands of older people, a man and a woman

C: hands were of my interest, hands of older people; it symbolizes contact with family and roots

After: Picture No 126

T: foggy calm nature (forest) with a pond

C: I'm feeling foggy, grey fog; some things were becoming more confusing, some beginnings were opened.

Condition:

Before: general 6, anxiety 4

After: general 7, anxiety 3

Pre-session:

- Laura got sad unexpected news some days ago: the brother of her grandmother (father's mother) had died. **It makes her look differently on some aspects of life.** The person who died was close to Laura. She is afraid to go to the funeral, because **she does not want to be touched by the wrong insincere emotions** that she could expect from the other persons, especially from her mother.
- Laura has a new piano teacher. This fact could be very important in many ways, including helping diminish performance anxiety.
- She starts to get "on track" with her life. Laura doesn't feel so anxious any more when she has many things to do. "I can arrange things."
- Laura cannot think that someday there will be more time for everything, she believes that she has to cope with the time limits she has now.
- She is trying to take things more easily, but she still **feels hopeless and not coping, she feels overwhelmed by things.**

BMGIM

Induction: general relaxation

Program: Peak Experience

Opening image: the world under water, “the other side”, not dark, but dumb silent, pure

Key-images:

- **I’m under water.** A cave that leads to a cathedral under water; it looks as if it were made of wax, it looks like castles made of sand.
- I can see an instrument like an organ, water moves through it.
- **The stairway up;** I’m sitting on the stairs, looking up where the sun is shining.
- I can’t imagine any live animal so far.
- Everything is static and calm **as if died away.**
- I feel calm but **sad and vulnerable;** I let myself feel like that. I’m not afraid to feel it, everything goes through me.
- Cloudy dark sky above. There is some thunder as well – it awaits me to go up.
- **I feel very small between two mighty worlds** – water under my feet and sky above me, it’s hard to experience it.
- **Powerful thunder, it’s too powerful to have it in my soul, it’s eternally powerful!**
- I feel that I have a certain role in it, a personal task.
- I’m sitting on a rock; **I don’t want to go up or down.**
- **My task would be to create pleasant sounds and harmonies on earth.**
- I see people like “stage staff”, **the world is like on stage** but we can’t see it from the back-stage.
- A small town.
- I’m on the beach near the town and looking back to the sea and sky, trying to remember the nice sounds and take them with me.
- I see a familiar church – the Methodist church, it is related to the image of the cathedral under water – wide, bright, clean, quiet, warm.

Post-session:

- Laura feels that there is something bigger and higher than her and her intentions. She thinks that it might not be right to try to put this into words.
- **She admits being afraid of letting emotions in.** It feels that it would be too hard to carry these emotions. She would rather **distance herself from too pleasant sounds,** pleasant emotions. It is sad and painful.
- Laura does not share her painful things with Sam. But she could share these feelings with her good friend Lily. **These things were too delicate to discuss with her boyfriend.**

- But some things are becoming more bearable with Sam. Laura tries to take things in a more rational way since being closer with Sam, tries to take everything like Sam does.
- **Sam touched some “holy themes” for Laura without any respect.**
- Nature is very important for Laura. She finds that there should be more mental goals in life.
- Her imagery represents her actual life – **being in water and in the air feels endless, imperceptible.** You cannot predict the weather, but you can handle things in your life. Still there are **some things that are too much to handle.**
- Her place is between the water and the sky. She would like to find her own manner or fashion and not to try to copy the nice sounds from water and make them sound in the air, because it seems not right or sincere. **She needs distance from these “worlds”.**

Discussion/ interpretation:

Laura has lost a close relative, but the feelings related to that issue were not the kind of feelings that might be connected to somebody’s death. She is afraid of feeling “wrong emotions” that she expects from her relatives during the funeral.

Laura brings into the session ambivalent thoughts: on one side she feels to be coping and being less anxious, but after some time she admits that she cannot cope with everyday matters and that she even feels hopeless.

In her imagination two “worlds” were represented – the world under water and the sky. She finds both of them ungrounded, not fixed. What could be the meaning of these worlds for her? It is interesting that thunder awaits her to rise up from the water. She senses it as too powerful, but despite that she moves upwards.

The task to create harmony might be connected to her actual work as a composer (she has told about her wish to create well-sounding masterpieces), but there is undoubtedly a reference to the need of harmonizing her personal environment.

Interestingly she brought in the theme of artificial again. She sees humanity acting on a stage which is the world itself, as if everything that happens were not real.

She found some peace in the church, the place, where there is probably more harmony and balance than anywhere else, including Laura’s inner world.

During this session Laura admitted being vulnerable and not coping for the first time. She started the session by bringing in the issue of death that led her imaginations to the “other side”, where everything is like “died away”. She got contact with death, experienced powerful forces that were bigger than her and deep painful emotions.

3.3.4.7. The Final: Letter to the therapist. Facts, discussion, interpretation.

Unexpectedly, three days after the last session Laura sent an e-mail to the therapist where she announced that she will terminate the therapy process. The letter was quite long; she has correctly gathered her thoughts into three themes.

First of all she writes that she did not like most of the music that the therapist used in the sessions. She writes about her difficulties of getting imaginations with the music and her hard efforts to get rid of the music and to concentrate only on imaginations. Laura never mentioned these difficulties during the sessions, which might indicate her intentions of being a “good girl”, a good client to gratify the therapist’s needs. There is one point where we can see a transference issue. We can assume that she transferred her mother’s figure into the therapist and therefore did not let the therapist know her real feelings and thoughts. She could not disappoint the therapist (her mother) and had to be nice and perfect to be accepted. The therapist did not notice any signs in Laura of being confused or feeling uncomfortable during the whole process. This is quite unlikely that she was such a good actress that she could delude the therapist. This statement of troubles with the music sounds more like something that she could bring as an excuse for terminating the therapy.

The second matter in her letter was that she did not benefit from the therapy as much as she had expected so far. She admits her improved ability to recognize some important aspects in her life that she could not notice before. But she brings in the theme of the lack of time and tells about sacrificing her time for the therapy. She finds that she could have done something more profitable in that time, e.g. making some school work, rehearsing piano playing or just having a good rest. Undoubtedly the therapy process could not offer her the possibility just to be there, enjoy the pleasant music and relax. It was hard work that she did actually very well and seemed to do that with great dedication.

In addition, she writes in her letter that she would not be so anxious while playing the piano that she could not perform at all. She finds that she can cope with the anxiety.

Her final thoughts in the letter are as follows: “I feel that it does not matter how I try to find positive reasons for going to therapy. I have the feeling that this form of therapy is not suitable for me and not effective or necessary enough at the moment.”

When in the middle of a good working phase of therapy the client decides to terminate the process, it often represents resistance. Resistance is the tendency of a client to defend herself against the demands of the therapy and the threat of change in awareness (Leiper & Maltby, 2008). In her last imagery Laura was sitting on a rock, not willing to go up or down, just staying there. She also dreamed about thunder that was too powerful and unbearable for her. These inner pictures might indicate that Laura has reached a situation that shows resistance for going on with the therapy, it was too hard for her to meet her powerful inner conflicts and problems. And right after that she decided to terminate the therapy process, decided not to face the important aspects of her life.

The therapist did not notice that there were indeed some signs in Laura’s last imagery that indicated her wish to stop the therapy process. At the end of the imagery she reported trying to remember all the nice sounds from water and the sky and taking these with her. She might like to forget everything that was unpleasant in the therapy process and take with her all that was worth it.

3.3.5. Outcome

3.3.5.1. Client’s opinion on outcome

Laura gave her feedback to the therapy process 6 months after the end of the therapy process by e-mail. In her opinion the main alterations during the process were:

- enhanced self-confidence; she admits that this was one of the most positive outcomes of the therapy and that she has been successful in the valuation of herself and her thoughts;
- increased nervousness; she became irritated unexpectedly and quickly;
- blaming other people; she blamed other people for playing a part in the processes that made her disrespectful and dissatisfied with herself; she got too spontaneous and negatively disposed;
- experiencing “fog and aimlessness”; she experienced that everything around her was misty and she could not orientate in that;

She found that her concentration ability had diminished during the therapy, the overall condition and relations with her parents were getting worse.

One of the good outcomes Laura mentioned was that she had realized that it was not worth spending too much energy to alter her mother and her opinions and attitudes. She also wrote about some positive alterations in her mother's attitude to Laura and her enhanced interest in Laura's life.

She said that she could see her deficiencies clearer now and also admitted her insufficiency where she previously saw other people's faults. She also acknowledged re-evaluating some aspects of her past.

She also notifies that it is important for her to have polarity in relationships, which means for her that she would like a male therapist better. Laura acknowledged that she was shy and superstitious in relationships with women. She discloses that she experienced ice between the therapist and her and that she was not able to create a contact with the therapist on a deep level. She felt that there was a lack of match or similar frequency.

Laura reported the biggest benefit of the therapy to be imaging herself in her fantasies, concentrating on her inner world and discovering herself through that. She also mentioned the BMGIM-travels to be relaxing and positive. The latter proves the variance in her thoughts. On one hand, she mentioned in the follow-up questionnaire that music had not been helpful for her in supporting the travel and that it had been quite demanding and stressful for her to concentrate on imageries. On the other hand, she admitted that she experienced BMGIM-travels as relaxing and positive.

Laura's subjective evaluations of her condition before and after therapy sessions are summarised on the Figures 3.3. and 3.4. We can see she found her general condition improving in 5 sessions out of 6 and her anxiety level decreasing in 3 sessions including the last session.

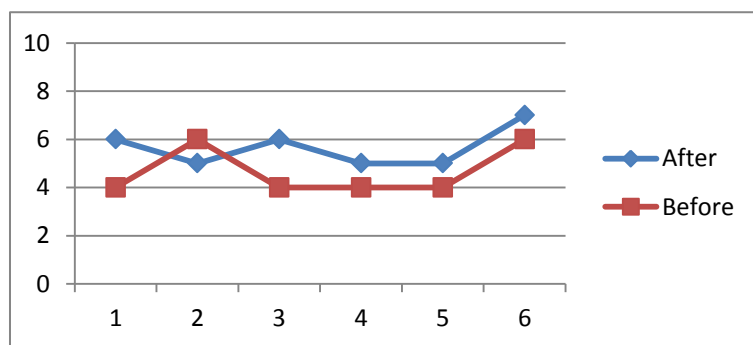


Figure 3.3. Laura's subjectively perceived general condition before and after therapy sessions.

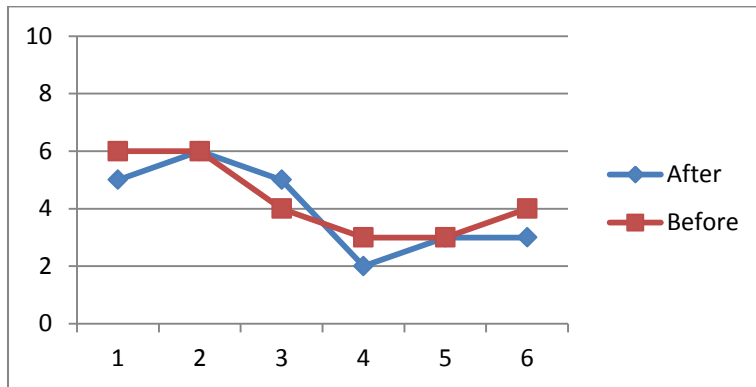


Figure 3.4. Laura's subjectively perceived anxiety level before and after therapy sessions.

On the 10-item scale Laura evaluates the total therapy outcome with 6 points. She admits that it was hard for her to talk in the therapy about procedural things (music, room, some other inconveniences) and admits that she has not been deeply sincere in certain things (unfortunately she did not clarify in what kind of things).

3.3.5.2. Objective outcome

Laura's trait anxiety (measured by STAI EX-2) has decreased 16,4 % from 61 to 51 points as measured before the therapy and in the follow-up test approximately 6 months after the therapy was terminated (see Figure3.5.).

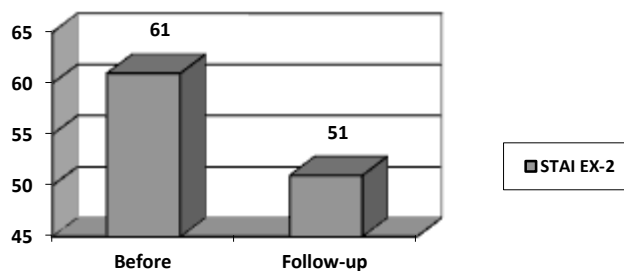


Figure 3.5. Trait anxiety measured by STAI EX-2 before the therapy and in follow-up.

In accordance with the outcome of STAI EX-2 Laura's music performance anxiety decreased 13,9% from 202 to 174 points (from the total of 259 by K-MPAI questionnaire) (see Figure3.6.).

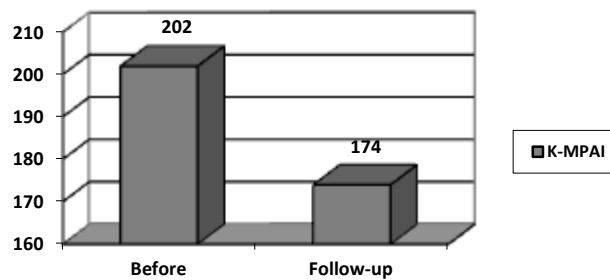


Figure 3.6. Music performance anxiety measured by K-MPAI before the therapy and in follow-up.

The selected scales of K-MPAI (see Table 3.2.) give valuable information about the inner process of the client. We can count as positive changes being more confident when prepared well enough for a performance (maximum amount 7 before and 5 after); getting less feelings akin to panic (7→5) and experiencing less increased heart rate (6→3) and muscle tension (7→4) before the performance; thinking less about whether she will get through the performance (5→3). In the follow-up questionnaire she strongly disagrees with the affirmation that one bad performance may ruin her career (4→1). Interestingly, after the therapy she does not remember being anxious about performing from her early music studies (5→1). Before therapy the client strongly agreed that she gives up worthwhile performance opportunities due to anxiety, after the therapy she was neutral to that affirmation (7→4). It is also notable that before the therapy she rather agreed that as a child she often felt sad, but after the therapy she rather disagreed with that statement (5→3). Before the therapy Laura strongly disagreed that her parents were mostly responsive to her needs, after the therapy she rather disagreed with that assertion (1→3). We can also see two negative changes in client's perceptions: in the follow-up she finds it less easy to trust others (6→4) and she feels less in control over her life (6→2).

On the Self-Image Inventory (see the inventory in Appendix 3.9.) the biggest altering (see Table 3.3.) was in scales as follows: from moderate energy to high despondency (3→6), from neutral standpoint on the scale "sensitive ↔ impassive" to moderate impassiveness (4→2)

and surprisingly from moderate trustfulness to high distrustfulness (2→6). The biggest altering towards a more positive self-image was on the scale critical-tolerant, where the movement was from highest criticism 2 points towards tolerance (1→3).

See the summary of quantitative outcome of Laura’s measures in Appendix 3.3.3.

Table 3.2. Altering in measures of scales of K-MPAI.

Scale	Before	After
I generally feel in control of my life	6	4
I find it easy to trust others	6	2
Even if work hard in preparation for a performance, I am likely to make mistakes	7	5
I find it difficult to depend on others	6	4
My parents were mostly responsive to my needs	1	3
Prior to, or during a performance, I get feelings akin to panic	7	5
I never know before a concert whether I will perform well	7	4
During a performance I find myself thinking about whether I’ll even get through it	5	3
From early in my music studies, I remember being anxious about performing	5	1
I worry that one bad performance may ruin my career	4	1
Prior to, or during a performance, I experience increased heart rate like pounding in my chest	6	3
I give up worthwhile performance opportunities due to anxiety	7	4
After the performance, I worry about whether I played well enough	5	7
As a child, I often felt sad	5	3
Prior to, or during a performance, I have increased muscle tension	7	4

Table 3.3. Altering in Self Image 7-item scale.

Scale	Before	After
Energetic ↔ Despondent	3	6
Impassive ↔ Sensitive	4	2
Critical ↔ Tolerant	1	3
Trustful ↔ Distrustful	2	6

3.3.6. Final discussion

Even though the music therapy process was prematurely terminated by the client the author can say that psychodynamically oriented music therapy was effective with Laura. Especially musical imagination helped Laura to discover many internal resources of her and reformulate different aspects of her life.

It would be appropriate to bring in some aspects of her imaginations that are in a particular way important or interesting as seen in the light of BMGIM. At first the therapist found her imagination processes very rich and interesting. It seemed that music was really “her element” and that she had a good ability not to take classical music only as a phenomenon that had to be analysed with a score in one’s hands or by paying attention only to the form, style, interpretation and different elements of music.

In her first imagination she had a pair of two opposites: natural and artificial. As she has set the main aim of therapy – she would not like to live her life split between the real self (natural) and the formal self (artificial). The image of a forest has both characteristics in her imagination: at first it was an artificial forest like theatre decorations and afterwards it was a natural forest and she imagined herself to be in this forest. In the artificial forest there was an artificial man. There was also a natural woman. She imagined that the man (artificial, the formal/false self) tries to impress the woman (natural, the true self) and the woman plays with the man and allows herself to be flattered (in artificial world it is easier to act formally than naturally and to earn respect and sympathy). We can look at the artificial man as the Animus figure by Jung or as a False Self by Winnicott. The artificial Animus in Laura’s imaginations affirms C. G. Jung’s idea that the Animus personifies dreamy thoughts filled with judgement about how things ought to be (von Franz, 1964). One of Laura’s problems was that she could only cope by behaving formally, the way one should act and think. She believed that letting her real Self out would hurt her and cause unexpected feedback from the outer world. According to Jung (*ibid.*) a result of unconscious Animus opinion could also be paralysis of feelings and a deep insecurity that were clearly characteristics of Laura. By Winnicott (1965) the False Self is a defence that is designed to protect the natural spontaneous True Self by hiding it being polite and artificial. Laura stayed polite and suppressed until the end of the therapy process. She could not let out her real emotions, her “wild” and natural Self.

Laura considered life as a whole to be artificial. In the first and last imagination she brought in the figure of a stage. The man and woman acted on the stage. In the last imagery all the world was like on a stage for her. She finds something more valuable and intelligible

from water and from the sky. But despite that she decided to stay between these and to declare that everything in life is artificial and that people are like stage workers, who change decorations, deal with lightening and sound-making, but do not realize that everything is not real.

Several times she chose not to stay at a pleasant place (a deep natural forest with pleasant sounds, an oasis with friendly people and nice surroundings), she somehow “listened to” a call from somewhere that told her to go further and she chose to go on instead of enjoying something nice. Frequently she said that she had to move on. Was it a metaphor of her inability to accept pleasant things or was it the sign that she had not reached the “right place” yet?

The first time she had to move on being in the forest, she did not find the place that she would have liked to reach and she was very disappointed. She felt great sadness and emptiness inside. But interestingly when she did have another alternative – being in a bushy forest and looking to the sky where there was enough light and space for moving – she still chose to stay in the forest, where there was not much space and where it was sometimes hard to move.

She is really a cat that is walking on its own. Many times the theme of being alone or together came up in Laura’s imaginations. And despite feeling a bit lonely and even sad sometimes, at the moment it seems to be more natural for her to be by herself. Many imaginations could prove that:

- being alone on a desert island, feeling sad because of the thoughts and feelings connected to her father but still feeling good and being hopeful thinking about things that might happen in the future (1. session);
- being on the oasis it was all right when everybody else fell asleep, then she could look around in peace and feel as a part of nature (3. session);
- being in an unfamiliar town and living there with her boyfriend she chooses to go out alone and enjoys good ideas and great creativity that opened to her (4. session);
- being at home with her boyfriend but still feeling alone there because her boyfriend is busy all the time and likes to concentrate on his own matters (4. session)
- being alone at home, in a nice house in the forest, feeling good there, enjoying playing the piano (nice sound), no obligations (5. session);
- reading a book that the Old Man had given her she turned the next page when she read about how Tatyana wrote a letter to Yevgeny and it “happened” to be a chapter where Tatyana was walking in town alone (5. session).

The main alteration that Laura noticed during the therapy was considerably increased self-esteem and self-awareness. Valuing herself, her thoughts and ideas more, identifying and apprehending irrational material are now a natural part of her life. She looks differently on her past now and has reformulated the understanding and interpreting of some early issues for her. This outcome is also supported by the evaluations on the Self-image scale, being more tolerant towards herself after the therapy (see Table 3.3.).

Laura tried to be a “good client” as she often pleased other people in her life. During the therapy process she never mentioned anything that she did not like about the process or about the therapist. One of the reasons of terminating the therapy could be the fact that during the last session Laura got a frightful look into her inner darker side, into deep painful emotions and existential issues. Obviously, if she let herself feel these emotions and act these out, it would make it impossible to keep the nice attitude to the therapist (being a good girl, a good client). She unconsciously chose the easier way – stopping the process and not facing the unpleasant.

A quite strong statement in Laura’s follow-up interview was that she did not “like” most of the music the therapist had used for her imaginations. She had not mentioned it during the whole therapy and had tried to “bear” it whatever it took. Only when giving feedback six months after finishing the therapy process she was able to talk about it. She then characterised the music as being too forcing, heavy, tight and arousing negative associations. It was quite a surprising testimony, because during imaginations or while analysing them she did not seem to be involved in thinking of music but of any other important matters that the imagery had brought her. She finally got the opportunity to express her real feelings, her deepest dissatisfaction as a projection towards the therapist. This issue will be discussed in more detail below.

As mentioned above, she admitted in her feedback to the therapy that she had perceived BMGIM-travels as relaxing and positive, which confirms the therapist’s perception of these processes being not overly hard or complicated for her. An example of how the client responded to music is an excerpt from Laura’s imagery during the 6th session. The 3rd work of the BMGIM-program Peak Experience J. S. Bach’s Toccata and Fugue allowed Laura to take a look from the deep water to the high sky: “I see the cloudy and thundery sky above the water... It is beautiful and powerful; it beckons to move upwards... Being on the border between water and sky feels like I’m really small... Under my legs there is huge space and the same is above me. I feel so small between two big and mighty worlds... This is beautiful and great and this is too big to fit into my soul... endless mightiness...”

It is quite clear that Laura had strong transference towards the therapist. In the follow-up interview she talks about having perceived the therapist as a demanding, reserved, closed, distrustful, uninterested and controlling person – all these are the qualities that she also attributed to her mother. At the same time, this affirms that Laura worked very hard during the therapy to improve her relationship with her mother. She felt guilty for not being good enough a daughter to her mother. At the end of the therapy she realised that it was not worth spending too much energy on altering her mother's convictions and she put some more effort in accepting the way she was and trying to get better differentiation from her. Interestingly she talked about these matters mainly during pre-talk, but she never connected the material from the imaginations to her mother.

Laura's personality traits indicate perfectionism. In the light of this phenomenon this was no surprise that she decided to terminate the therapy process prematurely. Mallinger (2009) describes very colourfully the perfectionist's attitudes that "make" them try "to win the prize" from the critical parent throughout their lives and to perceive being disappointed repeatedly. They perceive the therapist as a judgmental or critical parent and "the therapeutic relationship as the antithesis of a comfortable environment" for them.

In the light of the attachment theory Laura had developed anxious attachment with her main attachment figure, her mother. She had experienced distrustfulness in her early life, she often did not know what to expect from her mother and she had been afraid of her reactions. That can cause continuous anxiety in appropriate situations (e.g. performing in the audience of strangers) and expectations of hostile behaviour from inappropriate sources (the audience) (Bowlby, 1988). Laura distrusted her mother and transferred these feelings towards the therapist, so that she was unable to express her real feelings, her true self in therapy. Unfortunately the therapy process could not develop far enough so that it would have been appropriate to handle these themes as well as those transference issues in therapy.

Laura has many unfinished issues with her father, mainly connected to having too long a distance between them at first physically and afterwards also mentally. She misses him very much. During the therapy her father often appeared in her imaginations (e.g. boating with her father to an island and finally finding herself lonely on the island; looking at the stars with tears in her eyes and remembering how her father had shown her constellations a long time ago) and always there was sadness and distance from each other connected to these experiences. Laura seemed to transfer her feelings towards his father to her current boyfriend whom she blamed for not being attentive enough and for the fact that she was not important enough for him. It is quite unbearable for her to accept that Sam has many duties by himself

and these duties do not have anything to do with Laura. Interestingly, Laura never brought her father into the pre-talks, she only mentioned her father during her imaginations and her experiences of BMGIM evoked many associations with him. So, as in real life her mother is actively in her life and her mother is the one she talks about while being in ordinary consciousness during the therapy; her father is far away and during the therapy the father “comes to her” only in her imaginations while being in the altered state of consciousness.

One of the goals of the therapy, decreasing MPA, was achieved during the therapy despite premature termination. Concerning the performing Laura said, “I just have to learn the “lessons” and everything will be OK”. On the scales of K-MPAI we can see clear steps towards less anxiety. She finds herself to be more confident when she has prepared well enough for a performance, she gets less feelings akin to panic and experiences less increased heart rate and muscle tension before the performance, she thinks less about whether she will get through the performance. Laura does not believe any more that one bad performance may ruin her career. After the therapy she does not remember being anxious about performing from early in her music studies. Before the therapy she strongly agreed that she gives up worthwhile performance opportunities due to anxiety, after the therapy she was neutral to that affirmation.

On one hand, by the end of the therapy Laura reached where she intended to reach in a way – she stayed peacefully in-between these two worlds that she was split between. She knew that she had a special task in this world and this knowledge could be considered as looking forward to the more stable and balanced future. On the other hand, as a matter of fact the therapy was prematurely and unexpectedly terminated by the client. This can be considered a resistance, unwillingness or fear to go further. In her imagination she has reached into “deep water”, into deep inner spaces of her and this is quite natural that this experience could be frightening and unpleasant and it could create a wish to stop it or go somewhere else as she did in the therapy. At the end of her last imagination she said: “I’m on the beach /.../ looking back to the water and to the sky and trying to remember the beautiful sounds from both of these worlds to take with me /.../ I don’t want to go up or down, I feel that my place is in-between...”. When the author looks at these words now she can also see here something that indicates stopping, the termination of therapy, trying to remember all that was valuable in it and taking these pleasant things with her.

As seen on the Self-image scales Laura evaluated herself after the therapy as more despondent, impassive and distrustful. On one hand we can consider this altering as a negative tendency. But one might also see this kind of self-image as a defensive tool that helps her to

cope with unpleasant and problematic issues in her life. Without a doubt this could be the material that could have been worked through during further therapy sessions that never took place. Laura chooses to try to cope by herself and surely she has resources for it. After the therapy she also has more tools for being able to see these assets and to use them to support her in her everyday life.

During the sessions the therapist could not notice the signs of wishing to terminate the therapy process by the client. The therapist had planned to make an intermediate interview during the 7th session that was never held, where they could have pointed out where the client found herself to be on the way towards the therapy goals, what techniques had been useful for her and what kind of interventions she had experienced as unpleasant or not helping etc. If the therapist had noticed Laura's wish to end the therapy prematurely, such a session would have been made earlier. By doing so it could have enabled Laura to explore the matters that had caused resistance in her and had made her decide to end the therapy and it could also have been a good base to continue the work towards a more fruitful outcome.

Despite the termination, the therapist's perception is that the therapy process with Laura has been completed. The client's decision to stop the therapy was quite unpredictable for the therapist, but it seems that the client was thinking about the termination already before the last session and was prepared for that. In the follow-up interview Laura expressed her general satisfaction with the therapy outcome and also the objective measures show moderate improvement of her self-confidence and decreased trait anxiety and music performance anxiety.

3.4. CASE STUDY 2/ EMMA: SEARCHING FOR THE UNKNOWN

3.4.1. Background information

Emma (name changed) is a 19-year-old music student. Her main intention for coming to therapy was unbearably high Music Performance Anxiety (MPA) that she saw as a major problem for her as a future musician and music teacher.

Emma lives and learns far from home. She shows tight attachment to her family, although she seems to be highly motivated to move towards gaining more independence and freedom in her life. Her family occupies her attention very much. Emma believes that well-being in her family depends on her in many ways and she feels responsible for it and tries to give her best to all family members. She likes doing so.

She has many good friends and likes to spend time with them. She is also often concerned about how they are doing and she tries to give as much as she can to help them to cope better.

Interestingly, according to the results of the questionnaire battery filled out in connection to the MPA-research (see Chapter 2.2.1.2.) Emma did not have too high measures in STAI (The State-Trait Anxiety Inventory; Spielberger, 1983; see Appendix 2.2.) or in K-MPAI (The Kenny Music Performance Anxiety Inventory; Kenny, 2005; see Appendix 2.2.) before coming to the therapy. According to STAI EX-2 the trait anxiety level was average (although higher than the normal level) – 39 (out of 80) and according to K-MPAI the MPA level was 140 (out of 259). But she reported having subjectively highest MPA score that was available on PASR-scale – 4 (see Appendix 2.1.) and she has showed high motivation for therapy.

Emma enjoys talking. It is quite easy to make the interview with her. She sometimes speaks very long sentences and develops long discourses so that the therapist should not make any comments or interventions for quite a long time.

3.4.1.1. Emma's self-image

Emma considers herself to be a friendly and active person who enjoys communication with other people. These were Emma's first thoughts during the interview. She admits that sometimes she feels tired of intensive contacts; now and then she also gets annoyed for some reason but she finds it not necessary to express these feelings to the persons whom these feelings are related to.

Helping other people seems to be one of her main tasks. She affirms getting pleasure from this kind of behaviour. Emma notifies that well-being of close people is the most important thing in her life. She says she feels good when everything goes well with her family members and friends. Even if Emma does not like some person she does not want him/her to have problems or difficulties in his/her life. She also admits that sometimes other people use this behaviour of her for their selfish intentions, but she says she has not learned her lesson from these situations enough. Emma adds that some other people have called her "the mother", because she tends to complete tasks instead of others and tries to comfort everybody. She does not like it when they call her so.

She mentions that she tends to analyse her and other people's behaviour and reactions. Before going to sleep she often thinks through many aspects of what had happened during the day, certain thoughts do not allow her to relax.

If she has started something, she always completes her jobs and other activities. Emma sees that this characteristic of her is connected to being obstinate. She also likes challenges that require proving something. In high-school she has to strive more for good rating than before, she has had many obligations besides ordinary school work (music school, dancing group and other activities).

She says that she sometimes recognises that she is over-worked or that she "muddles" too much. She admits not being aware of it on time, it is not easy for her to recognise the moment when things hit the boundaries. Emma feels that being tired influences her health condition and she has several health problems.

Emma acknowledges that despite the fact that other people regard her as a very calm and balanced person she often feels anxious and nervous inside. She also admits locking unpleasant feelings like anger and aggressiveness inside by suppressing these feelings.

Emma has had problems with heart in early childhood. In current life she feels that her heart goes "out of rhythm" sometimes and it bothers her. She also has problems with stomach, so that she cannot eat everything. It may cause unpleasant pain for her. She remembers that

the stomach problems started while she was in 8th grade. She has spent a lot of time in hospitals, but there have been no biological findings. Emma also suffers from dizziness that she often experiences after a hard day or during some hard physical work. She says that in such cases she just has to lie down for a while and then she feels all right again. Emma also talks about having been ill (cold, flu) for 4 sequential years during the period before Shrove Tuesday. She calls it a curse. The client believes that doctors do not help her enough. She is angry with them because after finding nothing they stop searching for the reason for her physical problems.

Emma enjoys being in nature, walking on her own or with friends.

She would like to be a teacher someday; she enjoys making something together with other people.

The interview continued with two referential improvisations (Bruscia 1987) allowing Emma to reflect on her inner processes and feelings concerning the Self. The improvisations were called “This is me” and “This is what I would like to be”.

Improvisation 1: This is me, duration 2 minutes

Instruments: jujube belt and table harp

She played two instruments at the same time. With the jujube belt she made a much louder sound than with the table harp. Music was quite unstructured and chaotic. One cannot hear any certain phrases or patterns in her playing.

Emma spoke about thinking of questions that she could not answer at once during the improvisation. She said that there was always an answer to every question and that she reaches the answers. She also mentioned not knowing what will happen during the improvisation, she found it interesting and exciting.

For the therapist the picture of Emma in music had different qualities in it compared to her thoughts and the way she communicated verbally. Her verbal expression was quite free, open and even joyful (the way she describes her communication with other people most of the time). Her music was more closed and inward, one could recognise seriousness and even sadness and anxiety in it. Emma seemed to be rather surprised about the therapist’s feedback; she could not see these qualities in her music herself. After a short pause she said that maybe there are two different persons in her, that sometimes she felt like it was necessary to cut her off from the rest of the world.

Improvisation 2: This is what I would like to be, duration 1:40

Instruments: monkey drum, Tibetan bells

Emma started with the monkey drum, playing intensively and loudly. Then she brought in the bells and continued playing two instruments at the same time or one by one. The bells seemed to be a means for indicating something important that stands out from everyday doings and rush.

Emma said that she felt more possibilities for experimentation than during the previous improvisation. She felt being confused for a while, but then she just let the music and inner rhythms flow. The playing was more spontaneous for Emma compared to the “This is me” improvisation.

The intensity profiles of the improvisations compiled by MIA (Bonde, 2007) can be seen in Figures 3.4. and 3.5.

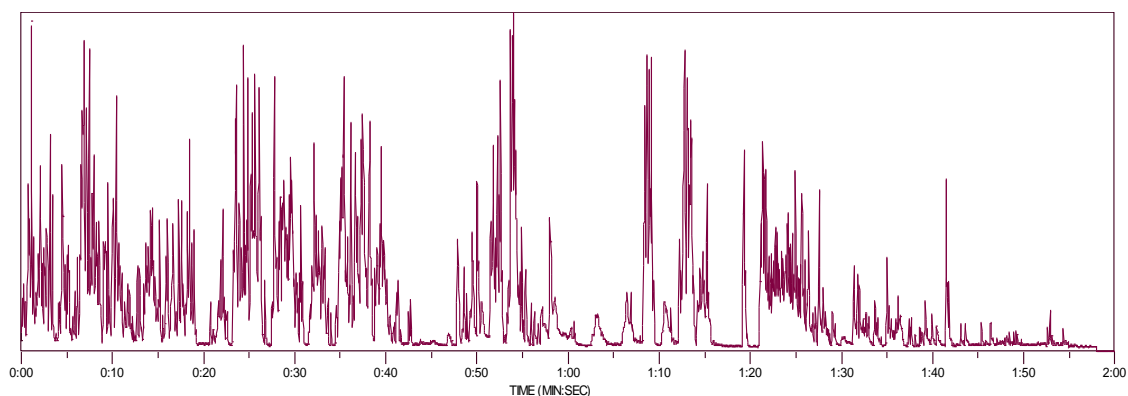


Figure 3.4. Intensity profiles of Emma's improvisations “This is me” and “This is what I like to be”: initial interview.

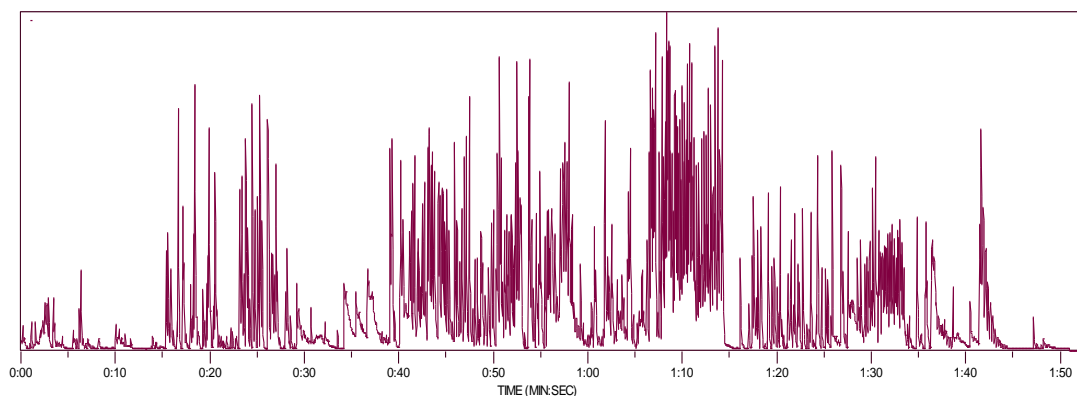


Figure 3.5. Intensity profiles of Emma's improvisations “This is me” and “This is what I like to be”: initial interview.

See the thorough phenomenological analyses of the improvisation “This is me” in Ch. 5. The improvisations can be also listened to on the CD included, tracks 3 and 4.

3.4.1.2. Emma’s family

Emma likes to be with her family, especially now when she is far away from it most of the time. Emma has quite a big family. It consists of a mother, a father, a younger and an older sister as well as a younger brother. Her grandparents are already dead. One of the grandmothers had had a big influence on her.

The client draws her mother, father and brother as equal persons to the same area and depicts them using similar symbols (see Appendix 3.4.1.). Between Emma and the three persons previously mentioned there is a two-way arrow and from the arrow start two lines, one of them leads to the threesome and the other one to Emma’s older sister. We can find her younger sister among her friends and not family members.

3.4.1.2.1. Mother

The client’s mother is very respectable person among people in Emma’s home place. She is a very powerful and energetic woman. She tends to overwork at home and also at work and likes to present herself as being very tired and worn to other people, including her family. Emma’s mother also likes to share every little health problem with Emma and make her worry about her. Her mother has had problems with her heart, stomach and thyroid and in addition she has had high blood pressure.

Mother tends to tell Emma what to do and what the right way of doing something is. Emma meets her demands conscientiously and tries to comfort her so that she could feel better. Furthermore, Emma tries to mother her mother. She sometimes takes responsibility for her and tries to solve, for example, her work problems or tell her to go to see a doctor because of some health problem. She finds her mother to be also obstinate. Her mother does not talk much about her deepest issues. She does not express her strong feelings.

Emma says that other people have envied and disliked her family because of her mother’s work position. Because of her employment in a governmental institution the family has had the opportunity to get better goods than other people in the village (especially in the Soviet times) and also to use some advantages that other people do not have.

3.4.1.2.2. Father

Emma's father is 11 years younger than her mother. The father seems to be a person who does not have much authority in this family, he obeys his wife. This kind of situation has also been caused by quite a long period of unemployment while Emma's mother was financially responsible for the whole family.

3.4.1.2.3. Siblings

Emma drew her older sister as the first close person to her, before drawing her mother and father. She said that she gets on very well with her. As a matter of fact, the two sisters have different fathers.

Interestingly, Emma did not place her younger sister among family members but she saw belonging to the party of friends. She explained that she gets along better with her in the context of friends than at home. Emma protects her teenage sister from her mother, for example, when the sister has left something undone. Emma tends to do things for her, like being another mother for her.

3.4.1.2.4. Grandmother

Emma's grandmother, her mother's mother, was a very important person for Emma in her childhood. They were close. Grandmother died of cancer two years ago. While being ill already, she had lived with Emma's family and Emma had taken care of her until her last moments. She had been in great pain in her last days so that she had screamed and groaned and made the other family members' life very complicated and hardly bearable. Emma was the first person who found her grandmother dead and this experience left deep marks in Emma; she mentioned having a big shock. She also said that her first thought after grandmother's death had been that she had done something wrong, that she was responsible for her grandmother's death.

3.4.1.3. Other important persons

Emma mentions and draws many friends of her. Some of them are from her school-time and some from college period. She finds that they are very dear people and she mentioned "not letting them go".

She lost a close friend some years ago (after her grandmother had died) because of a doctor's mistake. This person had also been important for Emma and she suffered from the loss.

Emily is the closest friend for Emma, she supports her when Emma needs her and she is the one whom Emma can fully trust.

Daniel is a boy who attracts Emma, but he has a girlfriend already. Emma has not told him about her feelings so that Daniel does not know anything about it. Emma suffers from it a lot and does not know how to treat him and how to develop their relationship.

3.4.1.4. Emma and MPA

Emma likes making music. Despite that she remembers having suffered from MPA since she started to study and perform music in 3rd grade. She cannot perform at any concert without feeling big unpleasant anxiety. She has the same feeling when she has to talk before a big audience or a school class. The main symptoms of her MPA have been unbalanced air flow (when playing the flute), shivering fingers and body, sweating and heart beating.

She cannot control herself and her playing while performing. It makes her angry with herself that she is not able to "get to grips". Musicians and evaluators among the audience make her more anxious than an audience consisting of ordinary people. Interestingly, she does not feel anxiety while performing dancing or acting.

Emma does not understand what makes her anxious while performing. Emma realises that there is nothing to be afraid of in these situations and that she knows the material and is sure that she is able to perform correctly and artistically. However, there is "something" that does not let her enjoy performing. Emma added that she has the same kind of feeling when she has to tell somebody something that she would not like to tell or that would be hard for her to tell.

3.4.2. Objectives of the music therapy

The main objective of the therapy with Emma as set at the beginning of the process was to cope better with MPA and understand what might be the cause of feeling such strong anxiety before and during her performances.

The other aim of the therapy work was to get to know herself better and improved understanding of her intentions in certain activities and feelings caused by these situations. She also expresses a wish to have fewer questions and more answers in her life.

3.4.3. Therapy setting

Because of the long distance between Emma's living place and the therapist's working place the sessions did not have certain regularity. There were sometimes big pauses between the sessions and sometimes two sessions were carried out on successive days.

Most sessions were carried out in the therapist's office, but some sessions took place at the client's school.

The amount of sessions was not agreed beforehand. The client and therapist agreed to follow the process freely and to carry on until the aims are achieved.

The duration of one session was 1,5-2 hours.

The therapy process started with an initial semi-structured interview session and was followed by seventeen therapy sessions. At the end of the process a closing semi-structured interview was carried out. All therapy sessions and interviews were audio-recorded. 6 months after the end of the therapy process a follow-up questionnaire battery was filled in by Emma.

3.4.4. Music therapy process: data from therapy sessions

3.4.4.1. Session 1: Taking the challenge

Mood pictures:

Before: Picture No 151

Therapist's description (T): a bird sitting on a wire

Client's explanations (C): a bird that is relaxed – the opposite feeling to the real condition at the moment

After: Picture No 1

T: foamy ocean wave

C: water – she finds natural water very pleasant, satisfaction

Condition (10-items scale):

Before: general 7, anxiety 6-7

After: general 6-7, anxiety 5

Pre-session:

- Emma is tired, she could not sleep properly. She has had nightmares. She has dreamed about her **died friend and thought about death.**
- It has been easy recently to upset her.
- Emma is **mothering her mother** – she tells her what to do and what she should not do. Emma realises that **this is not her task** to take care of her mother.

BMGIM:

Induction: Orientation on deep breathing, breaths good things in and bad things out

Program: Pastorale (see the complete list of BMGIM programs used with Emma in Appendix 3.4.2.)

Opening image: a safe place for Emma – sitting on the grass by a river, a little river with rapids, many stones in the water, water is fiddling between the stones, everything is green, the sun is shining through the tree branches

Key-images:

- I'm going along the bank upwards; the forest is scary, but beautiful. I can move the trees like the curtains of a stage.
- **I notice a twine** that hangs on a tree. **I am afraid of heights**, but despite that I'm going up.
- This is a wooden floor of a cabin on the tree, I can see very far. It is not fearful when I cannot see the ground. It is good to stay there, a beautiful sight. I cannot decide what to do next.
- My friend Emily calls me down. We are walking on a gravel road; there are fields on both sides.
- Emily suggests turning back, but I'd like to move on. We are going back and reaching my home. I have a great feeling, feet are tired, I don't have to think, I can just talk and be.
- I'm back by the river alone. The bank is covered by sand; I'm sitting and thinking there. I'm sitting with my face towards the dark water. Some friend could come to me...
- **Daniel** is coming; he **places his hands on my shoulders** and talks to me, just small talk. Another friend is coming, Maria and one more friend – Emily.
- We are going with Emily to my place to make pancakes; some other girls are coming as well. We are having fun. It is fun, but I am tired, because I could not sleep.
- I'm going to sleep, but **I cannot fall asleep**. It is more comfortable now, I'm sleeping but it is not a deep sleep.
- I can see a fountain, the water rises and falls, it is like in a park, **4 tracks are leading to the fountain**. People are in the park, it is quiet and nobody is in a hurry. I'm sitting on a bench and listening to the water flow and my heart, it hurts sometimes. **I feel lonely**. I know that this feeling doesn't last long. I'm reaching home.

Post-session:

- Emma felt shivers while induction.

- While finding a place where her images live the **first connection was to her belly**, it was in shape of a bowl that was filled with butterflies and some water. She has experienced stomach-ache since being a baby, day after day.
- She remembers having had a fear of high places since she was 5 years old: she was 5 or 6 when she fell from a see-saw and she could not breathe after that for a while; she was 7 or 8 when she fell into a deep hole and stayed on her head for a while.
- **Daniel is deep inside her.** He has his own girlfriend and that is why Emma has never talked to him that she likes him and she cares for him. Emma is afraid that if she told him about her feelings, Daniel would withdraw from their good relationship.
- **Emma noticed that she has started to talk very quickly lately.** She could not find the explanation for that.

Discussion/ interpretation:

Emma talks a lot during pre- and post-sessions as well as while imaging. It seems that she uses almost unstoppable talking as a tool to defend herself by not leaving much space for the therapist to intervene by reflecting or asking questions.

The therapist has chosen the BMGIM-program “Pastorale” (K. Bruscia) because she has found this program to suit very well for the first experience of BMGIM. On the other hand, the first piece of music (Debussy’s Afternoon of a Faun) supports the starting image of the “safe place” with a small river quite well.

In her imagination Emma expressed ambivalence in several aspects: the forest is scary but beautiful, she would like to move on, but she agrees with her friend and they turn back. She enters the forest despite being afraid of what she might find there or what she could experience. She knows that she does not feel good being somewhere high, but still she wants to go there and have the experience once again.

It seems that Emma could not make the next step towards something that she does not know – she refused to continue walking along the road to reach the destination that was unknown for her and let somebody else guide her back to the safe place where she had started the image. It seems that she is not ready yet to look into the unknown parts of herself.

Emma cannot fall asleep even in her imagery. Is she afraid of losing control? Finally she falls in a superficial sleep and she sees herself in a park with a fountain in the centre and four tracks that lead towards it. C. G. Jung has demonstrated that the nucleus of the psyche the Self expresses itself in some kind of fourfold structure (Jung, 1968/1980), the number four might be considered as an equivalent of centeredness, balance and wholeness, moreover when a fountain as a symbol of the Self (while placed in the centre of a garden or park) stands in the starting point of these roads. We can consider the imagination to represent Emma's further intentions that her unconsciousness "knows" already now. She has showed a clear wish to take the challenge and to take a deeper look into herself to find the important answers to cope better with her life.

3.4.4.2. Session 2: A fountain of honey

Mood pictures:

Before: Picture No 143

T: the pineapple, intensive fresh colours

C: fresh and juicy; calm but with energy inside

After: Picture No 13

T: abstract yellow-brown-orange liquid

C: exactly like honey (from the imagery); graceful

Condition:

Before: general 7, anxiety 4

After: general 7, anxiety 3

Pre-session:

- Emma could not sleep well again; she woke up several times during the night.
- She talked during sleeping. She kind of looked at herself from aside but still **could not control the situation.**
- While being stressed she always experiences stomach-ache. **It feels like a fountain is going off in the stomach.**

- Emma remembers **being nervous and aggressive in kindergarten as well as during her first school years.** The boys were teasing her but she did not remember much about the situations. The feelings connected to it were strong and unpleasant.
- Emma drew her stomach-ache: surprisingly it was **a fountain of well-being** with a nucleus (see Appendix 3.4.1.). She said that the fountain was many-sided; there were many good things together, including friendship and caring. Yellow is the colour of joy and energy for her. The spiral movement of the nucleus represents the movement that she uses when massaging her stomach. The spiral moves upwards. In the centre of the nucleus there is an erratic formation like a sponge that re-establishes its form after being deformed.
- Emma plays the piano by herself when she has stomach-ache and the ache is relieved.
- She would like to explore this stomach-ache and the metaphor of the fountain of well-being during the imagery.

BMGIM:

Induction: Progressive relaxation

Program: Creativity I (2, 4, 5)

Opening image: fountain of well-being

Key-images:

- Inside of the stomach. It is like a bowl and inside it there is **orange honey-coloured whirlwind.** There are chairs, vegetables, music instruments and many other things inside.
- **A huge fountain of honey;** around it everything is storming like Fanta with gas. I'm walking around it clockwise.
- It prods in the stomach; it is like the beginning point of this whirl.
- I start to think of my **grandmother, I can see her in a picture.**
- A small point where the whirl starts. The whirl-fountain moves up and down.
- I feel calm sitting there alone and looking at it. The walls are dark, as if made of metal.
- The fountain goes more down than up, like getting tired; it is quite little now.

- I feel **a prod in my heart**.
- I can stay up and I'm walking away from it, I don't know where. I can see the fountain from afar but it is very little now.
- I'm turning back to the fountain; it is 1 meter high now, acting quietly. I taste the honey, it's sweet.
- Walking **counter clockwise** now, like **looking at it from a new angle**. I'm staying there and looking.

Drawing: Admiration (the fountain of honey with the nucleus, see Appendix 3.4.1.)

Post-session:

- The whirl is like a vicious circle. It never stops.
- Emma worries about her mother's health. She has problems with heart and also has stomach-aches like Emma does. **Emma is afraid that she might lose her mother.**
- The grandmother whom Emma remembered during the imagery was a very important person in her life. She has communicated with that grandmother (the mother of her mother) more than with the other grandmother. The grandmother died when Emma was in 11th grade. Emma thinks that she had the opportunity to mourn enough, but **something has still remained deep inside**. She also thinks that her mother still holds back some feelings that might be connected to the death of the grandmother.
- It is interesting for her that she might watch this fountain endlessly, something is there that keeps her close by.
- Emma does not like honey at all in her real life and it seems quite weird for her that **she liked tasting honey in her imagery**.

Discussion/ interpretation:

This session takes place on the very next day after the previous session. Emma is calm and seems balanced. The focus of the session was on her stomach-ache. She was ready to explore this theme and she chose to start her travel by imaging the same fountain of well-

being that she drew and that she saw inside her stomach. Emma finished her travel in the previous session with the image of a fountain that was standing in the balanced centre (of her?). According to that knowledge we can say that the figure of fountain is important for her and might represent some essential and significant part of her. Jung (1968/1980) is convinced that fountain is an image of the soul as the source of inner life and spiritual energy. He also points out that the symbol appears while the individual's life is perceived as inhibited.

Emma had a high energy level while talking about the stomach-ache and that is why the therapist chose to have a progressive relaxation for the induction that led into the "world" of her stomach. The BMGIM-program chosen was "Creativity I". The therapist started with the 2nd piece because it was considered by the therapist to better support Emma's opening image. The music by Vaughan Williams is very freely moving and it enables to explore the imaginations creatively and also to move and develop the image without too much pressure. Emma seemed to lean on the music very well and let herself explore this fountain in many ways.

Emma seems to be separated from her real feelings. During the imagery there were some moments when the content of the imagery was quite challenging and powerful, but Emma remained calm and balanced, she did not allow herself to feel the emotions that might be connected to this experience.

Interestingly, she said she liked the fountain of honey, but she admitted that she did not like honey in her real life. There are ambivalent aspects in her expressions. In the last session she found the forest scary and beautiful at the same time. In this session she sees something that in real life hurts her a lot and is harmful and disturbing as something pleasant and admirable in her imagery. It seems to be a self-hurting behaviour, an auto-aggression. Does she retain the stomach-ache to get something useful from it? Does she hold on to the unpleasant feeling to punish herself for some reason?

3.4.4.3. Session 3: A hedgehog

Mood pictures:

Before: Picture No 150

T: an owl on a branch

C: I have to guard; a have many duties to do

After: Picture No 61

T: a town in mountains at night

C: motley feeling, having many questions

Condition:

Before: general 8, anxiety 5

After: general 8, anxiety 7

Pre-session:

- Emma thinks that she is obliged to help her parents and to work in their garden. She thinks that **she owes her parents something** and that she can compensate for it by doing so.
- She tells that she keeps holding to the stomach-ache. **“Am I really doing it?”**
- The stomach-ache stings like a nettle, she has to take some medication to reduce the ache.
- Emma and her family have financial problems. **She feels obliged to make her contribution here.** She tried to get a job, but she did not succeed.
- She has slept well recently.
- Active imagination: concentrating on the feeling of a sting into her oesophagus; she gives this feeling the form of a hedgehog – a small creature with brown eyes, which moves upwards and reverses; it hurts her with its nails; it has some grass for nurturing itself.

BMGIM:

Induction: Focus on breathing and on processes inside the body

Program: Imagery

Opening image: hedgehog

Key-images:

- **The hedgehog** sits on the edge of the bowl and watches the whirl, **it is afraid of light.** There is the same way out like a gallery as was in the previous imagery – the hedgehog tries to move up to the gallery and it would like to have some honey, but it does not succeed because the gallery is too high for it; the hedgehog reaches up with

the help of a chair, gets some honey and goes back down; it repeats this action. It likes honey, because it is sweet, the hedgehog gets full of it; it falls asleep.

- A picture of nature with green grass, blue sky, butterflies and ladybirds. There is **another hedgehog** coming from the left, it **helps the other hedgehog to go out of the bowl and to move on.**
- There is a **pink empty hole** in the place where the hedgehog has been, it reminds of the inside of a balloon. There are some scratches inside; this is the place where the hedgehog has stayed before. I'm like an observer, like watching through a glass case like in a museum. I'm like **feeling the pain** that these scratches may cause, this is disgusting.
- I'm seeing this hole from the outside and inside in turn.
- I can see a beige long **flexible tube**, there is air inside. It may break when touched by a needle; I cache this tube and pull it and it **flies away.**
- **I feel my stomach, it stings a bit.** The butterflies landed on my stomach, it's a nice feeling.
- I see many bees flying with no aim; they are working, they are making honey. I'm watching the beehive from outside, there are many other strange people watching it with me. I walk away, walk with no aim.
- I reached home. Started to knit white gloves for myself, it is a good and calm feeling.

Art-work: a hedgehog and the balloon-like empty hole from plasticine (see Appendix 3.4.1.)

Post-session:

- Emma models a hedgehog and the balloon-like empty hole from plasticine. There are scratches inside the bowl; they appeared there after the hedgehog left the hole.
- Improvisation: "The hedgehog inside the hole". Emma picked the maracas, she plays a certain regular strong rhythm and she looks quite concentrated. In the final part of the improvisation she added some other rhythms more slight and quick. Emma explains her experience of the improvisation as follows: During the regular rhythms she saw the hedgehog sitting there inside the hole. The quicker and more irregular rhythms

symbolize the hedgehog's intention to move from the bowl. At the end of the improvisation the animal was on a meadow and walked away quietly. Listen to the improvisation on CD, track 5.

- Emma felt calm during the improvisation, but at the end **she felt like it was farewell**, she did not really want to let it go. **She does not know if the hedgehog is a positive or negative part of her.**
- She took the hedgehog out from the plasticine bowl and decided to put it to the place where it sits "like a child on his parent's lap". It feels very good there, the parent (mother and father in turn) communicates with the child and plays with the child; the child is 2 years old. While being in the bowl the hedgehog was at kindergarten-age.
- She does not know what the bowl symbolises; it is an unknown place for her. It looks like a domestic animal, maybe a pig, with the mouth of a fish.
- The pictures have changed suddenly in Emma's image. She finds it strange and does not find any explanation for it.
- Emma asks herself who the hedgehog is. Why have I reached the honey image again? She would like to fit things together.

Discussion/ interpretation:

It was 2 weeks from the previous session, but the image of the fountain was still relevant for Emma. She finds it strange to have the same key-image once more; she does not see the meaning of it.

The therapist considered using the program Imagery (by H. Bonny), allowing the traveller to go through different kinds of experiences by being emotionally quite evocative, but also allowing some rest in-between at the same time. The therapist's intention was to build a space to explore the material that is connected to the "hedgehog", to move on and alter if ready.

Emma admits that the honey fountain is something important for her, but she does not know yet why. In the last session Emma tasted honey, this time the hedgehog ate honey and it liked honey the way Emma did in the imagery. Does the hedgehog represent an inner part of

her? A part that does not let her move on (the hedgehog tried to reach up, but fell down again), a part that she somehow likes in her but on the other hand she would like to be apart from it. The hedgehog scratches Emma inside. But she lets it happen because the hedgehog just wants to reach up (out), but does not succeed. The other hedgehog was a helper for the primary hedgehog and assisted it to get out of the bowl.

While modelling Emma was very concentrated and made these figures with great devotion. It is notable that she saw the hedgehog on a parent's lap and it was 2 years old. She said that the hedgehog was in the bowl later, at kindergarten age. So we can assume that something happened in Emma's life during kindergarten years that "scratched" her inside and took a form of the disease.

Emma knits white gloves for herself as if wishing to show that her hands are pure. What could her hands be smudged with?

3.4.4.4. Session 4: The doors

Mood pictures:

Before: Picture No 136

T: a young woman in national clothes holds on to a tree

C: pure, sincere, calm, good

After: Picture No 127

T: a little bird on a juniper's branch

C: grass-green safe feeling

Condition:

Before: general 9, anxiety 3

After: general 9, anxiety 4

Pre-session:

- Emma feels good. She slept well last night. She only thought of what the hedgehog might mean for her. She could not find the answer.

- Emma did not have much to talk about this time. She could not propose what she would like to focus on. The therapist makes a proposal to proceed with a modified guided imagery and Emma agrees.

Imagery:

Induction: Short induction, focused on breathing

Program: modified guided GIM “Doors” by A. Pehk, see the music program in Appendix 3.4.2.)

Opening image: a long corridor with many doors (indicated by the therapist)

Key-images (reflected by Emma after the imagination):

- A white long corridor, white similar doors, the doors are everywhere.
- 1. door: Fear (therapist’s name) – the central door; **black room with no walls** or borders; there is a cradle with a baby inside; an older woman sits in a rocking chair; there is a wooden signboard “Future”; Daniel holds my hand and takes me with him; I took a piano and the baby with me;
- 2. door: Guilt (therapist’s name) – the door on the right; I’m standing on a dais higher than the others; all the friends are around me; it looks like the song festival grounds; I hugged everybody and **cast the powder of the well-being towards them**, it brings something good to them; there is much light around, a white place with no borders;
- 3. door: So beautiful (Emma’s name) – the door on the left; a wide meadow, blue sky and sun; I feel good and it is so beautiful there; I am dressed in national clothes; the baby is there and so is Daniel; I’m playing the pipes on a stage, **I feel no fear**; I took the pipes with me.

Post-session:

- Emma has been the first child for her father but the second for her mother (Emma and her older sister have different fathers). **She has been a “father’s child”**. **It is a good feeling**, this recognition makes Emma gentle. The first memory Emma remembers from her childhood is the moment when she was playing in the back yard of the kindergarten and at the same time she saw her father plumping up the carpet.
- She also remembers the kindergarten teacher saying her that **she could not sing**. Emma was 5 or 6 years old then.

- The baby in the cradle was not touched by the fear that was in this imaginative room.
- Emma thinks that maybe she is not paying enough attention to her friends. She realises that **she likes to give the others too much**. She finds that **this pattern comes from her mother** who “fusses all the time and always does more than necessary”.
- The room of the guilt is bothering Emma. There is something that she does not know or recognise yet.

Discussion/ interpretation:

It is important to mention that the 3rd and 4th sessions were carried out on two successive days. The themes that were explored during the last session were still “hot” and Emma did not need much time for warm-up. She was ready to experience something useful for her.

The program “Doors” was specially made by the therapist for Emma, based on well-known principles of guided imagery from Gestalt therapy (e.g. Edwards, 1989). The purpose of completing such a program was that the therapist has had good experience with such an exercise with different clients before. This exercise provides opportunities to work through the qualities in the client’s life that he/she cannot see or accept at the very moment but one can assume that many complications in his/her actual life could be connected to these qualities. The music that was chosen supports the process of this imagery the best way (see the program in Appendix 3.4.2.). For Emma, fear and guilt seem to be the feelings that she suppresses and that might be connected to her inner problems including performance anxiety. Emma had the opportunity to have free imagination without guidance in the last room and she could name the room by its content.

Emma saw the room of fear as being behind the central door, so it seems to be a central meaningful feeling for her. Interestingly, she said that the little baby that was in this room did not feel the fear. It gives the impression that she cannot be in touch with the feeling yet.

The image of standing higher than the others (all her friends) was connected with guilt. She remembers being disparaged by other people for being a child of the head of the community centre and having more merits than “ordinary people”. She has felt guilt because of that. To expiate her guilt she had to give something to all other people standing around her.

Emma admits that she likes giving the others as much as she can. Jung (1982/2003) calls the phenomenon “the mother-complex”. He believes that the mother plays an active part in the origin of the disturbance; Emma also saw her mother’s role in it. According to Jung (ibid.) the daughter having the mother-complex lives her life in and through others in more or less identification with the objects of her care; her own personality is of secondary importance. In case of Emma we cannot see an extreme example of this phenomenon, but it is obvious that this is a pattern in her life that would be good to alter in order to make space for more effective behavioural models.

In her imagery Emma plays the pipes, although she does not have the skills for that in her real life. She would like to play the pipes as well as she can and she is ready to put much effort in that. Emma mentioned not feeling anxious while playing the pipes in her imagery.

3.4.4.5. A letter to the therapist

It was approximately a month from the last session when Emma sent a letter to the therapist. Emma had been ill and had had many duties so that she had not been able to come to therapy. Nevertheless, she needed a possibility to share the thoughts and feelings that were circling inside her.

The main issues in Emma’s letter were as follows:

- Problems with stomach are still there. It hurts a lot and does not allow her to sleep. Emma also points out that she really does like something about the ache and this is strange for her.
- Dreams were torturing her. It has been a motive of a child in many dreams that confused her and made her tired.
- She has started to communicate more with her school mates.
- The theme of her beloved friend Daniel has been vital. Emma said that she could cope better with the situation now.
- She feels alone. She does not know whom to call or whom to talk to.

There were no questions in Emma’s letter, but despite that she wrote in the end of the letter that she was waiting for a reply.

On one hand it seems that Emma was more open in her letter than she had been during therapy sessions so far and it raised a question of what her real intention was that she would like to gain with the letter. On the other hand, it was quite natural that after a month without

therapy Emma felt that she would like to share her inner processes with the therapist. The question remains if the pause in the therapy process was really because of the lack of time and possibilities or if there was some kind of resistance that hindered her from going on with the therapy in the real one to one contact.

The therapist wrote a neutral feedback to Emma's letter and proposed to continue exploring these themes more deeply in therapy.

3.4.4.6. Session 5: Moving on

Mood pictures:

Before: Picture No 138

T: foggy nature, smooth colours

C: like head is turning around inside

After: Picture No 42

T: dark landscape with a mountain, a light trail goes along the mountain

C: I can see a bit snow there; I would like to experience peaceful Christmas-time soon

Condition:

Before: general 6, anxiety 7

After: general 6, anxiety 4

Pre-session:

- Emma admits that she feels convenient with the therapist. When she wants to explore or express something it would be a great release for her. A discussion about Emma's letter to the therapist follows. She said she needed to share her thoughts between therapy sessions and did not expect a deep analysing answer from the therapist. The therapist's answer was enough for her. She does not think that she was more open in her letter than during the sessions.
- **Everything is so obscure.** There are many things that could be solved and understood.
- Good things: She dances again in a folk dance group. She got the pipes that she had ordered for herself. She would like to study abroad; there are some possibilities for that. **She says that she is not stuck in the relationship with Daniel any more.**

- Emma can sleep quite well.
- The question still remains: why does she retain the stomach ache? She thinks that **there have to be soma-connections to the MPA**, too.
- **She has felt loneliness quite often recently**; she does not want to share this feeling with anybody.
- Emma feels that **she does not have strength any more to please or satisfy other people**.
- She decides to start the imagery from “loneliness”.

BMGIM:

Induction: General relaxation

Program: Expanded awareness 1, 3

Opening image: A dark place with no borders (Emma’s metaphor for loneliness)

Key-images:

- An oval with many quadrates that are turned on side, like the light is cut through, the borders of these quadrates are sharp.
- Everything is black; I’m walking as if nowhere.
- I can see a handle of a door; I can’t see the door itself. I open it and there is **much light inside, it hurts my eyes**. I’m going in there; it is a soft wide warm room. I’m wearing white clothes. I can’t see anything.
- I can see a twine; I grasp the twine and move along it, still surrounded by fog.
- Finally the fog became a little bit thinner so that I could see a yellow-green light. **The twine led me out**. I can see a place somewhere in nature and **let the twine go**.
- I’m walking on, but I don’t know where.
- **A big cornfield**, a track that leads through the field. I see some friends who are inviting me to listen to their music.
- I reached home; everybody is involved in their own matters there.

- I have to go away from my home, to the school that is in another town. I'm alone at my place; I light candles and turn on the music.
- I'll take a walk to nature by the lake; it is cold outside. I walk alone. I make a call to many friends but **nobody has time to come with me** to take a walk. I feel sad because nobody could come with me even though I did everything when they asked me to.
- I'll walk home.

Post-session:

- The experience of being helped out by a twine was unexpected for the client, she could not see its meaning or connection to her real life.
- **Emma would like to have a certain person next to her**, a man.
- **She admits that her friends demand too much from her.** She feels that when she wants something from them she has to give everything away for that.
- She feels good when being acknowledged and in the situations where she can teach somebody. She thinks herself a good teacher.
- **When she gives something she feels that she enters a "dead circle"**. She has to give something away to get acknowledgment and recognition.

Discussion/interpretation:

We could interpret this travelling image of Emma as a perinatal issue as the warm soft place might represent the mother's womb and the twine could symbolize the umbilical cord that connects the mother and the child. We can see here a clear connection with the material from the previous session.

The client held the twine until she reached out of this soft and warm room to the real world represented by an image of nature. This experience was new and somehow unexpected for the client and she was amazed quite a bit and could not see its meaning or connection to her real life. The music that evoked this experience was the Vaughan-Williams' Fantasia on a Theme of Thomas Tallis from the BMGIM-program "Expanded awareness". The music fits very well with Grof's (2008/2000) suggestions for experiencing deep transpersonal issues: the

music was in high artistic quality, not familiar to the listener and with no concrete meaning. The client shows that she is open for this kind of deep experiences. Emma feels that in these images there are certain important issues for her, but still it is complicated for her to find the real meaning of these images and to integrate these into her everyday life.

It looks as if Emma builds a “safe zone” around her by giving things, feelings and attention to the others. By doing so she takes the others the opportunity to communicate with her on a “real” level, she only makes them thank her and send her only good messages. She gives without a wish to get something back. Often her giving might place somewhere where it would not be necessary to give something at all because the receiver does not expect Emma to give anything to him/her. And Emma feels alone by getting anything back from the others. She cultivates the loneliness herself.

3.4.4.7. Session 6: Intention for differentiation

Mood pictures:

Before: Picture No 133

T: lilac bottles like lab tubes

C: fresh feeling, relaxed

After: Picture No 117

T: hedgehog in nature

C: this is not THE hedgehog; it is a peaceful and thoughtful feeling

Condition:

Before: general 7, anxiety 4

After: general 8, anxiety 3

Pre-session:

- Emma would not like to open some problematic themes that are inside her family (e.g. the themes that would be connected to the financial problems); it would be very uncomfortable for her.
- Emma has many question marks inside. She would like to see herself from a distance to get more understanding of **what is really going on in her life.**

- Emma is **concerned about her mother's health**. Her mother tells Emma that she has aches in her chest and that it is hard to "be". Emma has tears in her eyes while talking about it. She admits having a fear that something may happen to her mother. But the doctors did not find anything that might indicate a disease.
- Emma says that **her mother "plays on Emma's emotions"** and holds on her. Emma's mother's mother had held on her daughter as well.
- Her mother completes many things for others, including Emma's father. She has made the father lazy. The father is a friend for Emma. He does not dominate as much as her mother does. But despite that his words are important as well.
- **The mother is dominant in this family**. Emma would like to have more space around her.
- Emma does not often tell her family members about her physical problems. She finds it uncomfortable when her mother tells her to go to a doctor again. Emma is also worried about her mother's health and she thinks that talking about her pain and the uncomfortable feeling in her stomach may cause her mother's health state to become worse.

Constellation:

The therapist decided to use a modified form of family constellations by Bert Hellinger (e.g. 2001) to clarify the relationship between Emma and her mother.

Emma places the mother figure represented by the therapist (M on Figure 3.7.) next to her (E) so that they nearly have physical contact. Emma feels that **it is hard to breathe. She is also aware of being out of balance**. Emma looks down on the floor; she "sees" the hedgehog (H) there. The mother figure looks down, too. The mother figure feels warmth and she feels that she would desperately like to grasp Emma's hand and to hold it quite tight. Emma feels that **she does not leave room for her**. The mother figure does not look at Emma, she looks somewhere else. Emma senses that the mother figure feels cold, harsh, like a stake, she does not move. **It is hard for her to look at the mother figure, it is a bad feeling**. When she does not have to look at her, she feels calm and comfortable.

The mother figure moved away from Emma (M2) and stopped to stand on her left facing Emma. Emma **exhaled deeply**. She feels great relief, "a fresh feeling", more balanced, much more space and air around her and there is no tension in her any more. She can look

freely somewhere else; she does not look on the floor any more. The mother figure senses more air around her as well. She can raise her head and she feels as if fresh air is blowing from somewhere.

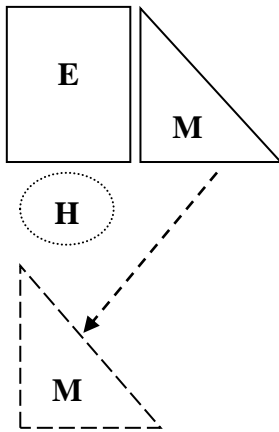


Figure 3.7. Constellation: Emma (E), mother (M), hedgehog (H)

Post-session:

- Emma feels good after the constellation. Something was released, it is easier to breathe.
- **“My mother restricts me.** She influences me a lot.” It would be very hard to “release” her mother. It would be a very good feeling if she could do so. It might feel as if Emma’s room were more open.
- There are so many different thoughts circling around in Emma’s head. Emma sees a possibility that **her mother’s attachment might also be a base for her conflicts with Emma’s younger sister.** The sister does not react to mother’s attachment intentions as she might expect and by doing so causes misunderstandings and conflicts between them.
- Emma has an insight that **she has taken her older sister’s role** after she left home. Emma feels that from that time on she has been more tightly attached to her mother than before.

Improvisation: Emma's feeling here and now

Emma: drums

Therapist: alto xylophone (chosen by Emma)

Emma beats the drum with great devotion. The beats are irregular, some harder and some softer, without any structure. At the beginning there are longer sounds and in the culmination Emma plays quite fast with great energy. In the end the sounds just fade out.

Emma finds the improvisation very relaxing. She expected herself to be more anxious, but she felt calm and good while playing. **Everything seems very logical for her at the moment.**

Listen to the improvisation on the CD, track 6.

Discussion/interpretation:

In order to clarify Emma's relationship with her mother the therapist decided to use a modified family constellation (method by Bert Hellinger, e.g. 2001, 2006), because this method has shown its effectiveness in reaching quick and deep inner understanding of relationship issues. As a matter of fact, it worked very well with Emma. She was very sensitive and she could enter the constellation at once.

It is obvious that Emma's family system retains the necessity for Emma's close attachment to her mother, as seen by the systemic approach to family relations (e.g. Palazzoli, 1988; Minuchin & Fishman, 2004). Emma's mother was tightly connected to her own mother as well, so these patterns have a history that is longer than Emma's life. There is great symbiosis between Emma and her mother. They even have similar physiological problems. They can support each other in these unpleasant physiological feelings and it helps to connect them with each other and to keep the symbiosis. Emma feels that her mother holds on her. Her mother may have an unconscious fear of losing Emma. Emma searches distance from other people because she sees that being close (to her mother) means that she has no space around her. Emma admits that she tries to avoid contact by doing almost everything she can for others. It reminds of her mother's behavioural patterns inside the family and also with other people. Emma builds a comfortable space for others to exist and that kind of action does not invite others to communicate. Furthermore, by doing so it gives an opportunity not to open herself and not to go deeper in her relationships. It would be easier to hold herself back from close relationships and the outcome is that Emma feels alone. Emma had strong romantic feelings for her friend Daniel (see sessions 1, 4, 5), but she never showed her feelings to him.

Emma said that she would not like to break Daniel's existing relationship with another girl and she also said that she was afraid of Daniel's reaction to it. Now it seems that there might be another reason for not opening herself up before Daniel. If Emma had told Daniel that she had strong feelings for him and if Daniel had positively returned her feelings then Emma would have to get closer with him and she could not accept that unconsciously.

As described above we can see clearly from the constellation that Emma vitally needs more distance from her mother and the mother feels better while Emma is at a longer distance as well.

Interestingly, the hedgehog came into the constellation. According to Hellinger's (2001) theory, if somebody looks down on the floor it might refer to somebody who has passed away but whose place the system would still like to keep for some certain reason. It seems that Emma's grandmother, the mother's mother has been an important and meaningful person in this family. Emma has told about her a lot and many processes indicate the grandmother's part in what is going on with Emma. The therapist's hypothesis is that the hedgehog might symbolize Emma's feelings for grandmother. Emma had the hedgehog in her gullet. It hurts, it even scratches her inside. Did she do anything wrong or was there something that remained undone? Emma's mother has similar physiological feelings. And now Emma sees the hedgehog on the floor in the place where she was looking at during the constellation.

By trying to reach greater differentiation from her mother there might be a possibility that her mother would at first cling to Emma even more. Emma seems to be the primary attachment figure for her mother. We can also see here an "inverted relationship caused by the attachment" (Bowlby, 1988, 20): Emma's mother holds the attachment tight by expecting her children, especially Emma to care for her by letting them know about her different physiological problems that actually do not have an objective medical base. Often mothers doing so have experienced inadequate parenting themselves. According to Bowlby (1988) this kind of behaviour can cause anxiety and guilt in the attachment figures that can develop into depression and even to phobias. So the roots of Emma's performance anxiety could be in these relationships.

3.4.4.8. Session 7: Letting go

Mood pictures:

Before: Picture No 124

T: blue abstract things bind with each other

C: I feel clear, I have a good feeling

After: Picture No 37

T: a lady who covers her eyes with her hands

C: I have leads on my eyes, it is a little dark, I can't see everything

Condition:

Before: general 7, anxiety 2

After: general 8, anxiety 5

Pre-session:

- Many questions have come up for Emma since the last session. She admits experiencing that when **she gets to some understanding the things start to move**, to develop.
- Other people say that Emma has changed and that she has a mask on. They say that she looks colder outside than she has been before. Emma assumes that **she was wearing a mask before** and now shows her real self to the others which is different from the previous picture of her and that might not be very easy to get used to at first.
- Everything that is connected to her mother has been important for Emma recently. She says that she can control the situation better now. She can see many things from a distance and **she can find a more objective interpretation for many things that happen in her family**.
- She would like to study abroad, but she feels that her mother does not want her to go and tries to hold her back.

BMGIM:

Induction: Progressive relaxation

Program: Mostly Bach 1, 2, 3, 5

Opening image: a hedgehog, moving nervously forth and back between grandmother and mother

Key-images:

- Watching with her mother how **the grandmother is going somewhere with her head lowered**; she disappeared. **Peaceful feeling.**
- Reaching home; everyday activities. I saw the hedgehog for a little while. I keep thinking who this is. Is it possible that this is my mother?
- Hedgehog is in a tube, it tries to reach out of it. **I bring a staircase for it so that it can run away**; I can't see it any more.
- Everything is clear now, without any fog. I reached home again.
- **I'm holding a little baby in my arms**; this is somebody else's child; I give it away to my older sister.
- **I fell asleep**; I'm not dreaming anything. I feel that I'm back in the actual situation.
- I see Christmas-time at our home; everybody is happy, a good feeling.
- I go to sleep; I feel that **everything is all right**. I feel satisfied.

Post-session:

- **Letting the grandmother go was quite easy** for Emma. She could not connect that picture to her real life. She just watched the scene and felt very calm. She got the parting of her grandmother as a natural thing.
- Emma points out that she feels that **this baby-thing is somehow important for her**, but she does not know yet, how. She has seen in her dreams that she has a child herself. It is the second time during the therapy process, when the baby enters Emma's imaginations.
- Emma asks herself **why she cannot let anything out**. She feels that she really does not control herself. She said she felt funny. **She does not know how she is doing**. She said that it is a period of finding herself now.

- She decides to ask her friends and discussion partners what they mean by some certain declarations. Emma found that **she interprets other people's words in her own way** without knowing their real meaning and suffers for that.

Discussion/interpretation:

The therapist chose the program "Mostly Bach" by H. Bonny because of the powerful and deeply moving qualities of the music as Helen Bonny pointed out. The music has a clear structure inside as well; it can represent the holding feeling and feeling of safety, which might be important for Emma allowing her to go through powerful feelings without losing herself in it.

Despite getting the hedgehog with her into the imagination she saw her grandmother as the first thing in her imagery. Again, it might indicate the connection between the hedgehog and the grandmother. Interestingly, Emma felt very calm while watching her grandmother go away. It seemed like letting her go for real, forever. But no sad feelings were connected with that picture, only calmness. It looks as if Emma is not ready yet to let out the painful feelings that were connected to the illness and death of her grandmother. The "picture" seems to have more complicated parts in it than only mourning and letting the grandmother go.

Her mother was also in the same imagination with Emma and she watched the grandmother leave as well. So they both seemed to be tightly related to grandmother and might have unfinished business with her.

The hedgehog could reach out of the tube this time and Emma helped it to do so. She let the hedgehog go. After the hedgehog had left, Emma felt that everything was becoming clearer. So she really needs to send the hedgehog away from her life.

An interesting issue is the baby, who was "somebody else's child" this time. Emma would desperately like to know whom or what the baby represents.

Emma imagined falling asleep two times during the travel. The first time it happened after she saw the child. It seems that she cut herself from the image and decided not to have any dreams about that topic. She also got back to the actual situation for a moment. The other time the imagination of falling asleep appeared after describing a joyful Christmas evening. She said that when she falls asleep she knows that everything is all right. What might happen if she stays awake?

Emma reached home for three times during this imagination. It seems like she needed a place to feel safe after the experiences that caused different feelings in her and some of these feelings were not very comfortable to bear. The final picture was from a Christmas Eve where every family member felt good and joyful. Emma said afterwards that usually they do not have such nice Christmas Eves, every time something happens or somebody gets angry with some other family member. So if she goes to sleep she can keep the good feeling of her family being friendly and warm to each other.

3.4.4.9. Session 8: What am I doing and why?

Mood pictures:

Before: Picture No 32

T: a big city with many big houses and cars on parking places

C: I'm in a hurry; I have enough motivation, but my physical part does not catch up with the mental one

After: Picture No 39

T: another city, few big houses and many little houses

C: I feel anxiety; the picture is more multi-coloured than the previous one; everything is messy; many question marks

Condition:

Before: general 6, anxiety 6

After: general 5, anxiety 9

Pre-session:

- Emma said that in general she can cope. She can finally take all her exams and do the exercises. She had an important exam – a technical exam of piano playing. She felt anxious about it as always. She describes the anxiety as an empty hole where she feels anxious and has panic-like feelings. Nevertheless, she found one aspect that was different from feelings that she had usually had in connection with performance. She mentioned that **she did not feel being angry with herself after the performance** as she usually did. This was good news and recognition for her, she was quite happy about that.

- Emma found that the level of anxiety might depend on the person whom she is playing to. She describes her flute teacher as somebody with whom she feels anxious even in regular music lessons. She describes her as an authority for her, as a person who would like everything to be done on time. Emma also regards her as a friendly and “soft” person. The opposite qualities she finds in her piano teacher, with whom she always feels very comfortable and without anxiety. Emma describes her like a calm and supporting person, who always indicates good aspects and things that went successfully, and who cares about other people.
- Emma reaches her relationship with her mother again. She says that her mother thinks that **she is always right and does not accept any other opinion**. Emma often feels that **this is not fair**. She tries to defend her position, but this would not lead anywhere. **She feels annoyed. It seems inevitable**, because she does not see the way she could alter that kind of situation.
- Art work: Emma draws the feeling (see Appendix 3.4.1.) that she has at such moments. She described herself as being stuck in multi-coloured wool pieces, having “a feeling of apple” at the same time. She could not clarify the latter at that moment. She proposed to use the picture as the opening image.

BMGIM:

Induction: Progressive relaxation

Program: Heroe’s Journey 4, 7

Opening image: Emma in between the multi-coloured wool pieces

Key-images:

- The wool pieces bother me. I try to take them off, but more of these spring up. It annoys me, **I feel angry at it**.
- There is a nucleus in the ball of wool. There is something inside – a roll of paper. I can read: **What are you doing and why?** I can’t understand the question.
- I’m by my grandmother’s grave; I’m still holding the paper; there is perfect silence.
- I try to go away, but I can’t. **There is something dreadful behind the gates**; I’m looking back towards the grave.
- There is a friend, Sophie, on the other side of the gate and she encourages me to go.

- I reached the other side of the gate. There is **an older man with a beard**, he tells me that you are doing everything right, you are doing it because you would like to, you shouldn't be afraid of it.

Post-session:

- Emma feels calmer than before the imagination.
- Emma had strong physical feelings during the imagery, strong inner shivering. She felt strong fear; she had not experienced anything like that before. It was quite dreadful for her. **It felt very much like performance anxiety.**
- She remembered looking on the floor (during one of the previous sessions), like she was looking at her grandmother's grave in the current imagery.
- Emma mentioned that something big and powerful had kept her from going to the other side of the gate. She did not know what it was.
- The Old man was like an embodiment of goodness and wisdom for her. She felt relieved when the man said his encouraging words.
- **“If I'm thinking so much of me and my well-being, could the ego not rise too high?”** She agrees that if she could see her weaknesses and understand her faults, then it would not be too selfish.
- She knows that the question that was on the slip of paper is very important, but she does not know yet what this question is about. Cannot understand yet, why this question aroused so much anxiety.

Discussion/interpretation:

For practical reasons the session took place at Emma's school in an ordinary school room, but as we can see it did not have any disturbing influence on the process.

Because of Emma's readiness to experience some unpleasant feelings that were connected with her drawing, the therapist chose two pieces of music from the Heroe's Journey program of BMGIM created by Marylin Clark. The Hovhaness' Meditation on Orpheus is very rich in qualities that allow experiencing images that can bring out strong and

complicated feelings. The inner shivering was in synchronization with “shivering” parts of the music. Duruflé’s *In Paradisum* brought the traveller into a more balanced state again.

The symbol of a ball of wool is quite interesting. It contains different qualities: it is soft and warm, but sticky and multiplying, Emma can’t get rid of it. She feels angry and annoyed. And moreover, the ball has an important message in it, a message that Emma could not understand yet. The question seems to contain a feeling of guilt. Emma could be uncertain if it is acceptable to behave in accordance to her needs and feel her ego growing during that process. She is afraid of actualising herself and moving towards less attachment to her mother. Emma needs a Wise Old Man (Jung, 1968/1980) to tell her that everything that she is doing is right.

Emma seems to get quite close to something that bothers her, but that she does not understand yet. She experienced strong fear like never before during the therapy and it was also connected to body feelings. Emma remembered looking on the floor again during that session. It shows that this incident from the 6th session is really significant for her in some way. She thought about the meaning of the question on the paper when sitting by the grandmother’s grave. It lets us assume again that her grandmother has an important role to play in Emma’s story.

3.4.4.10. Session 9: Death and fear

Mood pictures:

Before: Picture No 131

T: a cosy homey room with an arm-chair

C: a warm picture, good feeling, it was good to come here

After: Picture No 147

T: an owl, that is sitting on a branch

C: thoughtful feeling, feels like staring somewhere far

Condition:

Before: general 9, anxiety 6

After: general 7, anxiety 4

Pre-session:

- Emma asked her mother to tell her about her grandmother the way she sees her. She found out that her mother has been seeing the grandmother's ghost after her death visiting their home until she put a gravestone for her. Her mother said that the grandmother is holding her up here (at their home).
- Art work: The therapist asked Emma to make a "picture" of herself, her mother and her grandmother by placing the stones, pieces of wood, shells and other tools that the therapist has for imaginative work on the table. Emma built an isosceles triangle, where her mother was represented by an uneven stone, her grandmother by a more smooth stone and Emma herself by a spiral shaped shell. The therapist asked Emma to remove the grandmother and replace the things if so deems necessary. Emma put herself to the place where her grandmother had stayed. **"Am I replacing my grandmother?"**
- Emma admits that she has thought a lot about the themes that aroused during the previous session. **She would anxiously like to know what would really be behind this feeling** that she had felt in the end on the previous imagery.
- She chooses to begin the GIM-travel from the place where she had felt fear and shivering last time – from the place just before the graveyard gate.

BMGIM:

Induction: Progressive relaxation

Program: Positive Affect+, Sibelius Scaramouche

Opening image: Staying at the graveyard gate.

Key-images:

- 2 pictures at the same time: a meadow with rabbits on it and the graveyard.
- There is Sophie standing with a little child in her arms and she's beckoning me to go. But I can't, because I would like to know what is going on.
- **I see myself in a double picture**: sitting on a bench by my grandmother's grave and at the same time standing by the graveyard gate.

- Suddenly the picture changes. I can see an Eskimo, that has hands in its pockets and that looks down on the ground.
- Back in the graveyard. All the gravestones are grey. My grandmother is walking around there. **I see my mother who tells the grandmother to go to sleep now**; the grandmother lay down into the grave and disappeared.
- I can't understand, what is going on. My friend Sandra tells me to go and talk to the grandmother at her grave. I say I've talked to her every time I go to the grave.
- It feels cold. My older sister tells me to go home and not to freeze here, but I can't, because I didn't get the answer yet. I send my sister away; I don't like her to be there.
- I see many silky transparent hands behind me. **These hands try to catch me and to lug me into the ground**, but they cannot reach me, they cannot move and I don't move either. I don't know where to go. I would like to scream very loudly, **"What am I doing here?"**
- I'm in another graveyard now. I can see Eva's grave (Emma's friend who died some years ago unexpectedly). It makes me very sad. The picture of how we took care of my grandmother during her illness appears now and then.

Post-session:

- It was a very sad feeling while standing by Eva's grave, Emma recalled this quite clearly.
- Emma found it strange that she saw her grandmother walking around being ill; in her previous images she has been seeing her as a healthy person.
- As an important fact in her imagery she mentioned the moment when she sent her sister away, because she felt that this situation would not be good for Emma. She could not give a cause for that.
- **Emma remembered having a fear that everybody was going to die while she was in kindergarten or in first grades.** She was afraid of death and obscurity that was connected with it. She could not integrate her fear that she was feeling during the

travel at the moment, she said that she needed some more time to think things through and digest.

Discussion/interpretation:

It seems that both Emma and her mother are still keeping the grandmother close by and are not ready to let her go yet. Emma's mother seems to be very tightly attached to her dead mother. It leaves the impression that there are some unfinished businesses connected to the grandmother that remained unsolved.

The BMGIM-program "Positive affect" by Helen Bonny was chosen because of its potential to allow experiencing spiritual and transpersonal issues (Grocke, 2002). Emma searches answers to her questions: "What is going on? What am I doing here?" She could not get answers to these questions during this session. Scaramouche by J. Sibelius was added to the program because at the end of the excerpt of R. Strauss's *Tod und Verklärung* Emma was in a condition where she would have liked to scream to find an answer to her question. She felt uncomfortable and that would not have been the best moment to finish the imagery. After the Strauss's piece Scaramouche sounded very sad and it brought memories of her friend's sudden death of a serious disease to Emma's imagery.

Dr. Irvin Yalom (1980, 2008) considered fear of death to be the heart of anxiety. Such recognition is often catalysed by an "awakening experience" – a dream, or loss (the death of a loved one, divorce, loss of a job or home), illness, trauma, or aging. Once we confront our own mortality, we are inspired to rearrange our priorities, communicate more deeply with those we love, appreciate more keenly the beauty of life, and increase our willingness to take the risks necessary for personal fulfilment. It seems that Emma's anxiety might be connected to the fear of death. At the moment she can see that other people's death touches her very deeply (her grandmother and her close friend) and also she is afraid of her close people's possible death (continuous concern about her mother's health condition, worry about her older sister and her child).

It seems that Emma starts to accept more the fact that her grandmother passed away. In the current imagery she allowed her to lie down to her grave and disappear. But it gives the impression that for some reason she feels guilty for her grandmother's death or there might be other strong feelings connected to that incident.

Emma said that she needed time to digest the information she got from the imagery. It is quite symbolic because digesting problems and stomach ache have been her main physiological (psychosomatic) problems. If she could digest this deep material better now, would it help to alter her health condition?

3.4.4.11. Session 10: Where to go, what to reach?

Condition:

Before: general 9, anxiety 3

After: general 8, anxiety 3

Pre-session:

- Emma has been ill the whole week.
- She had a preliminary examination and **she “did not have time to feel anxious”**, there were no physical symptoms of anxiety.
- She can sleep at nights better than before.
- Emma started to lose weight, it makes her satisfied.
- **Emma was afraid of death as a child.** When her brother was born, he had asthma and Emma was anxious of losing him. She also remembers the funeral of her grandfather; then she did not understand everything that was connected with that. Emma has had rhythmic disorders of heart after she was born. She also had appendicitis when she was 12-13 and she needed a surgery.
- **She is afraid of losing her mother.** It brings her the feeling of uncertainty that is also connected with material matters. If her mother died, she believes she would communicate with her older sister more and also with her younger sister and brother and father as well.
- Emma would like to know where the theme of death comes from, what is the source of it. She feels “heaviness” also even when somebody’s dying does not affect her directly. **Thinking of death issues makes her feel as if she were at an exam.** It feels like she should stay up when having a high fever. Emma calls it the **fever of fear**. She describes it as dark brown fur, sewn together of fur pieces and being empty inside.

BMGIM:

Induction: General relaxation

Program: Grieving 1-3, 5, 6, 4, 6

Opening image: dark brown empty fur

Key-images:

- It moves but I do not know where. I'm trying to see what is behind it, but I can't, it doesn't allow me to do it.
- I'm stuck in movement, I can't go out there. The fur runs away, I can't go after it.
- **The fur moved away.** There is a big wooden stage with red curtains. It makes me feel chilly. There is nobody on the stage. A man in a suit beckons me to go there, but I don't want to go. I'm far from the stage.
- There are other people on the stage, too; I don't know who they are. The man beckons me continuously. I don't understand what is going on there; everybody moves very quickly back and forth and seems agitated.
- **I'll get myself together and go to the stage** very quietly. It makes me feel anxious. **The fur opened itself from a seam and flew on me.** I'm wearing it now. It is warmer, but frightful. I have to sit on the stage and to concentrate.
- I'm sitting there; there is nobody else on the stage.

Post-session:

- **Making music is warm and frightful at the same time** for Emma. It seems nonsense for her; it does not feel "right" inside. She wouldn't like to go to the stage.
- **She feels like being stuck in a dead circle.** It is connected with anger towards herself. "Why am I stuck in it?" It does not make any sense for her. Emma finds the feeling similar to that experienced in situations when she did something for other people to help them and was wondering at the same time, why she was doing it, it did not make any sense either.
- She said that the fur played a game with her by not letting her see what was behind it. It was unexpected to see the stage behind the fur.

- During the imagination Emma thought that this imagery did not have any important messages for her. But afterwards she found some quite important and meaningful issues there (mentioned above).
- **Emma made a statement of not knowing where she really would like to go and what to reach.** She could not see the aim for her. She knows that she would like to reach somewhere, but **she cannot reach there without knowing some basic things** – where the fear of death comes from, what causes PA, what the motive of a child means etc.

Discussion/interpretation:

The 10th session took place nearly a month after the last session. It was agreed with Emma to meet earlier, but she got ill and could not come to therapy.

The most important issue during the pre-session was the fear of death that had also been the core matter in previous sessions. The therapist chose music that could help Emma to explore these themes more profoundly – the program “Grieving” by Linda Keiser Mardis. It is becoming clearer and clearer that Emma’s MPA might be connected to her fear of death. She started her imagination with following her fever of fear that was embodied in a strange thing made of brown fur. She would desperately like to know what would be behind it. The fur figure reminds of the hedgehog from her earlier sessions. The hedgehog was also brown and its prickles were soft like fur. The travel takes Emma near the stage and finally she can also go to the stage. She felt anxious but warm, sitting there covered by the fur, the fever of fear. So the fever of fear gives Emma warmth, but brings the feeling of anxiety at the same time. What could these two diverse feelings represent?

Emma has made an interesting point. Namely she expressed her fear of losing her mother. She realised that this fear was connected to being afraid of losing a person whom she can contact. She found that from her family members she communicates mainly with her mother and if her mother were away or dead, only then she would see the possibility of being more in touch with her other family members. This finding surprised Emma quite a lot and she said she should look at the areas that might have connections to this theme a bit more.

3.4.4.12. Session 11: Close to the dead

Mood pictures:

Before: Picture No 102

T: many colourful butterflies

C: very good feeling; physically tired, but mentally rested; I'm the colourful butterfly

After: Picture No 144

T: a woman between three circles of different everyday matters, colourful picture

C: I'm in that picture; different worlds are together there; something is lugging me from my hair, I don't know where to go, but I feel moving

Condition:

Before: general 9, anxiety 4

After: general 9, anxiety 7

Pre-session:

- Emma has a good feeling; she is physically tired, but mentally rested.
- She had a strange dream recently: a sodden dead body, she did not know who it was or what sex it was; she was not afraid of it; she stayed to sit, listened to its story and fell asleep; it told her that somebody needed help; the corpse was a good figure, a calm type; it was wholly orange; it did not look like a human, with a quadrate body (see Emma's drawing in Appendix 3.4.1.). An experience where reality and dream were mixed up.
- The therapist suggests an active imagination.
- Active imagination: Emma as the corpse. She needs to forward the information about somebody needing help; it does not have legs, it hovers in the air; it sees a mirror and looks into it; it thinks it does not look pretty; it is wholly orange; it is soft; Emma does not see its face, there is a white patch instead of the face; it saw Emma going by, she went back to bed, she did not notice the corpse; it would like to play the piano or go out of the door; it cannot play the piano, because it is night time; it decided to go out through the door.

- **Emma remembered that the honey fountain had also been orange** (see Session 2) in her imagination, but she could not see any other connection between the two images.
- She needs some water every night about three hours after she falls asleep.
- She knew from her mother that she had heart rhythm disorder when she was an infant; she thinks that her fear of death might be connected to that situation.

BMGIM:

Induction: General relaxation, focus on breathing

Program: Heroe's Journey

Opening image: free

Key-images:

- A couple that runs away from me, I'm trying to reach them.
- A cave, **a round room full of dead bodies; a bit scary**; the bodies have calm faces; older unfamiliar people; I'm alone there, it's dreadful; I don't know why they are there; I'm sitting down between the bodies, it's a sad feeling.
- **I feel helpless.** The cave is made of sand. I feel chilly and lonely.
- A big snake between the stretcher; it moves towards me; it's not a good snake.
- **I feel that somebody is watching me.** The snake came again from somewhere, it's bigger than me, it wants to bite me and I hide my head between my knees.
- I would like to go out of this room; there are windows and doors, but these are closed; I don't understand why I'm there; I sit down again.
- I doubt if I should go out or not. I went into another room; there are some of these dead people; these bodies are going somewhere with the stretchers, I should follow them.
- **The dead people's souls rise up, I see my reflection among them,** I'm in white clothes and I feel good and happy. **I went towards the reflection, it told me to go further,** but I didn't understand, where.

- I'm in a big church; all the benches are full of my friends and close people. I'm walking towards the altar; it seems like I'm getting married. **I feel uncertainty.** I have a feeling that everybody is leaving, **I'm afraid to take a look** to see if it is so. I tell them that it is not the right time to go, but despite that they are leaving.
- Everybody is gone; I'm sitting on a bench and thinking why they left...

Post-session:

- Emma said that she had winced many times during the imagery: while noticing herself sitting between the bodies; while seeing her reflection; while appearing in the church. These movements were not visible for the therapist.
- She felt somewhat safe when seeing herself as a reflection. The feeling was similar to everyday situations when somebody does something good to Emma. The reflection was helping her to move on. She understood that she can help herself to go forward, to find a way.
- Emma also felt good being in the church among all familiar and close people. She thought that Daniel might be there waiting for her to be his wife.
- She said that she thinks **the snake was afraid of her in the imagery.** It did not bite her. She takes a very long break to think if she has the same inner qualities as the snake.
- **When a stranger annoys her, she closes herself and does not let the feeling out.** She acts differently among her family.
- She finds herself to have many stratum. It helps to move. **The experience was like an adrenalin outburst.**

Discussion/interpretation:

The figure of a dead body that has emerged in her dream has been quite a dreadful image for Emma. While re-imagining it during active imagination and afterwards talking about it, many times she expressed thoughts like: "I don't know who it was" or "I don't know what this imagery would like to say to me" or "I don't know how to take this dream". Because of

“not knowing” it was decided to leave the focus for imagery open and just let things go their way.

The program “Heroe’s Journey” by Marilyn Clark was chosen because the therapist proposed that Emma should be ready for a deep inner excursion following the so-called myth cycle (Campbell, 1986) that might allow getting in contact with the important and deep aspects of her troubles.

During this travel Emma seemed to have reached a very deep level of expanded state of awareness. The pictures moved slowly, she expressed herself in silent slow verbal phrases that were accompanied by deep calm breathing. Emma found herself between many dead bodies. The feeling was frightening and sad, but she expressed it calmly and quietly and she did not have any tears or physical expressions that could indicate these feelings. Afterwards she mentioned having winced many times during the imagination, but these winces were not noticeable from the outside. Emma could not get real contact with her feelings this time either.

The imagination brought up two sides of Emma. The “white side”, the nice figure representing her, indicated her inner resources supporting her, giving her a sense of security and showing her the way out of the dreadful place. The snake can be considered to represent her Shadow-side that would like to attack her, also being powerful and having much energy in it. Emma could not discover what the message actually was that the snake should have brought her. She did not have courage to face the snake in the imagery.

3.4.4.13. Session 12: Waves of fear

Mood pictures:

Before: Picture No 43, 130

T: a female silhouette by the sea; stones and red plants between them

C: mentally calm feeling

After: Picture No 88

T: a “hand” of a robot

C: a big question; I’m stuck in something, but I don’t know what it is

Condition:

Before: general 4, anxiety 6

After: general 6, anxiety 5

Pre-session:

- Emma should have come to therapy almost a week earlier, but she got ill. In addition, she has had headaches right after the day she should have come.
- On Estonian Independence Day she had to play the national anthem on the piano and she did it very well. Emma said that she had been in a hurry before the performance and that she did not have “enough” time to get anxious. She concluded that **if she had no time to think before her performances she would not feel that big anxiety as usual.**
- Emma had noticed that **she did not have problems with her stomach any more.**
- **She had established herself in her relations with her mother.** She told her mother that she needed more space and to be by herself. It felt anxious, but finally it made her feel good. She felt that she had accomplished something really important.
- She remembered having a fear of snakes last summer; that was unusual for her; she had not had such a feeling before.
- **She says she could let things go, but she could not attribute it to the anxiety.** She said that she did not think that if she ruined her performance then something awful would happen.
- Art work: Emma drew her MPA. She asked a little piece of paper for that. She drew some “light lilac” waves or flashes that come from above (see Appendix3.4.1.). It is a frequency of MPA, many frequent flashes. **She explains that she has the same feeling when expecting something pleasant.** Light lilac is a nice colour, but it cannot be nice if it represents MPA. **Maybe MPA is diminishing.**
- Emma is afraid that one of her friends might commit a suicide. She felt fear, but she did not know what the fear was about. **She thought that MPA was one part of this fear.**

BMGIM:

Induction: Short progressive relaxation

Program: Faith

Opening image: MPA waves (from the drawing), Emma is between the waves

Key-images:

- A big black patch, I don't know where to go.
- A wall of red bricks, it brakes, I can get through it.
- A road, I can go along it, but I don't know where it takes me.
- Many children, but I know that this is not the right place for them. I ask them to go away, but they don't listen to me. **Something awful might happen, I'm afraid,** something is coming, but I don't know, what it is.
- I take some steps forward, I can't see it, **there is too bright light;** it's really big. It's like a big ball that has little hands and legs. It seems strange. The ball starts to move towards the wall, it wants to go through the wall, I tell it not to go, but the ball doesn't listen to me and continues moving. **The ball broke itself through the wall.** The ball diminishes, **I feel mixed up.**

Post-session:

- Emma expected the "thing" being more frightful. She felt that she should stay there and wait for it. **The situation seemed to be inevitable, she felt that she could not let the fear go away.**
- Emma thinks that **over helping other people is not right,** but she is doing so despite that understanding (a thought when thinking of telling the children to go away not to be hurt by something awful). She says she does not know why she is doing so.
- The waves turned dark brown in the imagery, as if the feeling was lighter when she was conscious and darker when looking deeper into her.
- It seems very funny to her that when searching a mood picture at the end of the session she thought that **she should "let it go"** and just see what her mind "tells her" to pick.

But to her surprise she got a picture with a hand that grasps at something. So, she found **she was not ready yet to let go**. She does not know where she is stuck.

Discussion/interpretation:

Emma got ill again right before the therapy session and could not come to therapy on the day that was agreed before. She also talked about having headaches the day after she should have come to therapy. It seems that her illness might be connected to the issues that process in her in connection to the therapy.

Emma said that she was ready to explore the issues that might be connected straight to her MPA. She was also prepared to start the imagination by picturing herself right between the waves of MPA. We can say that the client would desperately like to know what stands behind her anxiety. Maybe she tries too hard?

The BMGIM-program “Faith” by Ken Bruschia had such characteristics that could touch the areas connected to Emma’s MPA. And so in her imagery Emma reported expecting something big and awful without knowing what it might be. She agreed to bear the anxiety that “this something” might cause. She expected it and regarded the situation inevitable that she could not change. But it was hard for Emma to see what “it” was, because there was too much light. Jacobi (1964) considers the symbol of “too bright light” to represent the dreamer’s condition being driven into anxiety and because of these too intensive and unpleasant feelings it might lead to rationalization as a defence mechanism. That seems to be exactly what happened to Emma. To her surprise there was not any dangerous or evil “something” behind the dazzle. It was a big funny ball which had little hands and legs and that was not dreadful at all. We might consider that Emma was still not ready to meet the “real issue”.

Emma feels that she is stuck in something that does not let her release her anxiety. She would like to know what it is, but she could not find tools for that yet.

3.4.4.14. Session 13: I should do what does good to me

Mood pictures:

Before: Picture No 57

T: castle with many red towers of different size and shape

C: I have many questions, the questions have many facets; there is a certain place in the castle, but I do not know where I should enter the building

After: Picture No 60

T: many chairs of different size, colour and shape

C: I have many options, it is hard to choose, I should try, I have courage for that

Condition:

Before: general 7, anxiety 8

After: general 8, anxiety 5

Pre-session:

- Emma seems exceptionally excited. She said she was looking forward to the session because she has something very important to share.
- Emma had a **very intensive dream** that consisted of many components that have been treated during previous therapy sessions and have also emerged in her previous GIM-travels. The dream was so important for Emma that she wrote it down and brought the writing to the therapist. A short summary of the dream: 2 cars drove into a big store, there was danger of collapsing and Emma warned the people to go out as quickly as they could but they did not do so; she knew from her mother that the souls of dead children had arranged the attack that was actually a strike because they could not get peace; she was in the building and saw 3 doors (the door of the community centre, connected to her mother; the door of the college building; one unknown door), she knew she had to pick one of them but she did not want to open any of them; the doctor of her family was accused of these children's death, people pelted the doctor with stones; Emma felt big fear, she did not know what to do, she also felt anguish and constraint; her mother called her but she could not answer. Emma woke up weeping.
- Emma could not understand the meaning of the dream and it bothers her. She said that she **tries to keep her mother out of her problems; she does not want her to**

intervene with her life. A question had aroused from the dream: would she be a good enough music teacher? She feels she does not want to be responsible for these children.

- She could not name any particular situation from her dream that was most challenging or meaningful for her. She could not find the focus that she would like to work on either. She said that the fear was the most captivating emotion during the dream, but it was not the issue she would like to concentrate on at the moment. The therapist proposed to start with open focus and see what comes to her mind.

BMGIM:

Induction: Body scanning

Program: Guilt

Opening image: free

Key-images:

- A big castle; to reach there I have to cross the bridge. The building is grey, it is surrounded by fog, quite gloomy.
- I go up circular stairs; I stop there, I doubt if I should go further or stay there; it is dark, I can't see anything.
- I reached the top of the tower. There is **an old woman sitting in a rocking-chair** and spinning white wool; **she doesn't answer my question** about why she is there, she says that she is not allowed to do so.
- I'm in a hospital, everybody is in hurry there. My mother is there, so is my sister who just had her baby, there are also several friends. **I cannot understand why everybody is in the hospital.** They are talking, I can hear them but I'm not listening to them.
- **I should go away from the hospital, but I don't know where.** I use a taxi to reach there. I'm sad, I don't know the reason. The drive seems to be endless. The taxi driver asks me where I would like to go, I say only that I'd like to go away from that hospital.
- Mountains, a big lake, I'm sitting there. Two friends of mine, Sandra and Daniel sitting on both sides of me. I feel upset but I don't know why. I'm not there in my thoughts, I think of what is bothering me...

Post-session:

- Emma remembered that she has started to look down very often recently by diverse activities.
- **She has fear that maybe she does not reach somewhere in time.** She says that her unconsciousness produces that fear and that she is **angry at the unconsciousness.**
- The therapist found it appropriate to utter a thought that had come to her mind concerning the process that had taken place through the last 4-5 sessions. It seemed to her as if Emma was struggling with nothing. She had had many GIM-travels and night dreams that were rich in content but the main theme in all of these was that Emma did not know where to go, what to do, she did not know why she had reached some situations and what she was doing there. It seemed that Emma could get a kind of strange satisfaction from going through these images full of doubts and questions. What if there was nothing to discover under that material? What if she just liked to produce that kind of situations for her and by doing so, gave reasons for not feeling good and balanced? Is this a representation of the resistance to change? The therapist used a metaphor of a grey cloud full of different unpleasant things that was around Emma and prevented her from seeing anything else around her. What if she let the “cloud” disperse? What could she see then?
- Emma said that the complicated situation that she sees herself being in at the moment produces suffering and pain for her and that she “thinks everything through until she gets mad”. She seems to be confused because of the therapist’s expression, but takes it into consideration.
- Emma feels “a little anger” that she indicates to be feeling towards her unconsciousness that detains her from reaching the reasons of her doubts and uncertainties. The therapist proposed to her to communicate with her unconsciousness. The empty chair technique, known from Gestalt-therapy (e.g. Brownell, 2008) was used to explore this theme more profoundly.

“Empty chair”: Conversation between Emma’s conscious (C) and unconscious (UC):

C: Why are you doing so?

UC: Because I like to.

C: Why are you so obstinate?

UC: Because I like teasing you.

C: Why?

UC: Because it's interesting and exciting.

C: But it isn't interesting for me. I don't feel good when I can't understand things.

UC: I don't care.

C: Could you stop doing so?

UC: Maybe.

C: What does it depend on?

UC: It depends on you.

C: What do you mean by that?

UC: It depends on the way you are treating yourself. **If you do everything good then I could leave you in peace.**

C: What does "good" mean?

UC: **You should do what does good for you.**

C: But what is good?

UC: You should know it yourself.

- As an important aspect in the conversation with her unconsciousness she found the fact that she had come to such a conclusion once before, that "you should do everything that is good for you and you know what is good for you". It was during the 8th session. Emma said that this process was fun for her unconscious.
- By the end of the session she declares **she has been keeping her emotions inside**. She just used to tell about her emotions like an observer and not feel or express them. She thought that maybe she should try to let them out.
- Emma feels quite good at the end of the session. She feels full of courage to try to express her emotions and see what will happen. She also admits that she feels she could release the feelings that were connected with her dream.

Discussion/interpretation:

At the beginning of the session the client was very excited about her dream. She had written the dream down and brought it to the therapist. The therapist was captivated by the content of the dream; it seemed to be very important because it bothered the client so much.

Interestingly, the client did not find any particular moment, feeling or metaphor that she would like to explore more during the imagery. Maybe that was a sign which indicated the situation that Emma had produced herself – being mixed up by everything and not by some particular feeling, thought, relationship or situation.

The therapist found that the program “Guilt” by Isabelle Frohne-Hagemann (2008) had certain qualities (“dark” feelings, sadness, but also comforting and consoling) that might get contact with the client’s feelings experienced during the dream and bothering her. Emma got many questions in the imagery. One of them was – why is everybody in hospital. Did she believe that “everybody” is “sick” and needs some treatment to become normal or healthy again? She did not get the answer from the old lady; she could not answer the taxi driver where she would like to drive. By the end of the imagery Emma had reached the situation that was similar to her several earlier imaginations: she did not know where to go, what to do and what was bothering her.

The therapist took quite a venturous step and expressed her thoughts about the situation, about the client’s possible expression of the resistance to change. At the beginning Emma was visibly confused by that but afterwards she tried to explore this view and found important information for her out of this. She admitted she liked to tease herself and felt that it was interesting and exciting when doing so. This kind of behaviour might be considered as “a compulsive defensive mechanism for avoiding the roots of the experience” (Leiper & Maltby, 2008, 106) or resistance to change (Freud, 1937). Freud saw the repetition compulsion as a manifestation of the death instinct and hidden aggression. Death instinct (Thanatos) is considered to be the unconscious drive towards dissolution and death, turned inwards on oneself and tending to self-destruction, later turned outwards in the form of aggression. According to Melanie Klein (1957) anxiety is the immediate response to the endopsychic perception of the death drive.

Emma talked about being angry at her unconscious but there were no signs of anger in Emma’s way of having a conversation with this part of her. At first, after the therapist’s feedback on this phenomenon, Emma said that at times she expresses her feelings. But after some time she admitted closing the feelings and emotions in her and also expressed a will to try to take the risk and express her feelings. It is appropriate to remind that Emma’s mother represents a strong and powerful personality that copes with everything and does not let her feel painful deep feelings. Emma admits being as a mother for other people as well as for her own mother. So we can consider that Emma identifies herself very much with her mother and

therefore it is not allowed or accepted to express deep feelings, because by doing so she might lose her power and strength and ability to cope.

3.4.4.15. Session 14: A bridge to the secret land

Mood pictures:

Before: Picture No 68

T: big camp-fire

C: there is a light ahead but still there are some confusing issues

After: Picture No 144

T: a woman with three circles around her head

C: like two planets are around my head; many new thoughts, I'm not as confused anymore as

I was at the beginning of the session

Condition:

Before: general 8, anxiety 6

After: general 8, anxiety 4

Pre-session:

- Mother told Emma that she had had an abortion after her brother was born. Emma feels sorry for that. She also feels relieved getting to know that fact.
- Emma's younger sister has a benign tumour in her chest. Doctors said that if she gets pregnant there will be a possibility to develop a cancer. This was **unexpected news** for Emma.
- **Emma was finally able to say "no" to other people** who were willing to get something from her (a consultation or support for their complicated inner condition etc). She felt she was tired and not "in the condition" and she did not try to please her friends.
- **The client has resolved the relationship issue with Daniel** (see also Chapter 3.4.1.3. and Sessions 1, 4, 5, 6, 11, 13). She has told him that she was in love with him for quite a long time. This has been quite a shock for Daniel, but after a month he was able to communicate with Emma in a normal way. Emma is very satisfied because she

knows she has a good friend now. This episode released a big amount of energy in her, she said that everything has started to move again.

- Emma would like to know if she is still stuck. She remembers from her previous imaginations that when she started to go somewhere or in some direction she turned around soon and came back again. She feels that many things have started to move now and she would like to know if it is really so and if she would experience progress in her imaginations as well.
- She would also like to overcome difficult things that are somewhere and that she does not have any idea about yet.
- The client could not formulate a starting point for the imagery despite wishing to find some.

BMGIM:

Induction: Relaxation (deep breathing, heavy body)

Program: Gaia

Opening image: free

Key-images:

- A forest, a long track, going along it.
- A round mountain, covered with grass; I'm climbing the mountain. Behind it there is an **ancient mystical town**, big trolls live in it. The trolls work very hard. I'm asking what they are doing. They say they have a mission to fulfil. Their planet is going to perish and they need to build a bridge to another planet. I don't have to worry, because **I know that they take me away in the right time.**
- **A troll with wings brings me to the other planet.** There is very beautiful, pure, healthy, good aura. **I feel happy!** I feel welcome there and I can stay there if I want. I think that I need some music there. I'm eating grapes.
- I thought I could move somewhere from that place. I see familiar people (school mates); they play a piece of music for me.

Post-session:

- The client names the planets "Concrete" and "Mystic/secret". "Concrete" is equal to the real world. Emma feels that she is "not at the end yet", that nothing is clear yet.

She asks herself a question, **if she is not willing to end something?** But on the contrary she knew from the imagery that **one planet is going to be destroyed and that she needed to reach the other one.**

- **Emma cannot describe the situation when she would be fully satisfied with her life.**
- She saw her current situation as follows: **she is bringing her inner room in order, but by doing so the rooms become even more of a muddle.** This fact does not bother her, because her aim is not to concentrate on this mess, but to **focus on how the sun is shining** into a beautiful room after the clean-up. She is not afraid of the mess phase and is sure that finally everything will be clear and nice.
- Emma found that **she has become more spontaneous recently.** Now she can decide to do something at once, without needing a long time to consider.
- During the travel, feeling good on the “Mystery/secret” planet was very important for her. She also said that it was a very good feeling getting know what these trolls were doing there. **She was not afraid to ask the question and she got the answer.**
- **Emma declares that she is not afraid of anything anymore.**

Discussion/interpretation:

It was more than a month since the last session. Emma said that she had been very confused after the last session, but she admitted that the situation and the experience had been very important to start many good processes in her. At the beginning of the session she also seems to be a little euphoric. She is very satisfied with taking the steps forward in her way towards getting to know herself deeper and better and because of that also improving her relationships with family and peers.

The client was quite keen on finding the starting point for the imagery of this session, but she did not succeed and left the focus open. The therapist chose the program “Gaia” by Ken Bruscia for the BMGIM-travel because of its interesting and demanding musical material. The choice seemed to work very well with Emma. She got images easily and the travel was full of meaningful metaphors.

At the beginning of the imagination her heart was beating as hard as never before in a similar condition. The therapist could clearly see the heart beating. She was moving towards something that she did not know yet, that may be also connected with the unknown and dreadful.

In the imagery she gives the planets names “Concrete” and “Mystic/secret”. It seems that she has reached the point where she has made many issues in her life concrete, but there still remains an undefined wish for something mystic, something that she does not know and that probably is very nice and balanced. What is it that she really needs? What is it that she is not willing to end as she said during post-session? Going over the bridge indicates Emma’s intention for a change, but she is not able to say yet, what kind of a change she is waiting for into her current life. But she is aware of the disappearance of the “Concrete” planet soon and is not afraid of that, she knows that she has to go over, to go further.

It was the first time for Emma to get a clear answer when asking a question from somebody in her imagery. She was satisfied with the answer and was happy about getting to know that the “Concrete” planet would be destroyed after some time. It means that she is ready to get answers to her questions and she also says that she is not afraid any more of anything. This is very important progress in this therapy process.

The client clearly describes the situation when reaching deeper inside of her during the therapy everything is getting more confusing at the beginning, but she accepts the situation and she can be sure that the things will clear up. This might also be seen as a sign of trusting the therapist fully, being able to openly receive every idea stemmed from the therapy, take it into consideration and finally use the valuable knowledge to integrate it in the best possible way into her life.

3.4.4.16. Session 15: A track to the unknown

Mood pictures:

Before: Picture No 120

T: a head of an owl with big yellow eyes

C: I’m feeling like an owl; I didn’t have enough sleep recently

After: Picture No 70

T: dark forest covered by red coloured fog

C: there is light shining through the fog; I cannot see the trees yet because the sun is not rising fast enough

Condition:

Before: general 8, anxiety 1

After: general 8, anxiety 1

Pre-session:

- Emma has been anxious recently. **She does not know where the anxiety comes from or what causes it.** It appears all of a sudden and also disappears unexpectedly just at some moment.
- She has had a dream with an aggressive **burning corpse of a child** (a girl) that was a soul at the same time. The soul had an unsolved problem and it would do something bad for the others. It would have like to tell Emma something, but it did not.
- **Death equals unknowing and uncertainty for her.** If Emma is afraid of death she fears the unknown. She does not know what happens after death. She believes that the soul wanders forward after death, goes into somebody else's body. She says that if she is aware of something, she really does not know if it is really true.
- The therapist suggests drawing the Unknown. The client draws a straight track with two clear borders that is going from the lower left corner of the paper towards the upper right corner (see Appendix 3.4.1.). She also draws a horizontal line to the upper part of the paper that pierces the track. Emma explains that she can see this line very clearly and that she does not know what is on the other side of the line. She also considers the track to be a river.

BMGIM:

Induction: Concentration on breathing, breathing with the whole body

Program: Deep Soul

Opening image: a track or river (the drawing)

Key-images:

- Many different pictures change. I see a line. Many disturbing moments, when thoughts go away from music.
- The line is a deep and wide forest with high pines. **Many gibbet girls hang on the trees.** They are strangers. **It is dreadful** to go there. I go forward, there are so many of these corpses.

- Ordinary forest, but there is something mystic in it that I would like to find.
- **I found a bottle with a letter inside saying, “Go away!”** I think that this is not right. By another tree there was a letter that said, **“Go to the right place!”** I decide to go further.
- I reached a **family model**: a mother and a father, one daughter and three sons. It is like a picture. **It is somehow connected to my piano-playing**, but I don’t know how. The model disappeared.
- **An old man plays the piano.**

Post-session:

- It was a hard travel for Emma. It was complicated to stay by the imagery, outer thoughts about the school and friends were interrupting the imagination.
- It was important for Emma that she could go through the forest with the corpse in it. She said that **the feeling was horrifying, but she could get over her fear and take the chance.**
- The client repeats that she is afraid of the unknown. The therapist remembers that the client has drawn a picture of her MPA some sessions ago that was the same colour as the track (see Appendix3.4.1.). This surprised Emma. It seems that **death, the unknown and MPA might be connected**, the client finds that she should think about this possibility and its meaning. She can accept the idea and thinks it even very logical, but she also finds that **she needs some time to think about it, to “digest” and integrate it.**
- Emma says that the most terrifying thing about death is that after death she cannot communicate with these people who are around her at present, her family and her friends.

Discussion/interpretation:

Emma was visibly tired at the beginning of the session. But even in this condition she was able to work hard and make an effort to step closer to balance and satisfaction.

The death issue has been going through previous sessions as well, but this time the therapist decided to take it to the focus and try to handle it, because many matters in Emma's life seemed to be connected with this theme. It was hard for her to go through it, but she could see the advantage that might rise from it and worked on the issue with great commitment.

The James Borling's GIM-program "Deep Soul" seemed to be very suitable to explore these matters in depth. The music in the program (especially the works of Pärt) sounds deep and eternal. It allows sinking into inner depths and exploring the complicated important themes.

As Emma had started to share her images during GIM-travel herself, without the therapist's intervention, the therapist had waited for her opening this time. After ca 2 minutes of silence the therapist decided to ask a simple opening question, "What do you see?" The question was followed by ca 1,5 minutes of silence. The therapist asked a second introductory question, "What are you aware of?" Then finally the answer came. During this imagery Emma talked very little compared to her previous travels. It seemed as if Emma was fighting against the imageries and feelings; she clearly defended herself from experiencing something too hard or awful. Afterwards she said she was too tired to continue the struggle until the end of the travel.

It seems that there is a major fear of death behind all Emma's fears. She is brave and takes chances to explore the theme in different ways but always there remains something unknown. She has searched for "the something" for a very long time, but without success. She searches for something that she could never find – something that is behind the "line", on the other side of being, the "land of darkness" – death. Being aware that this is the unknown that she is afraid of, it does not make any sense to be scared of it, because there cannot be any answers. Nobody can know, what waits for us after crossing the line. We can speculate on these themes, we can believe in some existing dogmas about it, but the sane mind says that despite that we do not know what is "there", if there is heavenly eternal life or complete darkness or nothing at all, if we can continue our existence in some way or if our track ends at the moment of death. This is knowledge that is hard to integrate, but when a person can accept it, his life becomes undoubtedly easier and more serene.

Emma took the discussion during post-session very naturally. She made long pauses to think about the issues and expressed understanding and acceptance towards the development of the themes. The therapist hopes that this session has an important influence on her process and that she could integrate the experiences and understandings received from the session into her life as naturally as she handled the theme in the therapy.

Emma was quite convinced that she is ready to continue on her own and that now she has the tools to manage with even the most complicated situations and inner conflicts. The therapist supported it by confirming these arguments from her point of view. The client and therapist agreed to have two more sessions and end the therapy after that with a final interview.

3.4.4.17. Session 16: Deep well

Mood pictures:

Before: Picture No 12

T: daisies

C: happy, light feeling, the school is over for this year

After: Picture No 54

T: a toreador

C: the ox is my unconsciousness, that likes to fight against, but I am full of fighting spirit and I can “bridle” myself

Condition:

Before: general 8, anxiety 1

After: general 8, anxiety 2

Session:

- Emma has had to study very hard in the last weeks; she has had exams and tests. **She said that she had passed the piano exam very well and without her hands trembling.**
- The client talks about a sudden appearance of anxiety that she could not ascribe to anything. She describes the situation while she was out with her friends and suddenly she felt becoming anxious and overly emotional. Exploring the issue took Emma to the finding that **the feeling might be connected to losing something** – this time losing her schoolmates who graduated recently and now go in different directions. The therapist suggests that graduating school is an end as well that could also be seen as a kind of death. The situation without these people will be new and unknown. And the situation comes anyway, without asking her, so this is also somehow inevitable.

- **Emma considers herself to be stuck in familiar frames.** This is what can produce safety for her and that is difficult to let go, because the “land under her feet” would be not certain enough for good normal existence. But she confirms that if something disappears from her life she can quite easily find something that takes its place that fills the empty space.
- She tries to define a secure environment for her. She can trust her family and friends; she says she always has a place to go.
- The therapist suggests recalling the feeling of sudden anxiety through improvisation. Emma agrees. She chooses the piano.

- Improvisation:

She starts in major tune; her playing is clearly harmonic and framed. It is calm at the same time. She starts to develop a melody in high register with her right hand, but it does not expand far. She returns to the central area and calmly plays on. The ending is clear and reaches the major tonal chord. She sighs right after playing.

She felt annoyed during the improvisation because she did not know where the anxiety came from. She was also sad. She could not say why.

Emma named the improvisation “Deep” and she also gave the second name “A very deep well”. **It was so deep that she did not reach the answer.** She said that it was as if she tried to reach very deep, but she could not reach down and when reaching her hand downwards she felt tension in her arm and upper back and it was difficult to breathe.

- Art work: The client also drew the feeling (see Appendix 3.4.1.). She uses blue, red and green colour to draw a “streamlined strain”. For her, blue means trying hard, red represents pain and green is an equivalent of hope. Emma finds the colours quite contrasting to each other. The strain moves down from above. The therapist asks for permission to add something to the drawing. She drew a black surface to the place where the strain ended. The therapist asked Emma to imagine that the flow stops there and there are no possibilities to go further. What would she feel and think then? Emma thinks that then the strain starts to move in some other direction. **She could use the energy for more productive purposes.**

- The therapist suggests making peace with the streaming to get somewhere that she does not know and to accept the fact that she might never get to know what is there in “very deep”. It sounds sensible for Emma; she can consider cultivating this understanding in her.

Discussion/interpretation

This session lasted only for 1 hour and 15 minutes because Emma had to catch the bus. She said that she had found out about the necessity to leave the session earlier this morning, so she was unable to change the departure time. As Emma is quite talkative and she had important issues to explore this time too, the therapist decided to use improvisation instead of imagination. The improvisation worked very well. Emma got contact with important issues in her that developed into the main issue of her – dealing with the unknown.

Ending something could be considered as equal to death. The “ends” are bigger than us. They often do not depend on ourselves, we cannot avoid them. So the smart way to deal with ends is to accept them instead of struggling against them, although we cannot often know what will follow. Emma talked about coping with these situations and finding alternatives for the things that had come to an end. However, it was still hard for her to find peace in her after losing something.

The client said she can feel safe when being next to someone. Other people are important in Emma’s life. Could she cope by herself or would it be necessary in the first place? The therapist suggested a metaphorical way for coping with the unknown by adding the surface under the strain on Emma’s drawing. Emma got the idea and was quite satisfied with that. One can basically enlarge this way of coping to all processes that carry the same principle – you do not know what will follow, be it a break-up with a lover, death of a dear person or a performance. We do not know and we maybe would never know what will follow. And it is not worth worrying excessively. If Emma continuously directed her energy into the “black hole”, into nothingness, into getting to know what she could not, there might be too much room to fill with energy and she could empty herself completely into this deep well. If the flow of the strain were limited, then she could limit the strain and use the released energy for something else that has more importance in her life than reaching “somewhere” or being more precise – nowhere.

3.4.4.18. Session 17: It is all right not knowing the future

Mood pictures:

Before: Picture No 10

T: an old man looks towards the horizon

C: calm mood, I have thought a lot between the sessions

After: Picture No 8

T: kingcups (wild flowers)

C: the flowers wake up and open up; I have a very good feeling

Condition:

Before: general 8, anxiety 2

After: general 10, anxiety 2

Session:

- Emma has come to the understanding that it is not necessary to know everything about the future. **She can just let things go and happen now.** She could do what is achievable on her part and she would not try to do anything that is beyond her abilities or possibilities. She has stopped guessing and foreboding.
- The client would like to learn some more techniques that would help her to cope with MPA. The therapist suggests some breathing and concentrating exercises.
- Emma says that she has understood the theme of death; **she accepts that she could not know what is on the “other side”.** The client can cope with her grandmother’s death quite well now and this issue is not bothering her any more.
- **The hedgehog has been “solved”.** It does not cause any trouble for Emma any more. She has not had any problems with digestion for 3 months. She finds it a very positive thing in her current life.
- She finds that **MPA is a positive thing.** She now believes that no matter how it goes, finally everything will be all right. Emma found out that if her fear is connected to the unknown, there is no reason to be afraid because she just could not know what would be “there” anyhow. She is convinced now that it is smarter to spend energy on other activities and thoughts that lead her further in her life.

- She has reached the “understanding point” that is connected to anxiety and the unknown, an “**understandable, logical and secure point**”.
- Art work: This is me at the moment (see Appendix 3.4.1.). Emma draws for quite a long time and appears to enjoy it very much. She uses many colours. She works intensively, her movements are certain and confident. The hand moves from lower left to upper right side.
Emma names the picture “Versatile flowing up”. The client explained that she is in a positive mood. If she has had a problem recently, she says that she can now solve it or come out of it faster than before. She also talks about being flexible and seeing her problems from a different angle, which allows her to find a solution more quickly and sometimes discover that the issue is not as bad as it seemed at first sight.
She compared the “me” that she drew during the initial interview with the current drawing and she concluded that the “me” at the beginning was like a shaggy bundle which was very difficult to see through; but now it is disentangled, flowing and flexible and one can see all the colours that are inside it. She finds herself to be quite a colourful person; it is a good recognition for her.
- The therapist suggested a free imagination to conclude the therapy process.

GIM

Free imagination: music by Ch. Haden/P. Metheny The moon is a harsh mistress

Post-session:

- Emma felt secure and calm during the imagination. She had the same feeling as in the imagination of the first session being in a secure place. All the thoughts and pictures were pleasant, nice and real, there was nothing extraordinary.
- She would like to see how things will go now when she is not concentrating on the “final answer” any more. To the therapist’s question, “**What would you expect to see?**” Emma answers with full confidence, “**I don’t know!**” After a few seconds she understood that **this was the only answer that she could give to the question, the only answer that allowed leaving the answer open.**
- **Emma feels calm and happy.** She says that the feeling is neutral in a way, no highly positive or negative sensations, balanced. She likes the feeling. The client also says

that she is looking for interesting new experiences and new challenges; she is open for everything that will come to her.

Discussion/interpretation:

Emma came to the session with a highly important understanding, that it would not be necessary to know everything about the future. This statement could be regarded as the most important statement for the whole therapy process. She has been very tightly involved in searching for “something” throughout the therapy, something that she does not know, something that “has to be behind other things”, but is unreachable for some reason and she does not know why. She was highly satisfied with herself reaching this point. Emma can now be satisfied with her answer “I don’t know” and she can take it as normal because she cannot forecast the answers to many questions and problems in her life. She said she is curious about what will happen next instead of being anxious about it, she is no more afraid to meet some challenges in her life. This understanding has taken a firm place in Emma’s inner world. She has reached a secure balanced point in her life.

Emma admits that she is more aware of MPA than her fear of death. Although she somehow knows that these two issues are connected with each other. It is understandable that **it is much easier and more secure to be aware of MPA than the fear of death**. This is an important conclusion that will be discussed further in the thesis.

3.4.5. Outcome

3.4.5.1. Client’s opinion on outcome (based on final interview)

3.4.5.1.1. Current self-image

Emma finds herself to be a many-sided person at current moment. She concentrates much more on herself than on other people's problems and concerns. She is able to work a lot, “until the end”, until she has given everything that she can. She knows that she can recover quite fast.

Emma can notice the details about other people. Her communication skills have reached the next level. She can listen more carefully and reflect on other people's thoughts even if she does not have the same opinion on the issue.

She likes challenges and new situations more than ever before. She is open to everything that might happen. She is also open to meeting new people and getting acquainted with them.

Emma provided two improvisations similarly to the initial interview: "This is me" and "This is what I would like to be".

Improvisation: This is me (piano), duration 3:04

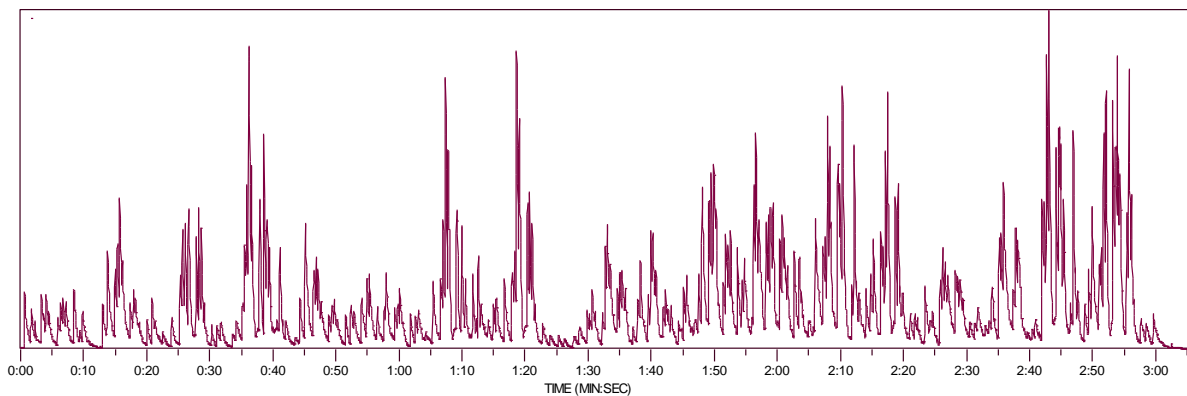


Figure 3.8. Music intensity profile of Emma's improvisation "This is me": final interview.

The improvisation is well-structured, in steady tonality and steady pulse; meter is clearly 4/4. The music is in variation form, the main theme is lead through 4 times. Left hand stays in the same place as *ostinato*, grounding the music. She uses only major harmony. Melody is smoothly moving up and down, a short sequence repeats itself with a little development on higher sounds. The improvisation has a concrete ending reaching the basic tonality. It can be perceived as a whole well-composed musical work.

After playing Emma said that she felt confident during the improvisation, the steady base line guaranteed it. She names the improvisation "My pulse". It throbs steady and firm. The intensity profile of the improvisation can be seen on Figure 3.8. See the phenomenological analyses of the improvisations in Ch. 5.

Improvisation: This is what I would like to be (piano), duration 2:25

Emma starts with a little searching phase until she finds the structure. The pulse is steady like the previous improvisation. In contrast to the last improvisation her left hand moves as well, allowing harmonies to become richer and developing. Melody is richer also, there are more colours, it moves more and has a clear development line. The music has a clearer culmination point than the previous one had. The music intensity develops until 1:30-1:40 and after the culmination gradually flows to the close. Generally the music has lower dynamics compared to the “This is me” improvisation. The current improvisation also involves some minor harmonies and has more colours inside.

Emma finds the improvisation more moving, consisting of more challenges (e.g. the minor chords). Before the improvisation Emma said that the music would be the same as the first improvisation was; she thought that she had reached the condition where she would like to be. Afterwards she admitted that it was different. She found that she should accept more challenges in her life and should not constrain herself. See the intensity profile of the improvisation on Figure 3.9.

Both improvisations can also be listened to on the CD included, tracks 8 and 9.

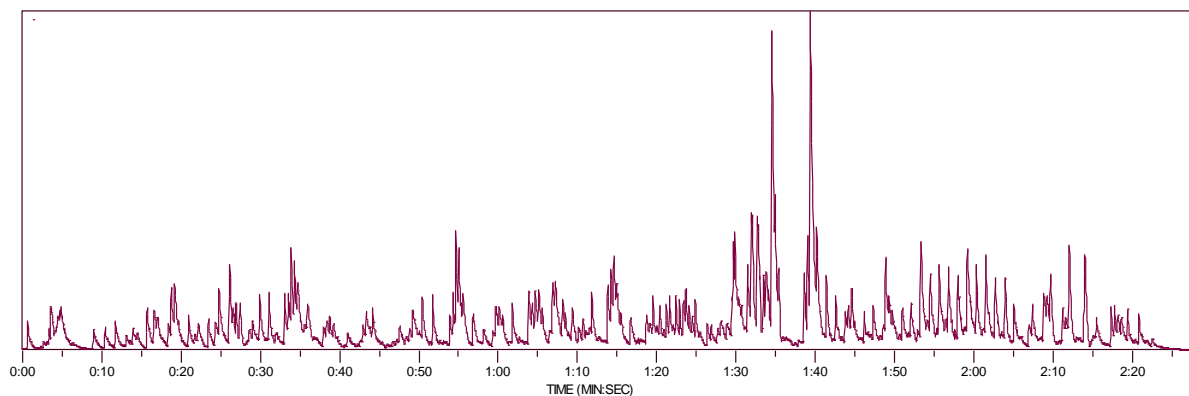


Figure 3.9. Music intensity profile of Emma's improvisation “This is what I would like to be”: final interview.

3.4.5.1.2. Changes during therapy process

Emma finds the most important change during therapy process that now she knows how to listen and understand herself. This is where she finds all the other alterations to start from.

One of the significant outcomes is that she can establish herself much more now in relations with her mother. She is not afraid any more of expressing her thoughts and

understandings to her mother. She can also see that her mother takes her seriously and takes her thoughts into consideration.

Emma has noticed that her brother accepts her more now; the contact between them has increased. She sees her brother has developed in the last year, but she also sees that changes in her attitudes could be one reason for establishing a better relationship. Also her younger sister trusts her more now. The sister listens to Emma more and takes her suggestions into consideration, which some time ago would have been almost inconceivable.

Now she uses music and improvisation more than before to release uncomfortable feelings and create inner balance. She finds it a very suitable way of solving temporary problems.

Emma finds herself to be much more open now. She can now speak openly about many things that she was not able to do before. She is not afraid to express her opinion to different people; she is not concerned about how they react or what they are thinking about her. Talking about herself as openly as she could was a big step for Emma at the beginning of therapy. She found it quite challenging at the beginning, but she got used to it quite soon. The breaking point was the moment when Emma wrote a letter to the therapist. She realised that there was no point in holding herself back or hiding something if she wanted to achieve the aims of the therapy. This understanding has created a good ground for integrating this openness in her real life as well. She said that the therapist's encouragement to speak with certain persons in her life in order to solve some problems had been good help for her. After doing so and experiencing the benefits of such behaviour the understanding deepened even more.

She is convinced now that even negative motion is better than standing at the same spot. Things can develop then and finally reach a solution whatever it is like. She is not afraid of negative consequences anymore and finds these to be a natural part of our lives.

Emma points out that she regards her higher self-esteem as the main result of the therapy. She can understand her real needs and the reasons for certain feelings or moods. She can also see connections between psychical and physiological processes; she understands how these might be connected and could depend on each other. Emma says that the therapist's reflections and interpretations have been a great help in reaching that result. She adds that understanding herself better helps her to cope in any situation, including before and during performances. She understands or has a better knowledge of where some thoughts or feelings may come from and she has more tools to regulate them and to lead herself to a constructive

and adequate picture of the situations. She also adds that if she understands herself she can better understand others and this is great help when coping with different relationships.

Emma is more self-confident now. This is the result of being more open and feeling better and happier now. She can face different matters in her life without being troubled by them. She can also regard her own needs as primary and act the way she feels comfortable. This also manifests itself in the situations of performing – she takes time to place the piano chair in a comfortable position; she even talks about having taken her shoes off at one examination to feel better. So she does not care about other people's expectations or pleasing the others as much as she did before.

One of the most unexpected moments for her was understanding the relation between fear of death and MPA. She knows now that it was a desire to know something that would be impossible to know and this understanding enables her to relate more realistically and in a more relaxed way to many situations where she cannot foresee the result.

She finds that a useful method for better coping with MPA is trying to be impervious before the performance, trying to relate neutrally to everything that might follow and letting things go their way. Emma does not think too much about how she will cope or what quality her performance will be. She is not afraid any more of the result and of other people's possible evaluations and opinions. She can estimate her condition and preparation stage adequately and she realistically evaluates how good or bad the result might be and is satisfied with that knowledge. Emma likes being on the stage more and concentrating on music.

Emma does not wear masks any more. She feels all right when letting the others know when she is tired or bored or dislikes the situation. The obligatory smile does not belong to Emma's tools any more. She is also braver now and can see things from a different angle. She can differentiate her opinion from the objective reality better and make decisions on a wider base now.

Emma realised that if she did not make certain decisions then nothing would move. She understood that her life was in her hands.

Emma's subjective evaluations of her condition before and after therapy sessions are summarised on Figures 3.10. and 3.11. We can see that she perceived her general condition

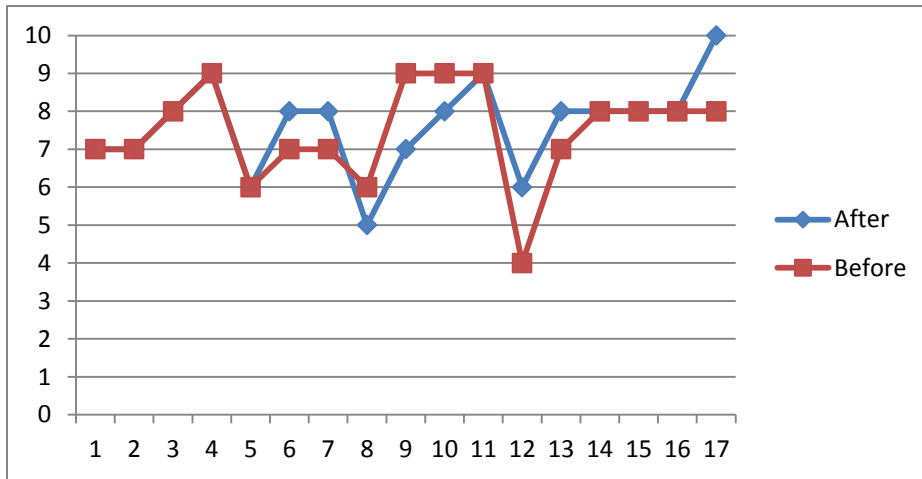


Figure 3.10. Emma's general condition before and after therapy sessions.

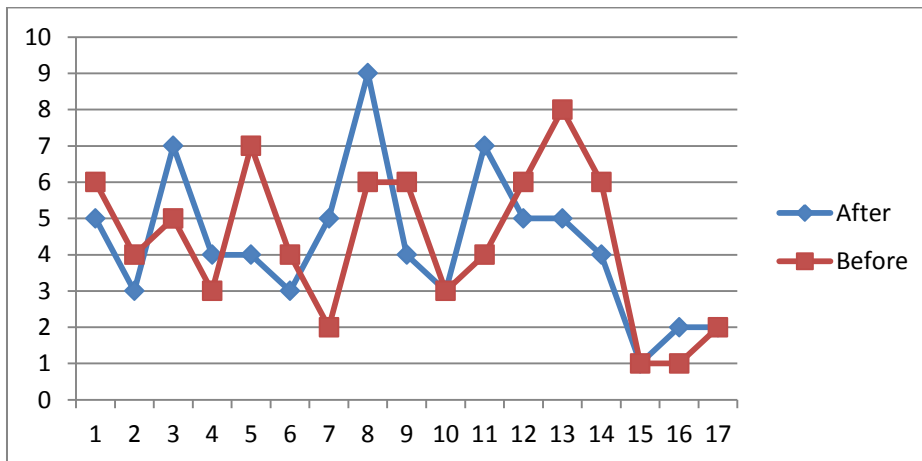


Figure 3.11. Emma's anxiety level before and after therapy sessions.

as relatively high during the whole process. The lowest measure shows at the beginning of the 12th session when she had admitted that she could let things go, but not the anxiety (see Ch. 3.4.4.13.). Emma did not recognize remarkable changes in her general condition during the first four sessions. The alteration was subjectively perceived by her starting from the 5th session. At the end of the last session Emma's measure for her general condition was the maximum – 10. Emma perceived the biggest increase in her anxiety level during 8th and 11th sessions. In the end of the 8th session she realized that everything was messy (see Ch. 3.4.4.9.) and also her general condition was perceived to get mildly worse. After the 11th session she was confused but was also optimistic concerning her future. She said that she did not know

where to go, but nevertheless she felt like moving (see Ch. 3.4.4.12.). In the last three sessions Emma seemed to perceive rather low anxiety compared to the previous sessions.

3.4.5.2. Objective outcome

Emma's trait anxiety as measured by STAI EX-2 shows a decrease. Trait anxiety level at the beginning of the therapy was 39, after the therapy 31 (decrease 20,5 %) and in follow-up (6 months after the therapy) 28 (total decrease 28,2%, see Figure 3.12.). 39 marks moderate anxiety and 28 low anxiety by the norms of the inventory (Spielberger, 1983).

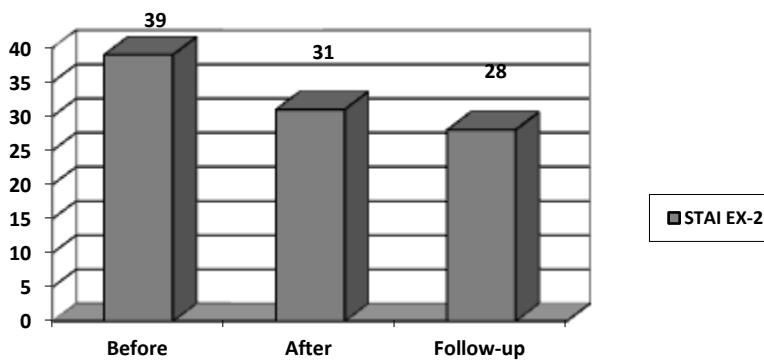


Figure 3.12. Changes in trait anxiety (STAI EX-2).

Music Performance Anxiety as measured by K-MPAI showed a clear decrease after the therapy from 140 to 87 (out of 259), 37,9 % and a slight increase in follow-up to 95. All in all the decrease was 32,14 % (see Figure 3.13.).

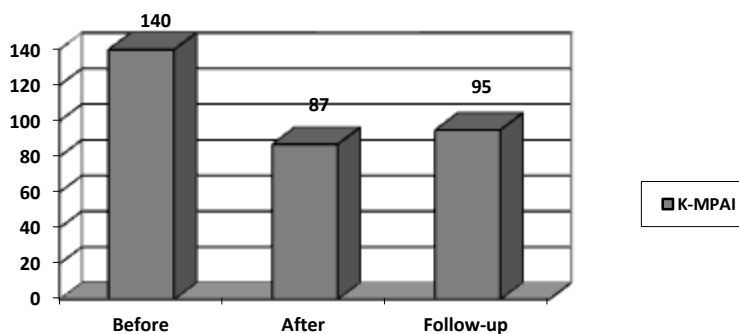


Figure 3.13. Changes in Music Performance Anxiety (K-MPAI).

On the Self-Image Inventory (see the inventory in the Appendix 3.9.) the largest alteration (see Table 3.5.) in the scales was as follows: from extreme worrying at the beginning of the therapy to moderate carefree perception in follow-up (1→5) and from moderate balance before the therapy to little balance after the therapy and to maximum balance in follow-up (2→3→1). Altering on the scale Critical↔Tolerant was positive as measured before and after the therapy (3→5), but surprisingly there has been a decline in follow up 5→2.

See the summary of the quantitative outcome of Emma's measures in Appendix 3.4.3.

Table 3.5. Main altering as seen on Self Image 7-item scale.

Scale	Before	After	Follow-up
Worrying ↔ Carefree	1	2	5
Balanced ↔ Excitable	2	3	1
Critical ↔ Tolerant	3	5	2

3.4.5.3. Main results of music therapy with Emma in nutshell

1. Aim: Better coping with MPA and understanding what might be the cause of it.

Result: completed

2. Aim: Getting to know herself better and improving understanding of her intentions in certain activities and feelings caused by these situations.

Result: completed

3. Aim: A wish of having fewer questions and more answers in her life.

Result: completed

4. Problematic issue: Pleasing the others, false self.

Development: Gaining greater inner understanding, self-esteem and self-confidence; creating new attitudes towards herself and the others; the mother-complex turned to the mother-love.

5. Problematic issue: Problematic relationship with mother, attachment to mother.

Development: Better understanding of feelings and thoughts towards her mother; ability to recognise and accept also negative feelings towards mother; “releasing” her mother, gaining differentiation from her.

6. Problematic issue: Stomach-ache.

Development: Noticed its absence in 12th session; did not report any problems with that any more.

7. Problematic issue: Fear of death.

Development: Has explored the issue; accepts that death is final and is satisfied with the understanding that one cannot know what is behind it, on the “other side”. With this understanding, can accept leaving some things open without a certain or complete answer.

3.4.6. Final discussion

The researcher has named Emma’s case “Searching for the unknown”. This knowledge has been the key concept during the whole therapy process with Emma. Already in the first session she took advantage of moving towards something that she did not know, but she was not ready enough to know the unknown.

One of Emma’s patterns was deep analysis and worry. She tended to “over think” the issues of her life and seemed to suffer quite a lot from that. Emma is quite talkative, but in many cases it seems to be a defence mechanism in order not to let anybody else interrupt her and by doing so she makes it impossible to open deeper areas of her. Being closed has caused many health problems. The major problem was stomach-ache that has accompanied Emma since she was a little child. The first thing she saw when entering her image world at the beginning of her first BMGIM-travel, was the image of her stomach. This was a clear sign that stomach problems were one of the major issues that were connected to her unbalanced inner condition.

There have been many issues of ambivalence in Emma’s imaginations and thoughts. Ambivalence was also the issue concerning the stomach-ache. She found it both pleasant and unpleasant. She even connected the image of the fountain of well-being to it. She could not decide whether the ache was a good or bad thing in her life. It seems that the stomach-ache was something that could hide more painful issues under it and this is why it was necessary to

keep. The stomach-ache was the main issue during sessions 2 and 3; Emma also mentioned it to be a big problem for her still in her letter to the therapist after the 4th session. After that the issue gave place to others, probably these that had been placed under it. At the end of the 9th session she said she needed time to “digest” all the information she had got – the main issue of the session was fear of death. This was the session when Emma faced her own fear of death for first time and was able to discuss this matter. Meanwhile Emma did not mention stomach-ache until the 12th session, when she announced that she had not had any problems with stomach any more.

Further important personal issues that grew out of the stomach-problems were obscurity and the unknown that was clearly connected to death issues and the issue of the relationship with her mother.

Emma’s mother, powerful and rigid, has played an important role in the client’s life. On one hand, Emma loves her mother and is tightly attached to her by mothering her in many ways and by worrying about her health and being afraid that she might die one day. On the other hand, Emma feels that her mother does not give her enough space for independent living; she sees the necessity to differentiate from her. An essential turning point in dealing with the mother issue was in the 6th session when she made a constellation illustrating the relationship with her. Emma visibly realised then that her mother plays on her emotions (e.g. keeping her emotions closed inside) and that she surely needed more space to live her own life. She felt great relief after reaching these insights and once having admitted the nature of the relationship with her mother, she also got a clearer understanding concerning other processes that take place in her family.

We can also say that Emma made great progress related to developing the patterns that were connected with the mother-complex. She does not have any need to give everything to others and to do something or feel something instead of them. Also, she cannot see any reason to please others whatever it takes. This new attitude allows her to cope better in performing situations, as now she can concentrate on herself and the music. In addition, it is important to mention that Emma did not develop a narcissistic ego-centred personality, but what remained was the positive aspect of the mother-complex – the mother-love (Jung, 1982/2003), full of healthy natural love, understanding and forgiveness towards other people.

The issues of the unknown, fear and death filled most of the sessions with Emma. She was obviously searching for something that she might never be able to find. It seems that the 8th session was crucial and meaningful for further development of Emma’s inner process towards greater clarity. It was one of the hardest sessions for Emma. As a result she found a

roll of paper in her imagery (by the music of Hovhannes' Meditation on Orpheus) where was written, "What are you doing and why?" And at the end of the BMGIM-journey she got a comforting opinion from an Older Man who said, "You are doing everything right!" Emma felt great relief after the experience. The big question for her at that moment was, "Could not my Ego rise too high when I believe that I really do everything right?" From that session on Emma had more courage to dive deeper into the issues of death and the unknown. Despite having many difficult experiences she went through these and came out of these being stronger and having enhanced self-confidence and self-esteem. According to the existential view to death issues by I. Yalom (1980, 2008) confronting the death issues can release much energy that has been used mainly for purposes of avoiding this knowledge and, among other matters, also to fight with anxiety that emerges while our psyche tries to reach more balance and keep us from knowing the real meaning of it.

Emma saw the obvious connection between her performance anxiety and the unknown and death issues. She struggled with herself for a long time to let herself know what could be behind her troubles and anxiety. These issues appeared in her BMGIM-travels in many ways, e.g. much light, fog, gates or wall and something behind it that scares but that she could not see; her died grandmother; dead bodies and Emma among or next to them, feeling helpless; being a figure among dead souls; some underground powers that try to pull Emma down. And in addition to that, in her imaginations as well as in the verbal therapy process we can find lots of questions that remained unanswered for her for a long time.

Anxiety before death means that mostly we live as if we were going to live forever (Young, 2009). The great philosopher Martin Heidegger (1996) has pointed out that death individualizes human existence: everybody can decide what he/she wants to do with his/her life. By recognising and accepting the death, the finality of it and the unknown that encircles the issue of death one can free itself from redundant concerns and choose to bring other more important issues in one's life to the foreground.

As a result, Emma accepted that there can be unanswered questions in people's lives for the simple reason that one could not have answers to every question at all. This knowledge helped her to cope better with her MPA by admitting that she does not worry any more about what might happen during the performance, how everybody could react or what kind of evaluations would be made.

Emma also developed effective coping techniques to deal with MPA: she does not think about the result anymore and can concentrate on music; she is not bothered about other people's expectations and opinions; she can realistically evaluate her condition and

possibilities for giving the performance; and most importantly – she is able to place her needs to the foreground and make her condition as comfortable as possible. As a result, Emma now likes to be on the stage much more and she can enjoy making music with all her “Dasein” (Heidegger, 1996).

To summarise Emma’s Enlightening Moments (see also Appendix 3.7.2.) during the therapy process, the most important insights for her have been as follows:

- Many of my behavioural patterns come from my mother, e.g. giving the others too much; having to give something away to get acknowledgement and recognition; worrying too much.
- I would like to have more space around me and “release” my mother.
- I can do everything the way I find it to be right. “You should do what is good for you!”
- I feel happy when “reaching the other planet”. The old planet is going to be destroyed and I need to reach the other one.
- Thinking of death makes me feel as if at an exam, I feel the fever of fear. It seems that death, the unknown and MPA might be connected.
- I could use the energy that is spent on finding the unknown for some more productive purposes.
- I should not focus on the mess, but concentrate on the clear and pleasant sides of the situation.
- When I was not afraid to ask the question, I got the answer. I am not afraid of anything anymore.
- I found a secure point for me. I know now that it is not necessary to know everything about the future. I can leave some questions unanswered now.

In the end of the therapy Emma found a more secure base (Bowlby, 1988) for her, the possibility to develop an emotionally more stable personality. According to Bowlby (ibid.) the individual needs some other clearly identified individual who is conceived as better able to cope with the world to replace the person whom the individual has had insecure attachment with. Emma was ready to “release” her mother but she clearly needed somebody to replace

her, to give her a sense of security. She said she needed a man in her life. David could be regarded as a “kindly stranger” (Bowlby, 1988, 32) whom she unconsciously ascribed being the attachment figure in the absence of her mother that could let her move on towards maturation. Having somebody next to her whom she could lean on could be great support for her to take on more new challenges and live her life more fully.

Facing things and letting things happen and develop can also be seen as taking responsibility. Emma can now take responsibility for herself more than before, she does not expect her mother or some other person to do it, she is able to decide where to go, what to do and how to do it. She is ready to make mistakes and learn from these experiences. She can see that every matter has a solution, pleasant or annoying.

Emma is a young adult and the therapy process can be seen as a natural part of her maturation/ initiation process. Despite her young age she was working very hard on her problematic issues and developed enviable skills of analysing herself and everything that she is related to. Emma has visibly grown during the process, obtained new knowledge and emotional and behavioural tools in order to live a rich valuable life.

3.5. CASE-STUDY 3/ ERIC: LEAVE ME ALONE

3.5.1. Background information

Eric (name changed) is a 22-year-old music student suffering from music performance anxiety (MPA). He is a student, but at the same time he has to work quite hard to guarantee normal life for him. Having both duties at the same time is quite hard for him; he does not have enough time to sleep and he often feels too tired.

Eric's family background is quite complicated. His father has been living separately from the family for many years and Eric has had several stepfathers during this period. He has 5 sisters and brothers, 2 of them have the same father as Eric and the others have another father. Eric is treated like a stranger at home. He even does not consider it home where his mother, stepfather, sisters and brother live. He does not have his own room in the house.

Eric has low self-esteem, although some narcissistic strains can be seen in his thinking and behaviour. He is emotionally vulnerable and unstable.

Eric had average measures in the State-Trait Anxiety Inventory (see Appendix 2.2.) as well as in the Kenny Music Performance Anxiety Inventory (see Appendix 2.3.) before coming to therapy. The score on STAI EX-2 was 43 (from the maximum of 80) and the score on K-MPAI was 142 (out of 259). But he reported having the highest score (4 out of 4) in Performance Anxiety Self Report (see Appendix 2.1.) and he confirmed that MPA is a major problem for him.

During the initial interview Eric looks very tired, his eyes seem veiled and his body seems to lean very heavily on the chair. He speaks very quietly. Often some of his words are so quiet that the therapist has to concentrate very hard to hear him.

3.5.1.1. Eric's self-image

The first thing Eric points out is that he finds himself to be too conscientious and responsive and does not meet his own but other people's needs. Sometimes the others take advantage of it and give him tasks to complete. It is difficult for him to say "no". He would like to help everybody who asks for his help and is afraid that if he says "no", other people would not turn to him anymore. Eric meets other people's wishes and needs even when it is obvious for him that he does not have time or energy for it. He admits that he makes his life more complicated by doing so, but he does it despite that.

Eric does not want to go out to places where there are too many people. He likes being by himself more or being with some close friends. He would rather do something than just sit at home.

It is difficult for him to concentrate on something for a long time. He gets bored easily and likes to vary his activities. He likes to learn and try new things and get new experiences. However, he likes making music and is willing to focus on these activities as long as it takes. He started to learn music when he was 9 years old. He also mentions that musicianship is the only field of action where he has been acknowledged.

He has been in the army; he enjoyed the time very much. He always had something to do there, he liked making an effort and being successful as their company was. Eric also said that he loved his country and that it would be obvious that every young man joins the army to give his contribution to our country's security and stability.

Eric believes that other people see him as a friendly person; he says he does not hate practically anybody. He also assumes that the others think him to be discontent. As an example he talks about being a member of an orchestra, the repertoire of which was boring for Eric and that is why he expressed his dissatisfaction. He admits that he does not like doing what somebody else wants or demands him to do.

Eric would like to concentrate more on school work. At present he is much more dedicated to his work and gets better results there. He says he has been very tired recently and that he does not have energy for everything that needs to be done. He hardly has any days off; he is always at work or at school. In addition, he is also a member of several orchestras (8 orchestras last year!) and teaches children at a music school.

It was an intention of the therapist to give the client the opportunity to reflect himself through music by completing the improvisation "This is me". Eric refuses to improvise. He says that he just does not know what to play and that it is more convenient for him just to talk.

The client believes that he is independent and does not depend on anybody else.

3.5.1.2. Eric's family

Eric does not communicate much with his family. He also refuses to draw his family and other important people. He says that he does not know how to picture these people.

His mother and father broke up about 10 years ago. Eric stayed with his mother and his father started to live separately. Eric said that the process of ending the relationship had gone quite slowly so that he was able to prepare himself for that. It was all right for Eric to

stay with his mother because he realized that his father could hardly cope by himself at that time.

3.5.1.2.1. Mother

Mother has never been interested in Eric's welfare. She dedicates herself to younger children and to her husband. The mother supports Eric neither financially nor emotionally. Eric has had to work since he was 11 years old to earn some money for himself. When he has had difficulties in school work he has had to solve these matters by himself as well. He also said that his aunts do not get along with her mother either.

3.5.1.2.2. Father(s)

Eric's real father died 3 months ago. He lived separately from Eric and the other family members for the last 10 years. He was an alcoholic and had several health problems so that his death was not unexpected. Despite the problems with alcohol, his father supported him more than his mother did. The father was more interested in Eric's well-being and he was more important for Eric than his mother. Eric also had great respect for his father. He found him to be friendly, diligent and hard-working.

He said that the death of his father did not influence him a lot. He could accept this easily and just go on.

Eric has had 3 stepfathers. He has not got along with them, especially with the last one, the man who is living with his mother at the moment.

3.5.1.2.3. Siblings

The client has 2 brothers and 3 sisters.

Eric finds his older brother to be similar to him. They see things and the world similarly and if Eric needs some help he turns to the brother.

One sister, two years younger than him, ran away from home some years ago and has been living on her own so that nobody from the family knew anything about her. Nowadays Eric communicates with her more, they get along well.

An 8-year-old sister and 6-year-old twins, a sister and a brother, are the children of Eric's first stepfather who does not live with this family any more.

3.5.1.2.4. Grandmother

The client's mother's mother has been a close person for him. Eric said that he always went to his grandmother after school; he felt good and safe there.

3.5.1.3. Other important persons

Eric has played in many different orchestras and he finds the orchestra members to be very important people in his life. He has many friends among them and feels fine being with them. Eric even said that he liked to participate in the orchestra not for playing in it but for meeting friends there.

The client has a girlfriend who tends to misuse him. She often needs help in her studies and Eric always tries to help her no matter what it takes or if it is day or night. On one hand, Eric feels deep connection to that girl, he loves her and likes to be near her, but on the other hand, he admits that he lets her take advantage of him. He likes it very much that his girlfriend is very emotional and puts her heart fully into everything she does.

3.5.1.4. Eric and MPA

Eric admits that he is anxious in such situations when somebody expects good results from him. He would not like to disappoint anybody and he tries to complete every task as perfectly as he can. He often feels that he could not fulfil other people's expectations.

Before a solo performance he tends to think that things may go wrong, he may not remember the material or just some faults may come in. He can play until the first false note and everything that follows is full of mistakes and he fails totally.

Eric recalls experiencing MPA for the first time when he was 18. He had to perform at his high-school with four other musicians. He played the solo and the others accompanied him. He made a number of mistakes and the whole performance was a big failure in his opinion. He also refused to play a certain musical piece. Eric admits that the music was very complicated and that he had not rehearsed enough for the concert. When he became anxious,

he felt hot, he had shivers over his body, mostly in his legs and his tone was fragmentary and uneven. Eric's classmates were in the audience and he thought that they had expected a perfect performance from him. And this was why he was so anxious and could not perform at his actual level.

As a coping technique, he tries to concentrate on other matters before the concert or exam; he talks to his friends or other students and tries not to think about the performance that is ahead.

When playing in the orchestra Eric does not feel as big anxiety as when performing alone. He can cope with his relatively low MPA and play his part accurately.

He says that he is not sure if he would be a professional musician in the future. He knows that it is quite hard to get work in a professional orchestra and he tells that he would not like to be disappointed. So it would be better not to have such intentions. He would like to study further at the Music Academy, but he is afraid of not coping there.

3.5.2. Objectives of the therapy

The main objective for Eric is to cope better with his MPA. Another aim is a better understanding of himself and reaching improved ability to decide what aspects are needed to be changed in his life and what decisions he should make. In addition, he would like to enhance his ability to concentrate.

3.5.3. Therapy setting

Eric would like to fix the amount of therapy sessions. It was agreed to have 10 sessions at first and then decide if it is appropriate to end or continue the therapy process. The frequency of sessions would be once a week and the duration of one session 1,5-2 hours.

The therapy process started with an initial semi-structured interview session and followed by only two therapy sessions. The therapy was terminated by the client.

The initial interview and therapy sessions were audio-recorded.

3.5.4. Music therapy process: data from therapy sessions

3.5.4.1. Session 1: Quietness

Mood pictures:

Before: Picture No 19

Therapist's description (T): slices of citruses in different colours: red, yellow and green

Client's explanations (C): traffic lights, it characterizes me in general, I'm multi-coloured

After: Picture No 10

T: an old man looking towards the horizon

C: a man who observes the environment; he likes to be alone and independent and feels very good there

Condition (10-item scale):

Before: general 6, anxiety 4

After: general 5, anxiety 2

Pre-session:

- Eric seems to be quite anxious when coming to the session. He speaks quietly and cautiously and looks down most of the time.
- He has had some misunderstandings at work that influence his condition. He says he believes that the managers and co-workers trust him in general, but this time he did not complete a task by a certain time because **he did not understand that this was his duty**. And that caused an unpleasant feeling in him.
- He would like to gain high results at work, but he doubts that **the managers underestimate him**.
- Eric would not like to focus the opening of the imagery on something particular; he would just like to see what would come to him.

BMGIM:

Induction: Progressive relaxation

Program: Caring (see the complete list of BMGIM programs used with Eric in Appendix 3.5.2.)

Opening image: free

Key images:

- A theatre. It feels like a closed room. I'm sitting there quietly. The room disappears.
- It's dark. I'm alone. Something captures me, I'm just standing.
- It's getting brighter. A forest, I'm just standing there, **nothing happens**. It's summer, **I'm feeling good**.
- **An old ship** that carries some goods. I don't know where it is going. **I'm just standing there and observing** what the others are doing.
- Backyard of an old country house. **An old woman is sitting there and waiting. Everything is achieved**; there is nothing more to do. I'm not there. **The music is too agitated. I feel that my body gets insensitive. Feeling sad and lonely**.
- I don't see anything. Thinking of my roommates. **I would like to keep some more distance**. I would like to go out of my home. I'm outside, **it is cold but I like the feeling**.
- Many people who have plenty of time for everything; they don't have to rush. I observe their behaviour. They look down and **they seem sad**. It's getting cold and I should go into the house again. It's nice weather outside; I'd like to go out.
- It is winter again, a lot of snow. There are lights in house windows. I'm outside and look into the windows.
- It is cold and bright.

Mandala: Grey (see Appendix 3.5.1.)

Post-session:

- Eric found that there was nothing certain on his drawing. After some time of thinking he said that **this was nothing**. Still the picture seemed partially symmetric for him. He felt as if he was in the centre of the picture. It was quiet there; he would have liked to be there doing nothing. This was an empty space; there was nothing that might encircle it.
- He felt very good being on the streets and looking at other people from the distance. **Nobody restricted him** to do so. He finds a parallel to his home where two other flatmates are living. Eric would not like to talk and be social all the time; **he would like to have some more space** to be by himself. When he tells them not to bother him with the questions, they start to force him to talk to them even more. His room does not have a door so he can never be there completely privately.

- Eric noticed that there were many people in his imagery who just “were there”. **He admits having no certain aim in his life** at the moment and that he just does what has to be done without enthusiasm and satisfaction. He does not know what he will do after finishing school, where to go further.
- He admits that he wishes some alternations to his life. He said, “Something unexpected might happen”. The client **does not know what he wishes out of his life**.
- Eric realizes that **he has too many obligations**; he would like to have some peace and just to be without doing anything for a while.
- The music seemed sad to him. **He does not know what may cause the sadness in him**. He seems a bit confused.

Discussion/interpretation:

It is very hard to understand Eric’s talk. He speaks quietly and cautiously, his thoughts are fragmentary. He seems to be highly unsure of what he is saying. Listening to the recording of the session demanded utmost concentration to understand his words.

Eric is quite anxious to achieve good results at work because he has intentions to get higher on his career ladder and he also sees real possibilities for that. It indicates his desire to be acknowledged and to do his best to accomplish it. Even the smallest misunderstandings at work might influence his self-confidence quite severely and might cause the fear of being underestimated or even of being fired.

The therapist sees Eric as being fragile and having deep sadness behind it. The client seems to be extremely vulnerable and seeking for support that he might not get from anywhere else. It was decided to give Eric his first BMGIM-experience by the program “Caring” by H. Bonny and L. Keiser-Mardis, because of the calm and supportive music. The program is a revised version of the earlier formed program “Comforting/Anaclitic”. The creators have pointed out, that the music provides warmth, comfort and also some touch of sadness.

Eric got images quite easily. He seemed to be tightly connected to the music so that his images were moving or standing according to what was happening in the music. When experiencing too high anxiety Eric brought his defence mechanisms into use and he allowed conscious thoughts to come in. In addition to that, his body was becoming insensitive. This happened when he was experiencing sadness in connection to his thoughts that everything had already been done and that the figure of the old lady did not want to reach anything anymore

(3rd piece of the program Debussy's String Quartet, Andantino). He really has sadness deep inside, but it seems to be too early to get contact with that painful feeling. When talking about sadness, Eric's words were uttered extremely gently and quietly.

The client was able to recognize that he needs some more space around him, but he still did not have an answer to how he could guarantee himself this desired condition.

Eric spoke in short sentences and did not develop longer thoughts. In most cases Eric did not say anything after he was given some space by the therapist, so he could not take advantage of the broader space that was offered him. On the other hand, thinking things through and not expressing them aloud might be exactly what he needed – staying with his thoughts by himself and not letting other people into his world.

3.5.4.2. Session 2: Leave me alone

Mood pictures:

Before: Picture No 140

T: a businessman in everyday office clothes but without shoes

C: I have to hurry all the time

After: Picture No 64

T: a lighthouse

C: I'm insensible and I feel nothing

Condition:

Before: general 4, anxiety 4

After: general 2, anxiety 4

Pre-session:

- Eric got promoted at work. He is now obliged to be at work five days a week. He feels acknowledged; this is a big important step forward for him.
- He has a feeling that **he cannot live his own life**. He did not get to his music lesson at the college because of work and he was very unsatisfied with it.
- **He should also quit an orchestra** because of the lack of time. He was not satisfied with this and he said that the orchestra conductor was very disappointed with him because of that.

- Eric decided to move flats so that he had many little problems connected to moving.
- He says that **everything is negative and not good for him at the moment**. He thinks that **there are many things in his life that need to be changed. He just does not know what he should start with.**
- **Eric is tired and would like to have some rest.** He says that maybe he should not be there in the therapy at the moment and use this time for other activities, for example for sleeping. **Being in therapy takes 2 hours of his valuable time.** Despite that Eric agrees to go on a BMGIM-travel and see what it can bring him to understand better what is going on in him.

BMGIM:

Induction: Concentration on breathing, light ball (Eric asked for different induction, however saying that the relaxation in the previous session had felt good and relaxing)

Program: Pastoral 1,2; Creativity I 4, 5

Opening image: free

Key images:

- I remembered a dream. **I should become a cook.**
- **This music does not take me anywhere.**
- Like an old movie. Sky, white clouds. **I don't know where I am.**
- I would like to listen to what is there in the music. **There isn't anything interesting for me.**
- Ticking of the clock bothers me, **I can't concentrate.** If I concentrate on music then I can't see anything at all.
- I think that in real life the music would be better; through the equipment many nuances are not distinguishable.
- **I am tense; I feel it in my shoulders and neck. As if somebody pushed me down. Everything is grey,** it is around me.
- **I don't have time and energy to deal with the things that I like.**
- **I feel tired and tense.**

Post-session:

- Eric felt as if his body was very heavy and it was hard to move.
- **He does not want to think about anything.** He would like to be in peace. He would just like to listen to the music and not think about anything during listening.

- The therapist took his speaking obstacles into consideration. **He said that he also spoke unclearly in situations that were stressful for him** and that in the current situation he also felt like being under pressure and quite uncomfortable. Eric did not regard the matter with speaking as a problem for him; he said he never had any complications because of that.
- He feels uncomfortable. **He would not like to speak about himself and his thoughts.** When the therapist asks about situations in his life where he has felt similarly, he finds a parallel with being in a lesson. Eric said that **he perceived the therapist as a teacher** who asks questions that he does not know answers to.
- Eric says that it does not come naturally for him to imagine something with music.
- It was agreed to meet in two weeks.

Discussion/interpretation:

Eric came to the session 15 minutes earlier. He seemed to be distracted and deeply in his thoughts. He expressed diverse feelings. On one hand he was highly satisfied that he had been promoted, but on the other hand getting promotion meant that he would have less time for music, for something that was his real vocation. The client realized that he did not have enough time for himself, but despite that he agreed to take additional jobs and complete some tasks that should be completed by somebody else.

Thinking about his problems seems to be a highly demanding task for him. A great resistance emerged already in the second session. Was this a sign of moving too fast?

The therapist decided to use some calming and neutral music also this time to allow the client to feel support and comfort. The imagery started with the program “Pastorale” by K. Bruscia. But seeing that Eric could not move at all and had no imaginations, the therapist decided to bring in some music that would have more energy and movements inside. So the 4th and 5th piece of the program “Creativity I” by L. Keiser Mardis were used. But it did not help the client a lot. Instead, he reported being tense and insensible.

Eric did not have images nearly at all during this imagery. It was completely different from the previous session when many different pictures went through his mind. The situation reflected Eric’s desire not to do what the others would like him to do. He resisted the music and activity that the therapist proposed to him. Before the travel he also said that he would rather not go to therapy because he had to think too much there and tell the therapist everything that came to his mind.

The client saw the therapist as a teacher. This could be regarded as quite a clear transference issue. And if he saw the therapist as a teacher, it is obvious that he would see obligations connected to the process. But this is what he would like to get away from at the moment. He came to therapy to get answers to how to “win” some more time for himself, but the therapist offers hard work and obligatory activities instead.

Uneasiness when talking is a remarkable sign of feeling uncertain and stressed. It would be one of the visible things to follow to detect possible changes that might then be considered to be the signs of changes on deeper levels of Eric’s personality.

Eric left his cell phone in the therapist’s office. Was it his unconscious intention to let the therapist know that despite his big resistance he would like to come back and go on with the therapy?

3.5.4.3. Termination of therapy process

Eric terminated his therapy after the 2nd session. At first he let the therapist know by SMS, that he could not come to the 3rd session at the time agreed. After the therapist suggested that he should propose the next suitable time for the session, Eric refused it also. He sent a final e-mail to the therapist a month after the 2nd session:

Hello!

I won't come this Tuesday either. And obviously I'm not coming at all anymore. I can cope with my job and the school now without troubling myself too much. I feel just great. My girlfriend helped me a lot in that. Resigning from therapy is not connected with being in conflict with that but it means that I have got my things in order.

But thank you for the therapy so far!

Have a cosy day,

Eric

The letter sounds unusually positive and seems artificial if compared to the thoughts and expressions that he brought into the therapy sessions. Especially the last words “Have a cosy day” sounded strange. One could not hear Eric using such kind of words like “cosy” or “cool” or “great” etc during all three appointments. He would like the therapist to know that everything is all right with him, but obviously it was not so.

The therapist answered Eric by giving feedback to the content of the letter and giving him a chance to continue the therapy process when he is ready again for that. He has not used this possibility so far.

Obviously, if taking into consideration this client's therapeutic issues and condition, it would not be possible for him to find balance and joy in himself just like that, which could be his intention. Ending the therapy was unexpected for the therapist, but by analysing different factors that might have caused it, we can see that it seems to be a relatively consistent continuation for the situation and condition where the client has found himself by the end of the 2nd session.

3.5.5. Final discussion

The client "accomplished his tasks" of his 1st session excellently. To put it in his context, we might say that he fulfilled somebody else's expectations and did not say "no" though he might not have liked the activities that he had to do. The therapist took his good execution as a sign of being ready to explore his inner processes and made space for possible developments by handling the themes that came up during the first imagery from psychodynamic point of view. Afterwards it seems that the client's ego was too weak to plunge into one's deeper spheres at once. The therapist did not accomplish his transference expectations to be a "good enough mother", to feel something that he had lacked all his life and would have expected to experience from the therapist. Instead, the client saw the therapist as a teacher who demanded something of him and forced him to do things that he would not have liked to. Eric's condition was vulnerable and he might have expected more support and warmth from the therapist instead of many difficult questions and complicated analyses.

Eric seemed to trust the process in the 1st session. He also seemed to expect that he could get salvation to his painful feelings, but his condition got more tense and painful than it had been before. So if the therapist had started with supportive techniques only, it could have been easier for the client to move towards his problematic issues step by step.

Eric mentioned in 2nd session already that he would not like to deal with such complicated issues as the therapy had aroused, he would like to keep distance from these matters. For instance, at the end of the 1st session Eric admitted feeling sadness. It seems that this feeling might have been connected to some highly important issues for him and it might have made his inner condition so uneasy that he found it better not to touch those areas any

more. There are two aspects that might be taken into consideration. Firstly, according to a research by Philips, Wennberg & Webart (2006) patients with more “distancing” types of ideas of cure are more inclined to terminate psychoanalytic psychotherapies prematurely than patients with more “approaching” types of ideas. It may be also considered that “distancing” ideas of cure are connected with the externalizing coping style which predicts a good match for behavioural therapies and not insight-oriented therapies (Beutler et al., 2002). So we can regard the psychodynamic approach as not suitable for this client’s treatment.

If we look at Eric’s self-evaluations before and after sessions, we can see that he found his condition worsen during the sessions. As measured on the 10-item scale where 1 is the worst and 10 the best condition, Eric rated his general condition before the 1st session 6 and after the session 5, before the 2nd session 4 and after the session 2 (see Figure 3.14.). So he found that his condition worsened during both sessions.

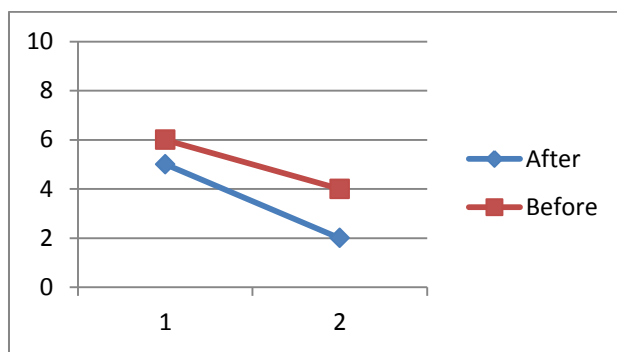


Figure 3.14. Eric’s general condition before and after therapy sessions.

He rated his anxiety level before the 1st session 4 and after the session 2, perceiving a decrease of anxiety. But during the 2nd session the level of anxiety did not change staying on 4 (see Figure 3.15.).

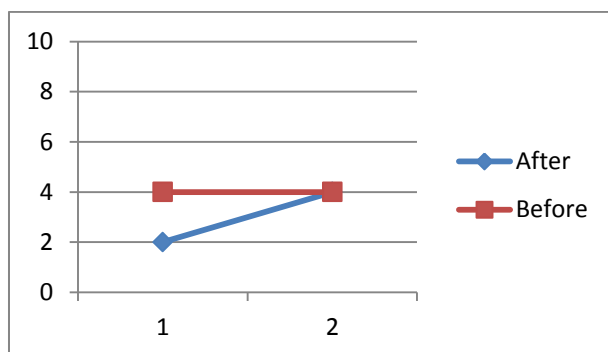


Figure 3.15. Eric’s anxiety level before and after therapy sessions.

So, during the 2nd session he experienced worsening of his general condition and his anxiety did not diminish. We can assume that his expectations differed from the actual outcome. It is quite understandable that coming to therapy one expects to achieve positive changes and better condition. Even though the therapist informed Eric about the possible complicated and painful feelings that could arise during the process and explained the phenomenon of resistance, he could not bear the intensive state and chose the way that seemed to be easier – to quit.

One more aspect should be considered in connection to this case. From the very beginning of the therapy process the therapist was too much concentrated on client's anxiety because of the client's indicated need and also the aim of the research. If we look back we might notice several reactions and behavioural patterns of the client that indicate depression. We can see it as a proof to Bowlby's (1988) theory, that having insecure attachment experience in childhood, especially in case of broken relationships, depression and sorrow might occupy the person. There is research evidence indicating that the clients who terminated therapy prematurely without reason endorsed a higher level of depressive symptomatology than clients who reached a satisfactory termination point (Renk & Dinger, 2002). Co-operation with a psychiatrist and some supportive medication might improve the client's readiness for self-exploration.

There can also be some hysteric power (Decker-Voigt, 1991) found in Eric's personality. Decker-Voigt describes the power with a characteristic sentence, "I am always interested in something new" that indicates searching for alternation and fear of the same. This personal trait can also lead to mania. It is difficult for Eric to concentrate on something for a long time. He gets bored easily and likes to alter his activities. As the therapy process with Eric was quite short there were not enough possibilities to explore that trait of his, but still he could demonstrate it by asking for different induction in the second session although he said he had liked the technique used in the previous session.

However, the therapist should accept the client's choice to terminate the therapy process and not concentrate on what might have happened if some other techniques or interventions had been used. According to Carl Rogers (1980), it is the client who knows what hurts, what problems are crucial or what directions to go in. The client's right is to decide what is better for him/her and to act according to his/her comprehensions. Ending therapy prematurely is not a rare practice: a meta-analysis of 125 studies of psychotherapy drop-out revealed a mean drop-out rate of 49%, a figure regarded as being generalized to many clinical

contexts due to the fact that this figure represented a wide range of settings, diagnoses, and treatments (Wierzbicki & Pekarik, 1993).

3.6. CASE-STUDY 4/ OLIVER: SEEKING TO BE FREE

3.6.1. Background information

Oliver (name changed) is a 21-year-old music student who came to music therapy because of his high music performance anxiety (MPA). He lives and learns far from home. Oliver has quite an emotional, vulnerable and soft personality. He has rather low self-esteem and is highly depending on other people's attitudes towards him.

Oliver had high measures of trait anxiety (54 out of 80) on STAI EX-2 of the State-Trait Anxiety Inventory (Spielberger, 1983; see also Appendix 2.2.) as well as in Music Performance Anxiety (172 out of 259) on K-MPAI, the Kenny Music Performance Anxiety Inventory (Kenny, 2005; see also Appendix 2.3.) before coming to therapy. He also reported having highest score 4 on PASR-scale (see the PASR in Appendix 2.4.).

Oliver starts to speak quite shyly but he becomes a little more confident with every sentence and his expressions develop longer. His talk is wary and sometimes slightly unclear; he also has many pauses in his thoughts. To illustrate this fact, here is an example of Oliver's thoughts during the initial interview: “/.../ Sometimes it isn't successful... .. probably if... if... if you do... do something and should ... should take some break, then you overheat and then you can't see the point any more, but you still go on, but... but in a way you run like a hen without a head... and... in-between there is some burnout, that... in that sense that... that if I've such a ... have so many lessons and... and my head is mixed up... just like with my main subject /.../, that... there is like so many such things, that like push me away from it or something like that and... and then I think that I can cope with everything and then ... one moment I feel that... that the load is too big, so that... and if you deviate, then comes the... eee... like guilt in a way, that... I'm like... like... like undone or that my plan is like totally messed up... /.../”

3.6.1.1. Oliver's self-image

Oliver finds it hard to talk when the partner does not ask leading questions.

Oliver considers himself to be quiet and decent, though social at the same time. He likes to spend time with friends or other people but he is not very talkative or active. He does not make “small talk”; he only speaks when he has something important to say. Oliver admits

that he needs a lot of time to formulate a thought or an opinion that could be worth expressing. It takes him quite a long time to make decisions in general. He also focuses his attention on being as understandable as possible for other people.

The client considers himself to be a hard-working person. When he decides to do something he will complete it, no matter how much energy or power it takes. He prefers to execute things that need to be done first and then concentrate on what he would like to do. It does not always succeed. Oliver expects too much of himself sometimes. He may feel guilt when he is not able to complete school work or some other task that was necessary to be finished by a certain moment.

During the interview he mentions the concept of burning out many times. He finds himself to be burned out when he has lost his motivation, mostly because of too many obligations. At such moments he tries to have a little rest and do nothing for a while. Oliver says he has discovered that solutions to that kind of situations might sometimes be quite near; occasionally he just cannot see them. He mentions the need of opening his eyes to see and recognise things that seemed to be unclear, hidden or unknown.

Dealing with music is highly important for Oliver. He knows that his family is quite concerned about his choice of becoming a musician, but he affirms that music is very important for him and this is the only thing he would like to spend his time on or what he would get full satisfaction of.

Similarly to other clients, Oliver was asked to complete two referential improvisations: “This is me” and “This is what I would like to be”.

Improvisation: This is me, duration 2:08

Instrument: piano

Piano was the only instrument that was available in the interview room. Oliver said it was not “his instrument”, but despite that he enjoyed playing it very much and could go deep into the exercise.

Oliver’s playing was quite chaotic and unpredictable. It seemed as if he was searching something. At the same time it looked as if he was sullen; he showed inner power and certainty in pressing the keys and the dynamics was quite loud. But his play did not have certain direction; it sounded as if he was mixed up or did not know why and what he was doing. There were very few chords in his playing; most of the time he played single notes. The end of the improvisation was concrete and on a tonal base.

He said that he is searching for something in his life and is not functioning in a certain rhythmic structure at the moment. He also said that the improvisation was a manipulation with rhythms and that it showed some rhythm of life. But he said he sometimes went out of that rhythm, which meant that he could not do things that he would like or what he had to do. Oliver felt tiredness during the improvisation and said that the reason for it was too little time for sleeping. He said he was not full of emotions while playing.

The intensity profile of the improvisation compiled by MIA (Bonde, 2007) can be seen in Figure 3.16.

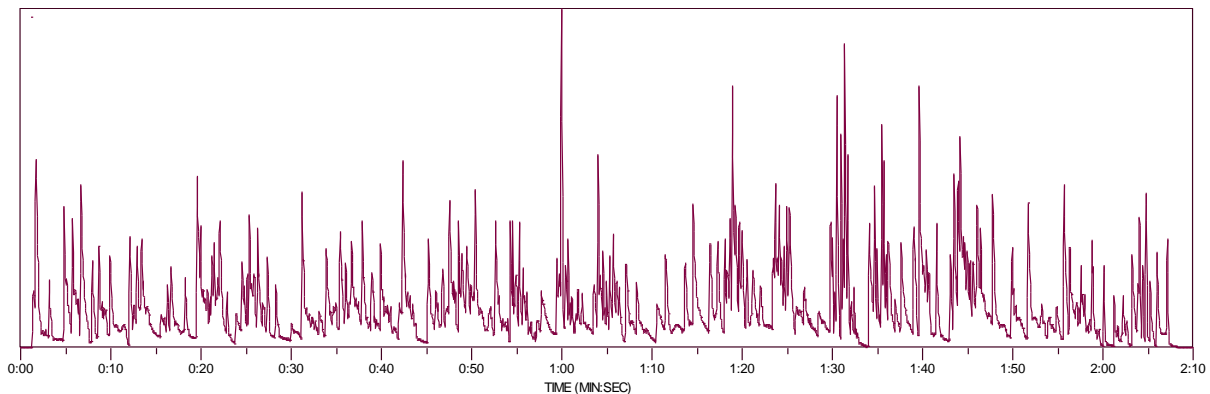


Figure 3.16. Intensity profile of Oliver's improvisation "This is me": initial interview.

The improvisation can be listened to on the CD enclosed, track 10.

Improvisation: This is what I would like to be, duration 3:25

This improvisation was much longer than the previous one. There was a clear *ostinato* (mostly on two notes) in his left hand at the beginning of the improvisation. The music was more structured, but not completely in certain rhythm. Oliver changed the tonality a bit higher after one minute. His playing became more intensive and loud, it sounded quite demanding. After a minute he changed the tonality again, this time a little lower. Then he continued to play single demanding chords of two notes. The last part of the improvisation was in quite steady rhythm, consisting mostly of dissonances played in lower diapason. The music had no concrete and expected ending; it felt like something that should go further was left unfinished. See the

intensity profile of the music in Figure 3.17. and listen to the improvisation on the CD enclosed, track 11.

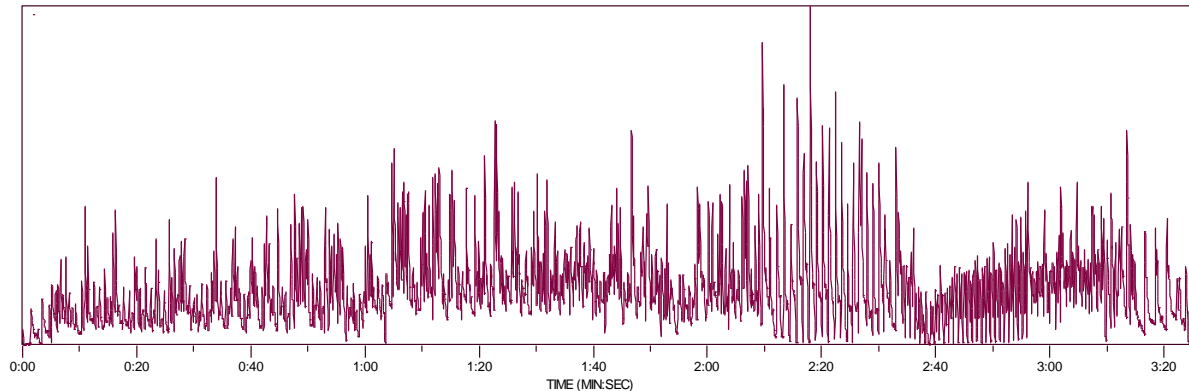


Figure 3.17. Intensity profile of Oliver's improvisation "This is what I would like to be": initial interview.

Oliver said he had listened to himself more than during the previous improvisation. He found it a very good idea that he should listen to himself more. He found out that he felt burned out when he was not listening to himself, to his needs and inner processes enough.

He said that he enjoyed this improvisation more; he sought more playfulness and he also tried to experiment with sounds. Oliver felt activation and as if standing on firm feet; it was a good feeling for him. He said that he had felt no firm ground under his feet, he had felt uncertainty.

3.6.1.2. Oliver's family

Oliver's core family consists of him, his mother and brother. He does not know anything about his father. He has quite a big circle of aunts, uncles and cousins, some of whom he communicates quite tightly with.

3.6.1.2.1. *Mother*

Oliver finds the metaphor of a big spruce to describe his mother (see Oliver's drawing in Appendix 3.6.1.). His mother stands firmly in the same place and does not move. She would not like to change anything in her life. She just trends somewhere. But she certainly

would make changes in Oliver's life and she would like to lead his doings the way she considers to be best for him. The mother does not find her own needs to be important; she dedicates herself to her sons, mostly to Oliver.

His mother does a job that is below her real abilities. Oliver does not see any reason for doing that, but it seems to him that his mother likes to point at her altruism and unselfishness and is satisfied with her destiny. She tends to magnify things and she is also worried about everything that may be worth it. His mother has sisters and a brother whom she can talk to about things that she refuses to discuss with Oliver.

3.6.1.2.2. Father

Oliver says he has never had a father. He did not draw him in the picture at first. Finally he drew him as a black hole that has nothing inside.

Oliver's mother has never told him about his father. She only told him that he was a foreigner, but Oliver does not think this is true. He even does not know if his father is alive somewhere or if he is dead. There are many hidden matters behind this story and it seems to influence Oliver as well as his mother a lot. Oliver has had many speculations about who his father is, but these are only assumptions. He has asked her mother many times to tell the story of his father, but she has refused and said that one day she will tell him.

He drew his father as the nearest person to him compared to the others.

3.6.1.2.3. Brother

Oliver's brother has an important role to play in his life. When introducing his family he said: "I have a very small family /.../ I have an older brother and mother and an older brother". So he mentioned his brother twice. He also drew his brother right after he had drawn himself, before his mother.

He used the symbol of a house for his brother. His brother seems to fill the place of father for Oliver. The brother is 13 years older than Oliver and Oliver regards him as an excellent model of a good man. Oliver can talk to him whenever he wants to. He also taught Oliver the jobs that men have to do at home.

He points out that his brother is a very realistic man with a clear head. He does not approve of most Oliver's choices, but he tries to accept him. Oliver believes that being a musician is not a practical thing and it might not be a very good job to become a wealthy man.

Oliver and his brother have different fathers. His brother's father died of cancer many years ago.

3.6.1.3. Other important persons

Oliver has two good friends from his high-school time. He can share his joy and concerns with them and feels that they are real support for him.

He has many cousins, but one of these, a girl, is closer to Oliver than the others. She is as a soul mate for him; he feels very good with her.

Oliver has had a complicated relationship with his girlfriend who appeared to be a member of a sect and has behaved strangely. Religion was in the first place in her life and Oliver felt that he was left to the background. She made the decision to choose the sect and ended the relationship. It was quite hard to bear for Oliver, but he coped with it. Right after Oliver had calmed down, the girl announced that she would like to continue their relationship. Oliver refused this proposal and he was sure that he made the right decision and felt good after making the choice.

3.6.1.4. Oliver and MPA

Oliver remembers himself enjoying reading poems and acting when he was young. He also recalls being too much in the foreground, so that the others told him to withdraw a bit. The situation changed after he went to another school. He felt that the teachers were more demanding there and he had to work harder to get good grades. From that period Oliver remembers feeling anxious because of performing.

When an important performance is approaching, Oliver cannot concentrate on anything some days before it already. Feeling weakness and tiredness also belongs to the condition. He admits losing control while playing. The most awful feeling appears when he has to play solo. After an unfortunate performance he feels ashamed of himself.

He mentions evaluative persons among the audience as one of the reasons of his MPA. The other important cause of MPA for him is being not prepared enough for the performance. He admits that this is something that he can alter himself.

3.6.2. Objectives of the therapy

Oliver was highly motivated to come to music therapy. The aims of therapy with him were a better understanding of himself, better coping with music performance anxiety and also understanding the roots of that powerful feeling.

3.6.3. Therapy setting

Sessions with Oliver took place irregularly because Oliver lived far from the therapist's working place and it was sometimes complicated to find a suitable time for sessions. Sessions 1 and 2 were carried out on successive days. Breaks between other sessions were from 1 week to 2 months.

The duration of one session was 1,5-2 hours. It was agreed to follow the process flexibly until the objectives of therapy were reached.

The therapy process started with an initial semi-structured interview session and was followed by nine therapy sessions. At the end of the process a closing semi-structured interview was carried out. The follow-up questionnaire battery was completed by Oliver about 6 months after the therapy.

3.6.4. Therapy process: data from therapy sessions

3.6.4.1. Session 1: Hidden danger

Condition (10-item scale):

Before: general 7, anxiety 4

After: general 8, anxiety 1

Pre-session:

- Oliver should communicate with his friends more. He thinks that this would bring more security to his life.
- **He feels to be “cut off” from close people;** he lives far from them as well.
- Oliver prefers to spend time by himself.
- His high school was far from home. He experienced community-like life there; everybody lived next to the school and went home only for weekends.
- Oliver had had very good results at school before, but in high school he had to work hard to get better results. He thought **his brother expected more (better results) of him.**

BMGIM:

Induction: Orientation on deep breathing, feeling that body becomes more heavy and relaxed

Program: Pastoral (1, 2) (see the complete list of BMGIM programs used with Oliver in Appendix 3.6.2.)

Opening image: a safe place – brother’s house by the sea (a real place), sitting together with his brother by a fireplace

Key images:

- Old street, old cars, autumn.
- **A big sailing ship, a woman in white clothes on it.**
- **An old room, an old accordion** in bright light.
- **Dark ink** comes into the room down the door. Ink is getting white; it **rises up like a whirl.** A butterfly is in it. **The butterfly reached out of the whirl.**
- **A friendly furry dog.**
- A ladder that is only drawn on the paper.
- Two men with hats and grey beards saw a beam.

Post-session:

- The sailing ship was important for Oliver. He realised that the ship did not have crew on it, the ship stayed in the same place and it did not move a lot. He let the sea move it a bit. If he were on the ship, it would not be a good feeling. It felt similar to the situation when his girlfriend left him – **nothing moved and it was not a good feeling.**
- **The accordion** was a memory from Oliver's childhood. It was **the first instrument that he had learned to play.**
- **The ink represented big hidden danger** that could ruin the instrument so that nobody could play it any more. The ink turned into a not dangerous white whirl.
- By the end of the session he felt calm and good.

Discussion/interpretation:

The first session took place 4 days after the initial interview. At the beginning of the session Oliver was willing to explore his inner world in order to know more about himself, to find possible causes of his performance anxiety and to achieve better coping with this condition.

The therapist decided to start the imagination with an image of a safe place. It was quite easy for Oliver to find one. On one hand, it seemed that he felt really safe and good in his brother's house and backyard. On the other hand, the therapist noticed that while talking about his safe place Oliver "closed himself down": he crossed his arms on his chest quite tightly.

The GIM-program "Pastorale" by K. Bruscia was chosen because of its calm and pleasant nature. It seemed that Oliver might need something caring and rather soft to start his personal journey. Only two musical pieces were used in this travel because of the lack of time.

Oliver's first travel was chequered and changeful. Many different images altered in his imagination very quickly. These images were quite abstract and many of them absurd-like. It seemed that he enjoyed the process of imagination; the images came easily and freely.

He closed his arms during the travel when the accordion came into the imagination. After the imagination he mentioned that the accordion was one of the most important images during this travel and he said that it was connected to memories from his childhood. Some

months later he told the therapist about his aunt's husband who played the accordion and was quite an important person for Oliver and who died of cancer. By the current session Oliver should already have known about the man's disease, he might have unconsciously brought this knowledge into his imagery and connected the feeling of hidden danger with it.

3.6.4.2. Session 2: The wall

Mood pictures:

Before: Picture No 132

Therapist's description (T): a fox with an open mouth and sharp teeth

Client's explanations (C): gaping fox, I'm tired, I overslept

After: Picture No 136

T: a woman in Estonian national clothes holds from a tree

C: feeling that I caught something that is important for me, but I do not know what it is

Condition:

Before: general 6, anxiety 2

After: general 5, anxiety 2

Pre-session:

- Oliver was troubled as a teenager. He thought that **his mother might have had quite a hard time dealing with him.**
- He said that during his school-time his **mother considered him to be more inefficient and foolish than he really was.** He did not get along with his mother. **His mother was over-attentive, hysterical, controlling and was also often angry with him.** She also sometimes blocked their communication by not answering his questions or just by going to the next room or concentrating on some "important" action.
- **Oliver is irritated by his mother** but he does not express these feelings to her. It is unpleasant for him to go home in order to visit his mother, because he thinks that his mother's behaviour has not altered and thereby he may experience the same kind of irritation as always.

- He thinks that **his mother has two faces**: she admits something but at the next moment she denies it. He does not know which “face” to believe. He has not expressed his feelings about her double-faced behaviour.
- Oliver concentrates on the feelings that occupy him at these moments when he leaves home after a conflict with his mother. He gave the feeling the shape of **a bright prickly ball that radiates light and that is soft and sharp at the same time**. There is darkness around the ball (see Oliver’s drawing in the Appendix 3.6.1.).

BMGIM:

Induction: Progressive relaxation

Program: Inner Odyssey (-3)

Opening image: bright prickly ball – the metaphor for his feeling towards his mother

Key images:

- The ball turned into red, it moved without a certain aim in the kitchen. The prickles broke, **the ball broke into two pieces** and the light got out.
- A spiral of two ribbons made of liquid came out of the ball.
- **A tunnel with no entry or exit.**
- A big snail, a car drives over it.
- Gates are closing. **A high wall with a gate**, I cannot reach to see what is behind it.
- Forest. **A big spruce is cut off**, it lies on the ground.
- A stub, a spiral goes up from it; there is a black hole on top of it. It breaks down.
- **The stub has very large and deep roots. It breaks into two halves.** Ants are taking the thorns away.
- A row of thorns, a light inside it – like the same ball at the beginning. **A big black boot squashes it all.**

Mandala: The wall (see Appendix 3.6.1.)

Post-session:

- Oliver found himself to see things from only one perspective. He said **he could not see what was happening in higher spheres**.
- He felt that **latitude was scary**. It was boring at the same time.

- **His mother was on the other side of the wall.** He did not realise if that was the reason why he would like to go to the other side.
- The forest suffocates him.
- **The feeling of the ball** came back again at the end of the travel. Every time this feeling came back it **became more unpleasant.**
- With this imagination Oliver got many things to think about concerning the relationship with his mother.

Discussion/interpretation:

The 2nd session took place on the next day right after the 1st session. Oliver was 10 minutes late, he said he had overslept. He was in quite good condition except the tiredness.

This main issue of the session was Oliver's relationship with his mother. Oliver's mother seems to be unbalanced and anxious, projecting her feelings towards his son. She tries to keep her balance and to reach some secure base by controlling and over-caring for Oliver. There appears much guilt related to the relationship from both parties. His mother has built tight attachment to Oliver and not to her older son. This fact might be connected to Oliver's unknown father, a big secret that everybody in this family keeps with high prudence. The mother possibly sees her task in completing both the mother's as well as the father's role in this family.

Oliver transfers his relationship to his mother to other relations: he tries to bear all irritating emotions whatever it takes, because he has learned to do so. He does not express these feelings; instead, he tries to solve the annoying situations peacefully and to ignore unpleasant feelings.

He drew the prickly ball with great enthusiasm; he seemed to enjoy the process.

The program "Inner Odyssey" by H. Bonny starts with no gradual introduction, allowing the listener to take a challenge right from the beginning of music. Two chords of brass "herald the start of the Brahms symphony" (Grocke, 2002). The program is quite challenging and it enables to explore strong feelings and emotions. The third piece of the program was left out because of the lack of time.

Oliver's imagination was once again very rich in different elements and little happenings. He was very talkative and one picture led to another very quickly. There was not much need or space for therapist's interventions during this imagination as during the previous one. It seemed like he did not allow himself to experience certain situations or

feelings too deeply or intensely and that multitude of associations could play the role of defence.

For Oliver, the most important symbol of this imagery was the wall with a big gate. On one side of the gate, on Oliver's side, there was green grass. On the other side there was open space that he perceived as scary and boring at the same time. Behind the open space there was a forest where his mother was. There was a wall and something scary and boring between Oliver and his mother. When he could see over the wall, he saw the forest but not the empty space between the wall and the forest.

He said the forest suffocated him. If the spruce represented the figure of his mother, no wonder he experienced it as stifling when there were many spruces in the forest. The forest might also represent the other members of the family (brother, aunts, uncle, cousins etc) who were "like his mother", knowing the secret of Oliver's father but keeping their mouths shut.

The figures of both his mother (spruce) and father (black hole) used by Oliver's initial interview were in this image. The prickly ball came back to the imagery when Oliver saw his mother at the other side of the wall. It proved once more that these feelings that were gathered into the ball emerge while mother and son are or should be together. The big spruce with big deep roots was cut down in the imagery. Does he see his mother broken under pressure that lies on her?

3.6.4.3. Session 3: Fear of losing

Mood pictures:

Before: Picture No 63

T: Batman

C: a man with a straight back, he looks somewhere far, into the future

After: Picture No 147

T: an owl sitting on a branch

C: I am looking at myself, I feel confident sitting on this branch

Condition:

Before: general 7, anxiety 3

After: general 8, anxiety 1

Pre-session:

- Oliver had felt his self-confidence rising after last sessions; he said he could go his own way with greater assurance now.
- He admits forcing himself to pass the school as quickly as he can. He understands that actually **there is no need to hurry**.
- He also realises that **if he was more confident, then other people, including his family members, would accepted him more**.
- Oliver started to communicate more with his mother, he calls her more often. **The relationship between them has become “more human”**; it feels better than some time ago. He can talk to her about his success.
- His previous girlfriend calls him two times a day; she hopes that they will get together again. **Oliver is not interested in it**.
- Oliver tried to develop a new relationship and understood that **it was important to give some more time to build it up**.
- He did not find anything to focus on in the imagery.

BMGIM:

Induction: Focus on breathing, feeling that body becomes more heavy and relaxed

Program: Vaughan-Williams In the Fen Country

Opening image: free

Key images:

- Footprints in the snow. **A man is going over the wall**.
- Desert, an airplane is covered by sand.
- A parachutist jumps down.
- **A fisherman catches a dead man from the ice-hole**.
- Footprints lead to the top of the mountain. **Somebody is standing there on one leg**.
- A snowball rolls down the mountain, somebody is inside it.
- A house that flies away.
- At the place of the house there is **a grave, skeletons come out of it** and dance. A bulldozer squashes the skeletons.
- An ant-hill, part of it is under the ground, like **another world**.
- A corridor of a hospital. **Somebody is carried on a stretcher. It seems to be my mother**.

Oliver stopped the imagination when 12:45 was past from the beginning of the music by saying, “I would not like to think further at the moment”.

Post-session:

- In December a close relative of Oliver died – the husband of his aunt. It was quite an unexpected event, because he had been a healthy man so far. He was diagnosed of stomach cancer and it took only a month from the news of his illness to his death.
- **Oliver was afraid that something might happen to his mother.** His mother usually does not talk to him about her possible illnesses and problems and it makes Oliver concerned.
- Oliver admits assuming something too often and **expecting something that might not have any relation to real things and situations.**
- He also admitted that he had the **tendency to stop such situations that got unpleasant** for him or just to go away and leave things unfinished.

Discussion/interpretation:

There were 2 months between the previous and the current session. It was difficult to find a suitable time both for Oliver and the therapist, Oliver’s timetable was too busy. He had also been ill for some time.

Oliver expressed his impression that the pause between two last sessions did not seem to be as long as it really was. He acknowledged that he was in continuous process all the time.

He mentioned a remarkable change in him: he noticed becoming more self-confident and he has also developed more mature relationship with his mother. Furthermore, he perceived himself to be more able than before to look behind his mother’s behaviour, to see some connections and possible causes of her acting like that, and not to take it as seriously as before. This made him feel more balanced and diminished the emergence of unpleasant feelings that these kinds of situations had made him experience before. Oliver could say that it was not so unpleasant to go home anymore.

Oliver was not able to indicate anything that he might focus on at the beginning of the imagery. He was very talkative during pre-talk and referred to important themes but for some reason he could not find anything certain to work on.

The therapist’s decision was to use the program “Creativity I” (L. Keiser Mardis) that allows exploring different emotions and situations, so that he could “pick” any of these that

were discussed during pre-talk. The program was started from the 2nd piece (Vaughan-Williams' In the Fen Country) because Oliver seemed to be "warmed up" enough and not needing a long introduction and preparation that could be considered the main purpose in this program of the *Allegretto* from Sibelius's Symphony #2. The Vaughan-Williams' work starts with a nice slow introduction and has the potential to lead the listener straight to his colourful imaginative world.

Oliver's imagination was rich in different pictures as always, but he surprised the therapist this time by stopping the imagery instead of just changing the picture as he had done many times before. This could be considered as an important sign in many aspects. Oliver stopped the imagination by himself. That way of demonstrating his decision-making ability was a new means in his behavioural toolbox. Undoubtedly, it shows his grown self-confidence and ability to be responsible for what he would like to experience and what not. Oliver's last words before terminating the imagery were, "It might be my mother there" (on the stretcher being carried through the corridor of a hospital). He refused to continue to imagine what might follow this picture and he decided to defend himself from the possible hurtful feelings and to stop the process.

During the imagination there was almost no need and also no possibilities for therapist's interventions again. This is a pattern that has been characteristic of Oliver's imagination processes. It seems to be one of his behavioural patterns: controlling the situation with the hidden aim of defending himself from deeper explorations and experiences. He admitted that he tended to exit the situations that seemed to become unbearable for him. It could be considered to try to use music that does not have many developments and altering in it next time and see what happens in Oliver's imaginations then, how he can solve the situation so that he can cope with possibly steady pictures and feelings.

3.6.4.4. Session 4: Clarification

Mood pictures:

Before: Picture No 148

T: astronaut

C: hard to move, do not know where to start

After: Picture No 85

T: colourful fishes in clear blue water (ocean)

C: new fresh water where I can swim; swimming means freedom

Condition:

Before: general 6, anxiety 4

After: general 7, anxiety 4

Pre-session:

- Oliver is not used to relaxing; he believes that it can be connected to his **need to do something every moment**. This kind of behaviour has altered recently and he has tried to take a break, do some physical training and play some music that he really likes to play.
- Some Oliver's friends found it odd that he felt troubled in situations that were not usual for him or in places that were new for him. The leader of the band where Oliver is a member often evaluates his activities and demands that the band should follow only his opinions and suggestions. Oliver said, **"My soul gets starved in this band"**.
- So does Oliver's mother, she evaluates him, not as much his activities than his idleness. **She thinks that Oliver is completely hopeless**. Believing so makes his mother anxious. It also happens when he would just like to be by himself not doing anything particular. She assumes the problems to be bigger than they really are. While being at home there always arise some tensions and conflicts between Oliver and his mother. **These situations could be solved by Oliver leaving home**.
- Oliver asked his mother again to tell him about his father but **she refused to do it this time also**. He assumes that many people know about his father, but he has not asked the others to tell him about it. It seems to be right for him to ask it from his mother only.
- He finds the **"father matter" to be like an old big root that reaches very deep and that would be very hard to dig out**.
- "I'm a victim of my habits." He is trying to find solutions to his problems from outside. He is not able to differentiate the core of the problem and search for the solutions and answers in himself.
- **Balance achieved** (while being far from home for a long time, at school or other places) **disappears after being at home for a while**. Conditions at home cause relapse to the condition where he does not have any will to do anything and feels anxious. Home is not secure; Oliver does not feel good there. He searches for security in other places, for example in his brother's home.

GIM:

Free imagination without guiding

Program: P. Metheny's Letter from home, Not to be alone, Change in circumstances

Post-session:

- It was a calm feeling for Oliver while listening to music. His thoughts were circling around the previous talk.
- Oliver said that **every time he felt some emotion he should let it through a catalyst in him that evaluated if he was allowed to feel this feeling or not**, if he could express it or keep it in him.
- **He feels joy, because he can see himself clearer**, he can observe himself more than before. He discovered he had not been able to look at himself from a distance before.
- The problems have a certain shape for him now; it also makes **other things clearer**.
- He discovered **he should be more open** and should not take things too seriously. He had expected too much of some friends and then felt disappointed.

Discussion/interpretation:

The session took place a month after the previous one. In the previous session he had talked about getting along better with his mother and understanding her more. Now he was quite upset again when talking about the matters that were connected to his mother.

Oliver said he could not let himself relax and just be. It made him anxious; because his mother criticized his idleness as she was unable to control Oliver's every step in such a situation. His mother projects her own anxiety towards Oliver. She tries to give everything possible to her son. She does more than she should. By doing so, she could get some relief for her anxiety but at the same time she ruins her relationship with her son, makes him upset and even more distant from her. Oliver could not feel angry at her mother, because it was "not allowed" and might cause guilt, which might be hard to bear.

It would be great relief for Oliver as well as for his mother if she told Oliver about his father. It seems that the whole system could freely "breathe out" after that and release some energy for other, more constructive activities.

Oliver has learned from his mother how to keep emotions inside. Like her mother Oliver always forces himself to do something, because it enables him to draw attention to

other matters and not to think about these deep and painful issues. His mother never expressed her deep and painful feelings to Oliver, trying to protect his son from pain and discomfort. But by that she accomplished the opposite – Oliver had many hurtful feelings and unresolved questions inside that influenced his life in many and not the best ways. Obviously the client could not do his everyday doings normally and calmly when feeling anxious and frustrated.

We may assume that Oliver thought his mother had done something awful so that his father went away or even died. He may unconsciously project these feelings towards her. The client may have an idealistic imaginary picture of his father and he might believe that his father was a good person who could be very close to him. Maybe this is one of the reasons why he searches for security and a safe place by his brother, an alternate to his father at present.

3.6.4.5. Session 5: I do not know what is really there

Mood pictures:

Before: Picture No 11

T: a beetle

C: I'm slow, keeping myself near the ground

After: Picture No 93

T: elephants

C: joyful condition, if everybody is happy then we can go further

Condition:

Before: general 8, anxiety 4

After: general 9, anxiety 4

Talking-session:

- Oliver is tired because he did not have enough time for sleep. He had a successful concert with his band. But he **would like to finish with it**. He does not have enough time to deal with it, other things are more important.
- Oliver has asked his mother again to talk about his father, but **she refused again** and said that one day she will tell him, this month. But he is pretty sure that she will

postpone the moment again. He realizes that she knows facts about other relatives as well that they are not aware of themselves.

- **He dreams about the feeling of freedom that he might experience after he knows the secrets that are around his father.**
- An important understanding: **When speaking about the themes that are close to Oliver, there is a need to defend himself from something. In music making the same phenomenon occurs: while playing his own things, he is afraid of what will happen,** because he does not know what is really there and he cannot alter the situation as he feels helpless.
- The big question for Oliver at the moment is **if he should finish with the band or not.** He put the arguments of finishing on a diagram (see Appendix 3.6.1.): I could be more the master of my time (40%); I have a problem with my left ear, it could get worse while playing in a rock band (40%); problems and disagreements with the band leader, the feeling of not doing “my” music (10%); my relatives do not think any good of me playing in such a band (10%).
- **If he could stay capricious and express his thoughts about the band’s choice of music** and some other issues, then he would consider staying.
- **He feels his self-confidence rising while playing on stage.** But he cannot be himself in that band. He should find a common language with the band leader. Oliver should establish himself.
- It was highly necessary to go through these themes today.

Discussion/interpretation:

The matter of Oliver’s father became topical again. It bothers Oliver a lot that her mother does not tell him not only the truth but she does not tell anything about his father. Is his mother afraid of what will happen to the relations between her and Oliver after telling the truth about Oliver’s father? Is she afraid of her reputation? Oliver presumed that apparently she would not tell him the story this month either. Was this Oliver’s unconscious wish to defend himself from something terrible or unexpected that might come out when hearing the story about his father?

There were more obstacles in Oliver’s speech during the current session than usually. Sometimes it seemed as if he was stammering; he had to start a word many times to get it out of his mouth.

While telling about his mother, Oliver's arms were folded on his chest. While speaking about other people's stories he released himself. Oliver found himself mirroring her mother in doing so. When speaking about the themes that are close to him it touches him deeply and there might be a need to defend himself from something. This kind of behaviour transfers into his music making as performance anxiety: while playing on his own, concentrating on himself, the same thing happens – he is afraid of what will happen and he is not able to alter the situation because nobody gives him information about it.

Completing the diagram was very helpful for Oliver in order to get a better understanding of what would be the main reasons for ending his playing at the band. Oliver realized that he would like to take more care for himself. Letting the band go means more time to deal with things that are really close and important for him. It also means standing on his own two feet – he has had to obey the band leader and his intentions. The leader did not take Oliver's suggestions into consideration. When he leaves the band, it seems to be a big step towards higher self-confidence, establishing himself and also an indication of taking more responsibility for himself. He also realises that it is his choice if he stays or leaves, he is free to choose.

3.6.4.6. Session 6: Turning the ground

Mood pictures:

Before: Picture No 144

T: a woman between three circles of different everyday matters, colourful picture

C: full of different thoughts

After: Picture No 30

T: soldiers with weapons

C: I have to go through a war to reach understanding and clarification

Condition:

Before: general 7, anxiety 4

After: general 8, anxiety 2

Pre-session:

- The first thought that Oliver shares is that he had overslept and now he thinks that the whole day will be ruined.
- The issue of relationships within Oliver's band is still topical. No changes have taken place yet; the process has been going on.
- He talks about his guitar teacher who hardly ever gives him a positive reply. He always finds something that could be better or is totally unacceptable. Oliver says that going to the guitar lesson equals going to a concert stage; **he feels anxiety before every lesson.** Oliver finds that sharing his feelings and thoughts with the teacher helps them understand each other better and helps to improve their relationship in general.
- Suddenly during the conversation Oliver asks the therapist if he was clear enough so that the therapist could understand him. He admitted feeling similarly while communicating with people whom he does not know well and he also does not know what to expect from them. But **usually** he does not ask them to give feedback and instead he **is left with the understanding that he could not make himself clear enough.**
- Oliver would like to leave the focus for imagery open, but indicates that he wishes to experience something exciting and moving.

BMGIM:

Induction: Progressive relaxation

Program: Heroe's Journey 4, 6, 8

Opening image: free

Key images:

- A river with white water.
- **Black men with axes. A big boot.** A woman with ugly hair. A wooden toll without a face. An ancient coin with a picture of an older man.
- **A big guest book** with white labels. **It starts to burn.**
- A factory building. A ship will be drawn out of it.
- **The ship was pushed into the water.** A festive ceremony. **The seafloor turns around;** the bottom of the ship becomes the ceiling.

- **Another world, as if the previous picture was turned upside down.** The ship's bow that reaches out from the ground forms a little hill. **Wild nature**, the meadow next to the forest, bears playing with each other. They are jumping on the hill so that **the ship falls down**.
- **Big sandy field.** A dummy that flies in the air.
- The night came.

Post-session:

- Oliver found the ship to be a metaphor of his band that was festively pushed into the water but drowned soon after. He thought the bears were his friends with whom he could spend more time, if he did not depend on the band any more.
- While thinking of the boot he found that there is **awe connected to the boot and also fear that carries off self-confidence**. It is something that cancels everything that is reached and makes the big intentions even more unreachable.
- He also said that her mother seems to be depressed.
- Oliver noticed that the music was unpredictable so that it might cause that kind of varied images.
- He acknowledges that the band is like an obligatory thing in his life that he has to deal with. He uses the metaphor of **“a spike in the butt”** to characterise this situation. The client does not get satisfaction in rehearsals and feels tired and bored. Oliver came to the conclusion that despite several doubts he has to quit the band.
- Oliver had quite a good feeling and he also pointed out that he did not think that his day was spoiled anymore and he has new energy to go on with the things that have to be done today.

Discussion/interpretation:

This session took place at Oliver's college and this is why the atmosphere was a little uncomfortable for the client as well as for the therapist. Maybe this was one of the reasons why Oliver took up the theme of the relationship with his guitar teacher. He projected the person towards the therapist by being uncertain if she would understand him. Oliver made a good point from this experience that it would be good to ask people if they understand him or not to get an adequate picture of himself and also improve the relationship by doing so.

The client would like to experience something exciting and the therapist found the Hovhaness' Meditation on Orpheus (4th piece of the GIM-program "Heroe's Journey") to be a musical piece that would be suitable to start the imagery. If there had been more time left the whole program could have been used.

His imagery consisted of many small pictures; some of them were like flashes with no development or deeper exploration. Oliver spoke a lot just like during previous travels, but this time the pictures were extremely kaleidoscopic. He seemed to enjoy the travel and to have a kind of fun.

Unlike Oliver's previous sessions, he wanted to interpret the content of the imagery himself. In addition to the client's interpretations, the therapist found it possible to look at the figure of a big boot as the Shadow-side of Oliver. According to Jung (von Franz, 1964/1978), the function of the shadow is to represent the opposite side of the ego and to embody just those qualities that one dislikes most in other people. The boot was big, powerful and destructive and it belonged to a big man. Oliver might have much power inside but it seems that his unconscious sees only the destructive part of it and this is why it would not be acceptable to let it become conscious because this kind of behaviour would not be accepted nor allowed.

It seems that Oliver transfers the process of trying to get to know who his father was towards his everyday duties. He often feels that he cannot reach the big aims, his activities are somewhat restricted and he feels that he cannot reach the highs that he would like to reach. He tries really hard, as he tries to know who his father was, but he reaches his aim neither in his everyday doings nor in connection with his father, because some authorities stand in his way.

3.6.4.7. Session 7: Feeling free

Mood pictures:

Before: Picture No 24

T: two bulbs, dominant colour blue

C: two types of thoughts, two roads to choose

After: Picture No 102

T: colourful butterflies

C: butterfly is a peaceful creature, feeling like a child without worries, relates to the hippie theme

Condition:

Before: general 8, anxiety 4

After: general 9, anxiety 2

Pre-session:

- Oliver admits that he has used the lower part of the subjective anxiety evaluation scale so far. **His intention was to diminish the real level of anxiety.** Starting from that day he promises to use the whole scale and be honest in evaluating his anxiety.
- He says that it has been easier for him to perform recently because **he can now look at himself from the distance and see things that he did not recognise or accept before.** He sees this new attitude as the cause of his decreased performance anxiety.
- Oliver's mother has to move into a new apartment. He says **he would not have a home then any more.** But he sees it as **a positive event in his mother's life** because his mother can cope better there.
- He would like to concentrate on his future – how he would like to see himself after some time. He describes a town as a metaphor for his future.

BMGIM:

Induction: General relaxation

Program: Relationships-M

Opening image: A town – peaceful, small, old, green, with a body of water, enough space to breathe and move, many people everywhere

Key images:

- A pub, musicians have a jam-session.
- Model plain competition. **A plain misses its wheel, it falls down** but the aviator does not get hurt.
- A man like **my uncle, he weeps** (tears) and all the tears are going to the ditch on a field.
- A market.
- **I'm waiting for a train**, it goes to the capital. Another train arrives from the capital; **many familiar people get off.** The roof flies away from the station building. I can see from above that there is a music shop with many instruments.
- I drive home in a car. I'm watching television, but the picture disappears.

- **A bit stupid black dog** runs around. It hides a bone, buries it from one place to another.
- A white flag, it flies away because of the strong wind.
- **A yellow stripe on a black wall.** This is my brother.
- I try to stick a shaft through the ice.
- A spiral staircase. **An old woman** with black overshoes and woollen socks. There is something written on the wall, I can't see more than **FLAC**.
- A big arc. **Arc the Triumph, very big.** There is an empty square before it.

Post-session:

- Oliver felt very comfortable during the imagination. He said he had not felt like that before. He did not feel his body at all; **it was the feeling of freedom**, without sensing the reality. It was a new experience for him.
- Oliver does not find the meaning for the **FLAC**.
- The uncle in the imagination is a representation of hippies for him. **The uncle takes life easily**; he does what he likes to.
- The most important insight for Oliver was that he found that **he does not always have to force very much**; sometimes things come to us by themselves: he did not have to go to the capital himself, all the people came to him.
- The dog was the symbol of childlikeness. He admits that he is like the dog, searching for something here and there and trying everything; **he sees himself as being young and inexperienced**. Oliver is at a point in his life where he has to decide which way to choose. The idea is mostly connected with several bands that would like him to continue with them or join them.

Discussion/interpretation:

It can be regarded as a great step forward for Oliver that he has started to see himself more honestly. First of all, he made a testimony at the beginning of the session that he had not been honest in evaluating his anxiety level in the sessions before. In addition to that, he said that he could see himself more openly and recognize things that he had not been able to notice before.

Oliver would like to set the focus on his future. Interestingly, this allowed him to feel as free as never before during the imaginations.

The therapist chose the BMGIM-program Relationships-M, created by Helen Bonny and reframed by Ken Bruscia to help Oliver to explore these themes. Oliver's starting image was balanced and nice, Chopin's music was found to support the picture and feelings connected to it. Rachmaninoff's work is more passionate and moving, it enables to add deeper qualities to the imagination. Respighi's Valle Medici is quite abstract and can leave something open.

Oliver's eyes were slightly open during the imagination like never before, but he did not see the surroundings, he was undoubtedly very deep in himself. The client has been quite controlling in his images so far. It was the first time for him when he "let go", when he did not anchor himself into certain things or pictures. At the end of the imagination he could leave the reality completely and loose connection with everything. It meant a lot for Oliver. He was visibly happy to feel like this – like "loosing" his body and just "flowing" somewhere.

The client's face turned red while he was imagining the weeping uncle. Afterwards he could not find a good explanation for it; it was a surprise for him. The therapist could not find a good interpretation for that either.

It was a great understanding for Oliver that he really is like a young dog who is looking for everything new, interesting and appealing. He admits "placing the bone" that he has from one location to another and he finds it very normal behaviour in his current life period. This kind of activity also means freedom in a certain way, not being stuck in one place or worrying about everyday events.

3.6.4.8. Session 8: Puppy's journey

Mood pictures:

Before: Picture No 26

T: an old woman's face

C: the person in the picture is not as old as she is tired; the client met his friends last night and could sleep only a few hours

After: Picture No 133

T: lilac bottles like lab tubes

C: I don't really understand what is there in the picture; as if I cannot see anything; there were

many things in my imagination that I couldn't register, but everything doesn't have to be understandable and graspable at once

Condition:

Before: general 6, anxiety 4

After: general 7, anxiety 4

Pre-session:

- Oliver talks about coping well with his performance anxiety. He has had a performance where he assessed his anxiety level to be 8 points out of 10, but he says that **the high level of anxiety does not mean anything because he can see it from a distance and cope with it.** Performance anxiety is not something abstract and imperceptible for Oliver any more, **he can calmly recognise and accept it and most importantly – control it.** He says that he performed well on that day and MPA did not influence the result.
- Despite the cognition described above, Oliver admits that it would be better if the level of MPA were not so high before the performances. He would like to concentrate on the issue and explore everything that might be connected with it.
- Body work: The therapist suggested some body work with a focus on MPA. Oliver has recognised that his thighs are numb. He also notices that his back does not support him. The numbness moves into the arms, it feels like he is holding an unfamiliar instrument in his hands. He feels faint and feared, he cannot be happy. **This feeling reminds him of the situation where he has displeased somebody.**
- Oliver chooses the metaphor of himself – a puppy – for the opening image.

BMGIM:

Induction: General relaxation, focus on the body

Program: Guilt

Opening image: a puppy, active but foolish, that moves around a solitary house that is situated between fields and forests

Key images:

- A black puppy jumps over the fence, hurts itself, but goes ahead. It drinks water, walks along a brook. The brook turns into river, it contains rapids. The puppy goes

with the flow that takes it to the riverside. The puppy lies there half conscious. It awakes and notices that **it feels pain. It feels sad.**

- The puppy knows that it should go to the veterinary; he starts to search the place. A red car is coming and somebody takes the puppy in it. **The puppy feels very confused, it falls asleep.**
- The puppy lags along crowded streets. **It does not know where it comes from or where it is going.** The lamp-posts show the way.
- A book with a hard cover, some encyclopaedia. The puppy pulls the book with another dog, until the book is torn.
- A reflection in the puppy's eye – I can see **a woman with black hair.** I do not know her.
- **A white room, very light,** like at a madhouse. The puppy wags its tail, as if it was waiting for something.
- The puppy is walking along a road that takes to the school. There is a way or trap coming down from the sky. **The puppy goes along it and enters a door. It disappears.**
- **The same dog is white now** and plays with children in a yard.
- Now it is walking along a road, **it is black again.** The dog turns to a black car with dark windows. A reflection on the car's light – a fire.
- I'm in my kitchen at home. **Black ice cream box on the fridge.**

Mandala: A joyful puppy on the road (see Appendix 3.6.1.)

Post-session:

- Oliver said that he saw many pictures that changed very quickly at the end of the imagination, but he could not describe these pictures. These were connected to being at home in his kitchen.
- He does not remember anybody being violent with him. He thinks that **maybe his mother did something to him** when he was a child, before he went to school, but he does not remember anything particular at the moment.
- Oliver interprets **the white dog as rebirth.** The renewed dog is the same inside but it has a new look. The past has been left behind, they do not bother the dog anymore; it can stay at the present moment and take the maximum of it. **A new beginning.**

- The client finds it important that the puppy was in continuous movement during the imagination. He finds that **it does not make any sense to carry everything that relates to the past all the time with him**, he can be in new situations without the load of the past.
- **Oliver is willing to abandon the childhood principles and patterns** that often constrained him during that period of life. He would like to be more open and receptive. **He tries to be free of prejudice** and sometimes allows himself to feel like a happy child without any limitations and fixed beliefs, allowing himself to discover new things and rejoice at every little success.
- The client's body feels relaxed; a bit tension is left in his legs.

Discussion/interpretation:

Oliver has made remarkable progress in coping with MPA. Despite success he wants to explore the feeling and to discover more issues that could be connected to the feeling.

The client has mentioned before that his relations with his mother are quite complicated (see sessions No 2–4). His MPA seems to have some of its roots in this relationship. When Oliver tries to re-experience MPA, he mentions feeling like a puppy that has done something wrong. The therapist found the program “Guilt” by Isabelle Frohne-Hagemann (2008) to give the chance to take a closer look at these issues.

For the first time the client saw the current imagination as a whole – the figure of the puppy connected all the different pictures.

The puppy was black throughout most of the dream; it changed into a white puppy and then into a black one again. We may consider that the puppies represent different sides of the Self. According to Jung (von Franz, 1964/1978) the Self is often symbolized as an animal, representing our instinctive nature and its connectedness with one's surroundings. The black puppy is the one who carries all the troubles, sorrows, obligations and pains with it. Despite that it was able to go over the fence, to take responsibility for itself and to let itself grow as a personality. It hurts itself, but it does not matter at that moment, it was ready to bear the pain. And as we saw the development of the dream – the final outcome was worth it. The black puppy was obliged to go to a veterinary. This is a demonstration of the duties that the client has to accomplish, but is not willing to. Oliver himself interpreted it as a need to do something or go somewhere by his mother's will, instead of doing something that could fill his heart

with joy and satisfaction, for example being with friends. The therapist also considers the possibility that the vet is the equivalent of the therapist. He is obliged to go to therapy in order to reach better coping and a more balanced life, or as it was in the imagery – “to get some injections that make the puppy feel better and relieve the pain”.

Gounod’s Repentir leads the black puppy to the sky door and makes it disappear. This moment can be seen as re-birth. The creator of the GIM-program Frohne-Hagemann also referred to the possibility that the music may lead to “the symbolic death in order to find connection to human values beyond the Ego-centeredness“ (Frohne-Hagemann, 2008). Oliver did not remember how the black dog changed into a white one that embodies his intentions – the new life full of freedom, playfulness and discoveries. Oliver sees his possibilities to leave his past patterns behind. But the client could not keep the image of the white puppy until the end of the travel. He could taste the new beginning, but he was still not fully ready to live this life that opened up before him. However, he has seen it and has knowledge now about its existence: the kind of life that could fill him with hopes and new visions for the future.

The black dog’s return seems to be connected to Oliver’s home. He started to breathe more quickly when he imagined a black ice-cream box on a refrigerator and other silly things that he could not fixate in his real home kitchen. From this point on, his imagination started to become elusive and confusing. It could still be hard to dispose of the past. We can consider taking responsibility for himself to play an important role in it.

We can see the current travel as a Heroe’s journey (Campbell, 1986) in a way, but without a glorious ending. The victory would still be ahead.

3.6.4.9. Session 9: I can control my life!

Mood pictures:

Before: Picture No 1

T: waterfall

C: like driving on the waterfall from one environment to another; the school is over for this year, generally good feeling, but a bit tired

After: Picture No 123

T: a deer on a meadow, dominant colour yellow

C: the animal looks with great interest what is ahead

Condition:

Before: general 7, anxiety 4

After: general 8, anxiety 2

Talking session:

- Oliver affirms that he has been much more confident recently. He has gone through several challenging situations in his life with great success. He describes a performance, an exam where **he felt anxiety but could control it very productively**. The client also describes enjoying his guitar playing when performing at a festival. This was **a very satisfying sensation that he had not experienced before**.
- He has also been invited to a very good band, which has enhanced his self-confidence.
- Oliver feels that trustfulness has increased between him and his mother. Despite the fact that his mother has not told him about Oliver's father yet. She has only said that it is a simple thing. But she still needs more time to prepare herself. Oliver does not want to urge her.
- By introspection the client can say that **he has obtained a new picture of himself**. He can be more honest to himself, he can also accept the feelings and understandings that he could not acknowledge before. His behaviour is more confident, he makes decisions and acts by better consciousness now.
- Oliver also finds it important that he has made many new friends. **He is more open now** and lets new people into his life without redundant consideration.
- He says that he is in a situation that he has never experienced before – **he can control his life!**
- Art work: The therapist proposed to make a complete picture of the drawings that he had made during the therapy process (see Appendix 3.6.1.). He reaches a very comprehensive and logical outcome. Two symbols that we can see are the stony wall with a gate and the dog (puppy). Behind the wall there are the qualities of his deeper personality that he keeps to himself but is aware of. He says that he can easily open the gate if he is not too selfish. To the earlier pictures Oliver adds four papers that symbolise his friends who are very important to him.
- Oliver finds the therapy process to be very productive and helpful in supporting him to **gain his independence and make of him a grown-up** who can be fully responsible for himself.

Discussion/interpretation:

It has been one and a half months since the last session. Oliver has had a very busy time at school and it was quite difficult to find time to go to therapy far from school.

Oliver has become much more independent and confident during that time. He came to conclude the therapy process and continue his life with his discovered inner power and deeper awareness of himself.

The therapist agreed to finish the process. It was obvious that Oliver has reached the point where he does not need outer assistance anymore and he can cope well enough by himself. It was especially good to recognise that Oliver can cope with his performance anxiety. He does not have the fear of going on stage any more. He accepts the feelings connected with performing and he can control his feelings and, therefore, lead his performance towards a successful whole.

Adding four friend figures to his final picture is a very symbolic act. By Carl Jung (1968/1980), symbolic structures that seem to refer to the process of individuation tend to be based on the motif of the number four – such as the four functions of consciousness or the four stages of anima or animus. The total oneness, the inner wholeness is expressed in fourfoldness. In the session the four friends were the only thing that was missing from the picture to make it a whole. Oliver has successfully completed his process of seeking to be free and independent.

3.6.5. Outcome

3.6.5.1. Client's opinion on outcome

3.6.5.1.1. Current self-image

He is young, eager to act, responsive, friendly, appraising family values, physically more powerful.

It is clear what he should do and he is able to do it. He can accomplish something important. This is the most essential recognition for Oliver at the moment. For example, he can develop himself, practice guitar playing. He can also be more present for his family, to support and to help them if necessary. In the past he expected more of his family, now he

realises that he can do more, for himself and for other family members. These qualities enhance his self-confidence and his sense of feeling secure.

Oliver played two improvisations that reflected his current self-perception: “This is me” and “This is what I would like to be”.

Improvisation: This is me

Duration 1:49

Instrument: table harp (Estonian national string instrument)

The improvisation starts with a steady swinging rhythm. The sounds of the table harp are similar to bells. The music sounds bright and happy. There is a steady lower sound in the 1st part and some pleasant higher sounds that build the melody line. The melody sounds oriental. After a short peak the music becomes more unstructured and unpredictable, but still joyful and playful. A musical phrase follows that is repeated for 5 times. The music becomes even more unstructured, but the joy and brightness are still there. The music ends with a dissonant chord.

This piece was about the rhythms inside him, symbolizing his life rhythms at the moment. The rhythms alter depending on where he is at the moment. He experienced lightness. The table harp was out of tune and he didn't know the instrument either, but this somehow felt logical for him at the moment. Oliver did not know what sounds would come out of the table harp, but he took the challenge and felt free by openly expressing himself on the instrument. It was a colourful music work that was interesting to listen to. The intensity profile of the improvisation is presented in Figure 3.18.

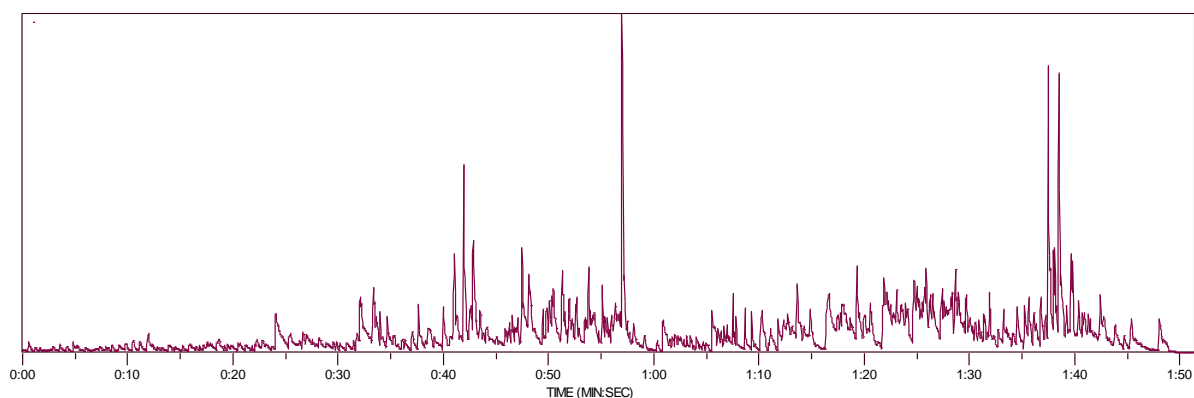


Figure 3.18. Music intensity profile of Oliver's improvisation “This is me”: final interview.

Improvisation: This is what I would like to be

Duration: 1:50

Instrument: guiro

The choice of the instrument was quite unexpected. The improvisation started rather loud and remained so until 1:25. After that the touch was quite soft and the music ended with very quiet sounds. The improvisation was unstructured, even chaotic. The sound of the guiro was sharp and dry. See the intensity profile of the music in Figure 3.19.

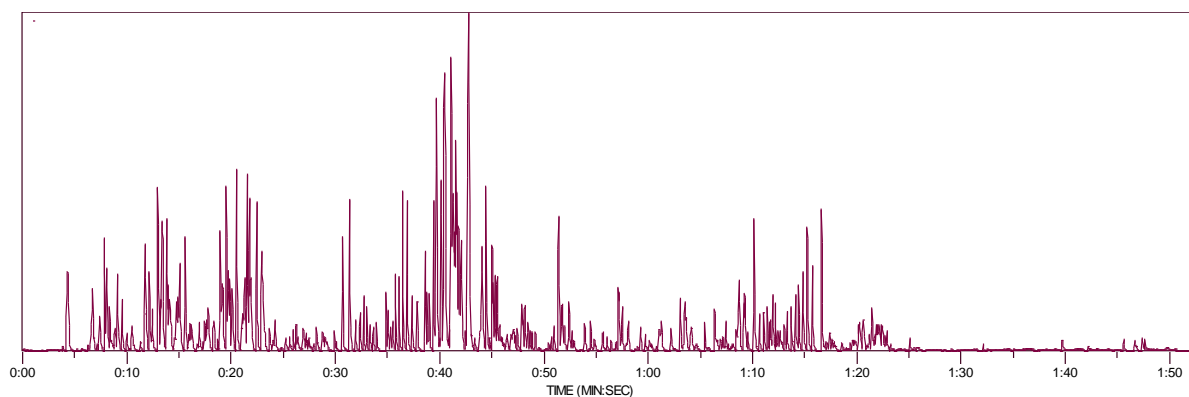


Figure 3.19. Music intensity profile of Oliver's improvisation "This is what I would like to be": final interview.

Oliver found that this was not a good instrument to contact his inner world. The dynamics should have been more varied; some more nuances should have been there. Finally he found some nuances and the ways to express diversely in dynamics.

The piece was about not fully knowing what he would really like to be. He tries to be the one he is right now and look openly what the developments for the future would be. If something bothers him he tries to change it.

He said that the main difference between the two improvisations was that he felt much more comfortable with the table harp. The guiro was a little too unfamiliar for him. The instrument looks quite simple at first but while playing it came out that it would need some more experience to find the sounds that he would expect.

Oliver wanted to listen to the improvisation “This is me” that he had completed during the initial interview. After listening to it, Oliver felt a little uncomfortable. He said that he could not wait for it to end. He perceived a clear difference between the previous “This is me” and the current improvisation.

The client admitted that it was much better to listen to the second improvisation made during the initial interview “This is what I would like to be”. He heard more freedom and perceived contact with his inner world. It sounded “like music” for him. But the most important understanding was that he really is now the person he wanted to be at the beginning of the therapy process.

3.6.5.1.2. Changes during the therapy process

Oliver finds himself to become more analysing. He can analyse what is going on with him and he can consider what may be the cause of some behaviours or cognitions. The client is now able to look behind the adversities and find the objective explanations for it. He finds it most important that he has now the great ability to look at himself from aside and evaluate the situations much more objectively than before. That enables to make more rational decisions and live a fuller life.

He can synchronize his inner and outer world now. Before therapy, it was quite common that he felt joyful inside but could not show it to the others. Or vice versa – he felt sorrow or pain inside, but ignored it and tried to look calm and balanced.

He can also understand what the priorities in his life are and what is not so important. He would not try any more to complete everything at the same time and this helps him to save much energy for more thoughtful activities. The client considers the alteration very important because the new attitude enables him to make more friends and to communicate more openly and sincerely with others. Oliver thinks that the therapeutic discussions were most helpful in creating these new understandings and attitudes. He admits that he had never before been able to talk with anybody as openly as in the therapy sessions. The client also considers it important that the GIM-travels opened such themes and areas that were not attainable by other means.

Dealing with his MPA has become easier for Oliver. He can now understand what may cause the unpleasant feelings, he can recognise when it comes and he also has the tools now to diminish it or just cope with it. He understands now that it is in his hands to regulate his condition. He can “welcome” MPA when it comes and cope with these feelings with no

extra struggle. Oliver can be the one who controls the situation and anxiety is not something unsurpassable or fatal for him anymore. Oliver also finds himself more aware of how ready he should be before going on stage, how well he should know the material to give a good performance. This knowledge helps him feel much more confident and by that to prevent MPA.

Being more self-confident, his ability to establish himself has enhanced.

The client feels that his empathy has improved. He had to understand himself, his intentions and patterns during the therapy process and this is what makes it possible for him to understand other people better and deeper.

When the therapist asked if anything got worse during the process, Oliver mentioned being more critical to his mother. But he sees it also as a positive change because he can now establish himself more in this relationship and be more mature in solving the conflicts between them. He can be more open in this relationship and so can his mother.

Oliver said that he did not expect anything before therapy and this is why he was not able to name anything that he could not handle or experience in the process. The results were really surprising for him. At the beginning of therapy he thought that it might be a straw that gently shows direction. During therapy he realised that there are very concrete and clear results that can alter his life.

He admitted feeling anguish and experiencing pain and difficulties especially during the initial interview. The reason might have been that it had been the first time he talked about the unpleasant things that were connected to his family. Oliver said that his family problems were difficult to handle in other therapy sessions also but he can look at these issues differently now and not feel as unpleasant as before.

Subjective evaluations of Oliver's condition before and after therapy sessions are summarised in Figures 3.20. and 3.21. He reported his general condition to improve in 8 sessions out of 9, his anxiety level to decrease in 5 sessions and to remain on the same level in 4 sessions. From the case study we know that Oliver was not honest in evaluating his anxiety level during the first 6 sessions by diminishing the real level. So the results of sessions 1-6 and 7-9 are not comparable on the same basis. This is why we cannot find the overall anxiety level diminished.

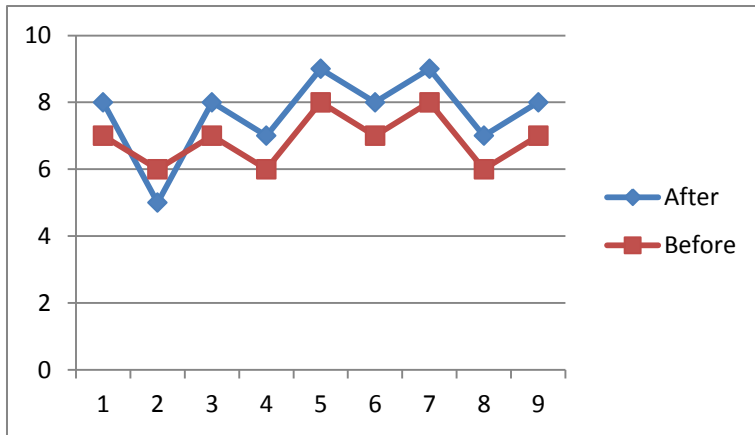


Figure 3.20. Oliver's general condition before and after therapy sessions.

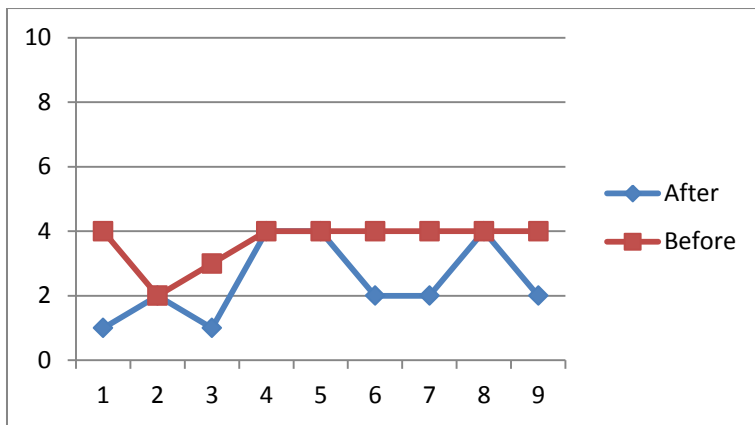


Figure 3.21. Oliver's anxiety level before and after therapy sessions.

The client was surprised when the therapist reminded him of the aims of therapy that he had set himself – better understanding of the self and better coping with MPA. Oliver did not recall being able to name the aims as explicitly as he did. He found that both objectives had been fully achieved.

He said that the final picture completed in the last session was a very good conclusion for therapy that helped to put everything in its place.

Oliver concluded the process with the thought that the whole process had been about seeking to be free – free to decide about his life, free to do things he likes, free to choose his way.

3.6.5.2. Objective outcome

Oliver's trait anxiety as measured by STAI EX-2 and Music Performance Anxiety as measured by K-MPAI show a decrease. At the beginning of therapy, trait anxiety level was 54, after therapy 40 (decrease 25,9 %) and in follow-up (6 months after therapy ending) 37 (decrease 31,5%, see Figure 3.22).

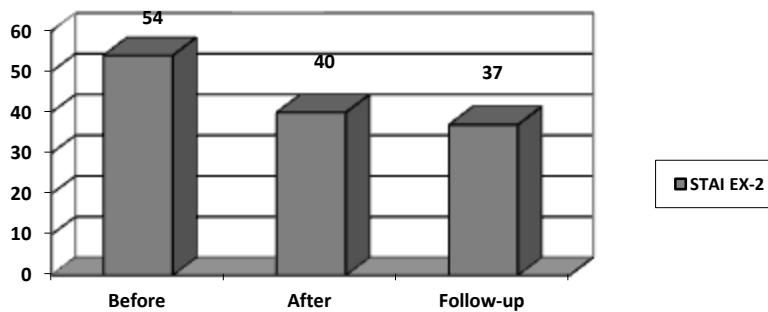


Figure 3.22. Changes in trait anxiety (on STAI EX-2).

Before the therapy process, Music Performance Anxiety level was 172, after therapy 152 (decrease 11,6%) and in follow-up 120 (decrease 30,2%, see Figure 3.23.).

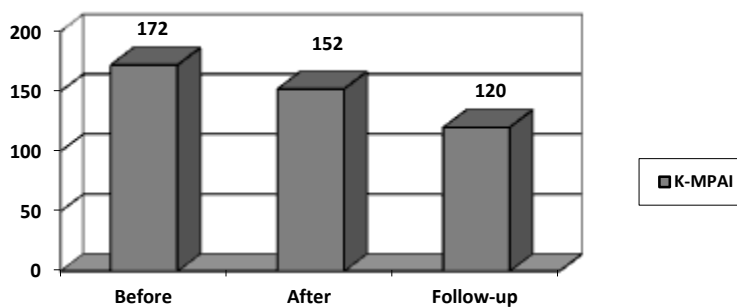


Figure 3.23. Changes in Music Performance Anxiety (on K-MPAI).

2 indicators in Self-Image Inventory have shown 2-point improvement: Oliver has

become more social (scale social-shy) and joyful (scale joyful-sad). Both indicators were in the negative area (3 on 7-point scale) and after therapy moved into the positive area (3→5). Follow-up showed a change in joyful-sad scale to a neutral position – point 4. The scale critical-tolerant showed changes towards a positive outcome, being at the beginning of therapy 2, after therapy 3 and in follow-up turned to the positive side point 5 (see Table 3.5.).

Table 3.5. Main altering as seen on Self Image Inventory 7-item scale.

Scale	Before	After	Follow-up
Social↔Shy	5	3	3
Joyful↔Sad	5	3	4
Critical↔Tolerant	2	3	5

8 indicators have demonstrated 1-point improvement: the client has become more trustful (scale trustful-distrustful), energetic (scale energetic-despondent), carefree (scale worrying-carefree), balanced (scale balanced-excitabile), responsible (scale irresponsible-responsible), self-confident (scale self-confident-uncertain), adventurous (scale adventurous-careful) and tolerant (scale critical-tolerant). Other scales did not show changes. No measures of the Self-Image Inventory have gone in negative direction as measured after therapy process.

See summary of the quantitative outcome of Oliver's measures in Appendix 3.6.3.

3.6.5.3. Main results of music therapy in nutshell

1. Aim: Better understanding of himself.

Result: completed

2. Aim: Better coping with performance anxiety and also understanding the roots of it.

Result: completed

3. Problematic issue: Problematic relationship with mother, attachment to mother.

Development: Becoming more differentiated from his mother; able to see the relationship from a new angle, understand his and his mother's intentions in it and relate to it differently.

4. Problematic issue: Unknown father.

Development: Mother still refuses to talk about his father; Oliver refuses to ask about it from other relatives who might also know something; fear of getting to know who he is or was.

5. Problematic issue: Low self-confidence.

Development: Enhanced self-confidence, fewer doubts; enhanced ability of establishing himself; valuing himself more; improved ability to look at himself from aside and evaluate the situations more objectively than before; more rational decisions; perception of being more secure.

6. Problematic issue: Seeking to be free.

Development: Gained independence, perceiving to have become a grown-up who can be fully responsible for himself.

3.6.6. Final discussion

From the researcher's/therapist's point of view the therapy process with Oliver was a process of maturation/individuation. According to Carl Jung (1971, 757) individuation "is the process by which individual beings are formed and differentiated [from other human beings]; in particular, it is the development of the psychological individual as a being distinct from the general, collective psychology", the undifferentiated becomes individual, or differentiated components become integrated into stable wholes.

Mother played a major role in Oliver's previous life. Oliver was clearly too tightly attached to her without recognizing it. She was over-attentive and overly controlling towards Oliver. This was a "good base" to build up an anxious dependent personality with low self-esteem and self-confidence.

We can consider this kind of behaviour on mother's part as redemption, as a way to feel less guilty for her son. Mother never told Oliver anything about his father. This is a secret that mother has been keeping very well and she has implied that he had better not ask anything

about him. It is obvious that she has done something that she considers to be very wrong and she would like to compensate her guilt by over-caring for Oliver, trying at the same time to do the “job” of a mother as well as of a father. Mother does not show her feelings either and demonstrates to be coping well. She feels lonely but does not admit that. It takes a lot of energy from her and she is very nervous, anxious and closed, and these are the qualities that Oliver has taken over to his life. She also repeatedly planted the understanding into Oliver that he was inefficient and foolish. By doing so, she evoked guilt in Oliver as well. He believed that his behaviour and not being good enough in his mother’s eyes had caused his mother’s anxiousness, sadness and worries.

Oliver has built up a much more mature relationship with her mother now. He can now be aware of and accept the fact that he is not responsible for his mother’s worries and fears. He understands that it is quite convenient for her to address these feelings towards her son and not to see these as her own matters. His mother said that she was afraid how it would influence Oliver if he knew about his father. We can speculate that she is worried because of her vulnerability and maybe also because of the concern of how Oliver’s relation to her might change after that. Oliver started to send her mother clear signals about him coping quite well by himself and it seems to have some good influence on his mother as well. Oliver just has to wait until his mother feels safe enough to tell him the secret story.

Oliver has the feeling of being a grown-up and he believes he can take care of her mother now. Before therapy Oliver tried to visit home as rarely as possible and to avoid communicating with his mother because it was not a pleasant experience most of the time. By the end of therapy Oliver changed his attitude to his mother totally and he could now show mature attention to her and guide their discussions towards a fruitful outcome, the same discussions that previously might have ended with a big row or silence between them for many days.

Throughout therapy Oliver understood that it would be very important for him to know who his father was and what the real story behind it was. He had asked the question from his mother several times but until the end of therapy Oliver could not get an answer from her. The problem of his father remained unsolved until the end of therapy.

The father was symbolised by an empty hole for Oliver. The empty hole exists in him and it needs to be filled to achieve good balance in him. After getting to know about the father he could fill the hole and close it even if the knowledge were painful or startling. The hole could never come back into him because it would have no reason for that any more. Filling the hole

with knowledge would help Oliver to gain even better self-confidence and certainty in his life choices than now.

We can consider Oliver's older brother to be a secure person and father's substitute for him. He has mentioned several times that he can talk to his brother about his concerns and problems, although not everything. His behaviour towards his brother leaves the impression that he is an idol for him. His brother knows everything, he is able to do many jobs and is tough and clever. Oliver said that his relationship with his brother has become even better than it was before therapy. Oliver believes that his brother knows about his father, but he has never asked about it from him because he finds that the person who should tell him about it is his mother.

Oliver's BMGIM-travels were very unique. His imaginations often consisted of many quickly altering pictures, frequently being very abstract and could be considered to be even odd for a person who did not have any idea about the source the images. Sometimes these images took sudden turns into totally other themes or areas.

A good example of that would be a travel that Oliver himself considered as one of the most significant for his process. It took place during the 6th session (see Ch. 3.6.4.6.). The BMGIM-program was "Heroe's journey" and this imaginary excerpt was evoked by the music of Mussorgski/Ravel Pictures from an Exhibition, Great Gate of Kiev. The peak of the imagination was described by the client as follows, "A huge ship was pushed into water, accompanied by a ceremony... There are sailors standing in a row. The ship dives under water... Its fore reached the bottom of water, the poop of the ship remains out of water... The bottom of the sea turns around. Like upside down. The bottom becomes the ceiling. [...] Another world. Wild nature, a meadow near the forest. A knob reaches out of the ground; on the other side there is the fore of the ship. Bears came from the forest; they are sitting on the knob and eating bananas. They have long ears. They start to pelt each other with banana peels. Three bears. They are romping... They are jumping until the knob becomes flat. The ship breaks off from the ground and falls down. The bears are thumping themselves on their chests as a sign of victory."

The ship was a metaphor of something big and heavy that finally fell down and could not make Oliver's life as hard as it was before. We can consider the ship to be his beliefs and attitudes that he had carried with him since childhood until he finally understood that they were not worth and not required to be carried with him. The bears were his friends. Formerly Oliver believed that having a good time with friends was something that he had to earn

somehow (his mother considered it to be “doing nothing useful”) or during which he had to feel guilty because of obligatory things that were left undone. It has been great relief for Oliver to let the ship free. This allowed him to feel as free as never before.

For Oliver the exceptionally important understandings that could be identified as the Enlightening Moments (see Appendix 3.7.4.) during therapy process were the following:

- While playing my own music I am afraid of what might happen. Similar situations are those where I have to express my opinion or deeper understandings. I cannot alter the situation and feel helpless.
- My home is not secure. The balance reached outside home disappears when I go home and have to be with my mother.
- When my mother moves into a new apartment I do not have a home any more.
- I do not always have to force very much to achieve something; sometimes things open to us or come to us themselves.
- The anxiety feeling in my body reminded me of the situation where I had displeased somebody.
- It was like a re-birth, a new beginning! (imagery in 8th session: the moment when the puppy entered the heaven door).
- I can control my performance anxiety! It was a very satisfying sensation that I had not experienced before.
- I can control my life!
- I'm independent. This process has made me a grown-up.

Oliver had the great ability to understand and to use the new knowledge obtained during the sessions to achieve the goals of therapy. He seemed to trust the therapist a lot and allowed himself to think about the themes that were a taboo before and not only think, but also discuss and reframe. He was open to therapist's interpretations and comments and took these into consideration immediately by debating about these with himself or with the therapist. Oliver often surprised the therapist at the beginning of sessions by talking about his new discoveries and understandings that he had got in between the sessions. So he really did very good work even outside the therapy sessions.

The therapist was a little concerned about the long periods between the sessions that were caused by Oliver's distant living place. But after the process was completed one can say that it did not disturb or hinder the process. Oliver was able to make inner work himself well.

Oliver has made great progress in his personal development during therapy. He entered therapy as a young man with many concerns about his life. He was vulnerable, with low self-esteem and poor ability to take responsibility for his life. Looking back on the beginning of the therapy, Oliver called himself a sheep. In Estonian we have a saying "as foolish as a sheep". This animal cannot decide itself which direction to go or what to do. It needs to be guided and supported to be able to live a normal life. Therapy can be seen as support and the therapist as a guide on his way towards becoming independent and living a conscious, full and responsible life. By the end of therapy, Oliver had no need to wait for the others' agreement or acceptance any more. He has reached the important understanding that he himself can model his destiny; that he should not be a leaf that the wind can blow in any direction. The client has come to quite a clear understanding of his needs and wishes and has started to realise them.

3.7. GENERAL FINDINGS AND DISCUSSION

3.7.1. General therapeutic change

In three case studies out of four – Laura, Emma and Oliver – we can identify a common outcome of the music therapy process, which is enhanced self-confidence and self-esteem, getting more differentiation from the mother and positive alterations in relationship with the mother, and better coping with MPA. The latter was not personally mentioned by Laura in her feedback of the follow-up, but the objective outcome of K-MPAI showed the decrease of her MPA level.

The two completed therapy processes of Emma and Oliver also showed common alterations such as enhancing maturation, achieving the ability to live their lives more fully by sensing being themselves (as an alternative to the false self and fulfilling the others' needs), welcoming demanding situations and experiences (with some curiosity) instead of avoiding them, and also gaining enhanced capability for empathy by improved ability of self-observing and -understanding.

3.7.2. Comparative anxiety measures outcome

The quantitative data confirms a decrease in Laura's, Emma's and Oliver's trait anxiety level compared to the pre-therapy state. Figure 3.24. shows the alteration. Nevertheless, despite the decrease, Laura's trait anxiety level is still heightened according to the norms of STAI (Spielberger, 1983), but her therapy process was not completed either. Oliver's trait anxiety showed the biggest decrease from 54 to 37 (31,5 %) if compared to the pre-therapy and the follow-up outcome.

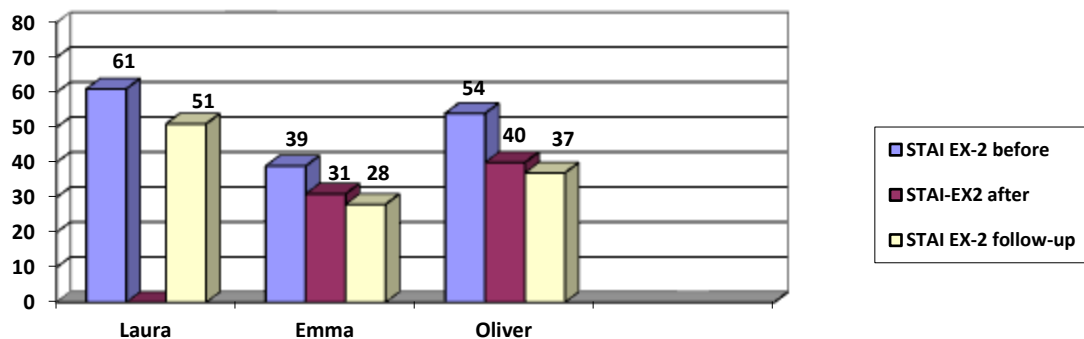


Figure 3.24. Altering in trait anxiety level (STAI EX-2) by Laura, Emma and Oliver.

There was also evidence of the decreasing MPA level of these three clients (see Figure 3.25.). Emma's result indicates a slight increase of MPA in follow-up compared to the after-therapy state, but the increase is not remarkable and also her performance anxiety has notably decreased.

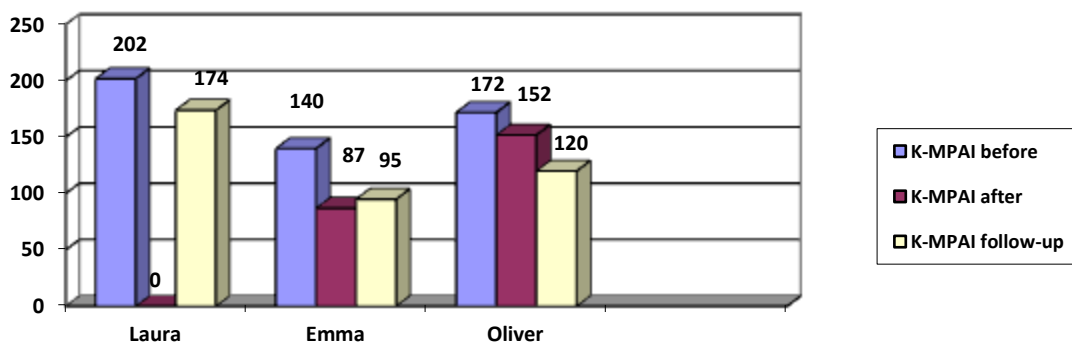


Figure 3.25. Altering in music performance anxiety level (K-MPAI) by Laura, Emma and Oliver.

3.7.3. MPA as not the main Personal Issue

MPA has not been the main issue in these four therapy cases nor the key issue in BMGIM-imageries. The therapist did not stress MPA and let the therapy process go freely and come out the problems that clients bring out themselves.

None of the clients talked about the MPA issue during the first session. Emma introduced the issue in the 5th session and after that it remained one of the issues that produced Meaningful Moments and Enlightening Moments in the 8th, 9th, 10th, 12th, 15th, 16th and 17th sessions. In the 1st session Emma could not fall asleep in her imagery, which could have been seen as a sign of anxiety, but the issue did not seem to be important for her in this session. Oliver talked about his anxiety issues (but not MPA) in the 2nd and 4th session, the MPA issue was introduced in the 6th session and it stayed among the issues of every consecutive session until the end of therapy. In Laura's case the 5th session was the only one where she handled her MPA. After the next session she terminated the process. Eric did not name the anxiety issue, but in the 2nd session he described his conditions that can be seen as including anxiety. Right after this session he terminated the therapy.

Concerning the phenomenon described above, the researcher's first suggestion is that there seems to be a need to go through other important themes to reach the MPA issue. So possibly the MPA issue includes such qualities that could not be dealt with, unless one has some preparation time to face them, including building a secure enough base for taking the challenge and diving into the core of the problem. As the MPA phenomenon contains issues connected to uncertainty, obscurity and death, it is quite natural that there may emerge resistance that can be either surpassed or rejected. The suggestion is that having built a base for themselves certain enough, the clients can cope with the resistance and successfully go forward towards the aims of therapy. If basic security is not perceived in the therapy process, the termination might follow.

Consideration the finding described above, the researcher also proposes that therapists dealing with MPA-clients should not keep the anxiety in focus of the process, but let the focus develop naturally until the particular person is ready to deal with it. Also it seems to be very important for the therapist to understand when reconstructive interventions can be brought into the process next to the supportive ones.

Lars Ole Bonde in his PhD study has come to a similar conclusion (Bonde, 2004). Researching the influence of BMGIM on the mood and quality of life of cancer survivors he found out that their imageries were not predominantly cancer-specific. He also suggested not

focusing the therapy process on specific issues related to the disease or personal problem, but rather on more general issues related to the self and to the environment, especially in a period of transition, where a change of perspective is of great importance.

There is an interesting and somehow paradoxical phenomenon that the researcher noticed during a meta-analysis of her current clients' problematic issues that come out during music therapy process. Namely, approximately 95% of her therapy clients appear to suffer from social anxiety (not necessarily from MPA, but public speeches, sports and other similar situations can be the conditions where the problem shows itself) in addition to the other problems that they see in their lives, and none of them have come to therapy because of this problem, but the problem manifests itself and has to be handled in therapy process. So the clients suffering from MPA come to therapy and not very often bring in the issue of MPA during the process. However, for the clients coming to therapy because of other problems that do not show their relevance to MPA at first, MPA might become the main issue of the therapy process.

Or we can also say that dealing with MPA in therapy equals dealing with any life issue that seems to be problematic and topical for the client at present. Coping with MPA means also general coping and gaining the ability and tools to hold one's life in one's own hands.

3.7.4. The efficacy of psychodynamically oriented music therapy with MPA clients

3.7.4.1. BMGIM as a valuable method for MPA-clients

The valuable knowledge for the researcher as a BMGIM-therapist that came out of this multiple case study was that BMGIM-therapy could effectively be used with clients suffering from music performance anxiety. BMGIM as a method allows to reach deep into the important issues that are connected to the formation and holding up of MPA. The process that is rich in imaginations and feelings makes it possible to explore and work through these themes and to reach a new and better understanding of the client and to take possible turns and find new ways for the client to live his/her life with better satisfaction and balance.

BMGIM is also useful for MPA-clients as it teaches them relaxation techniques and concentration tools that have proven to be effective in reducing anxiety before the performance (e.g. Conrad & Roth, 2008; Valentine, 2004; Chang et al, 2003). The

“Induction/relaxation”-phase of the BMGIM consists of both physical relaxation and psychological concentration by verbal suggestion. As pointed out by Bonny (1978), the relaxation and concentration processes work together, as relaxation prepares the ground for concentration and concentration facilitates the ability to relax.

According to a research (Nagel et al, 1989), an approach using combinations of therapeutic methods and techniques that target all components of symptoms of MPA should be used for the treatment of performance anxiety. BMGIM includes all these potentials. Physical symptoms can be decreased with body-oriented relaxation, altering in cognitive and affective components of MPA can be facilitated in imaginative as well as verbal processes by well-calculated therapeutic interventions as well as by the client’s inner processes in interaction with music.

In literature one can find discussions about the effectiveness of using receptive music therapy with musicians. It is often pointed out that musicians have quite a rigid relationship to music and a kind of fixed musical taste because they live in music and with music every day. This is why musicians tend to listen to music objectively-analytically, by intellectualizing what is happening in it (e.g. Kemp, 2000) and it could be quite challenging for them to try to part from musical elements and structure and to free their mind for images and fantasies, emotions and feelings. Even Dr Louise Montello (1995), who has worked out a method Music Therapy for Musicians (MTM), uses mainly relaxation music for listening and not classical music for cognitive restructuring and behaviour rehearsal with mind-body awareness techniques including breathing and relaxation exercises, autogenic training, focusing on meditation and visualization. The current researcher’s experience in BMGIM-therapy with MPA-clients is that, similarly to clients who are not musicians, they start to listen analytically and to intellectualize to defend themselves from something that they are not ready to experience at the moment. At any other moment they also react to music the way the other clients do – by exploring deep inner spaces when having more or less rich images and experiencing various feelings. As MPA is not only about the act of performing itself, but its roots are in the past in poor relationships in family (e.g. Benjet, Borges & Medina-Mora, 2010; Wittchen & Fehm, 2003; Stein et al, 1996) or in existential matters (e.g. May, 1977; Yalom, 1980), the BMGIM-therapy is a very good tool for discovering and working through these experiences and doubts and finally integrating this knowledge into the clients’ everyday life.

3.7.4.2. Qualities of BMGIM-imageries of MPA-clients

According to the outcome, one cannot say that the BMGIM-imageries of MPA-clients have some special content, structure or values. The common characteristics of the imaginations were richness in content and rather good imaginative dynamics.

We can also say that the clients “dived” into their deeper parts with great curiosity and even with devotion. The motivation to discover new areas in themselves and reach pivotal insights was relatively high. All the four clients were considered to be rather suggestible to music as well as to the verbal suggestions. The research shows that musicians are generally more receptive compared to non-musicians and they also get deeper and intensive experiences from music (e.g. Hill & Argyle, 1998; Goldstein, 1980).

The research also demonstrates that the imageries were not predominantly anxiety-specific or MPA-specific if taking into consideration the imageries that could be clearly related to anxiety as such. On the other hand, we can say that most fantasies evoked by music during the therapy sessions were somehow connected to MPA by being related to the Personal Issues that were associated to MPA in a certain way. As further research will show (see Ch. x) there was a great amount of Personal Issues that can be viewed as features determining MPA.

3.7.4.3. Enlightening Moments during BMGIM-imaginations

12 Enlightening Moments (EM; see definition in Ch. 3.2.7.2.) were identified in BMGIM travel experiences of the four clients. Table 3.6. shows the complete list of the music that allowed reaching these experiences, the main qualities of the music, and short descriptions of the EM-s with additional comments in *Italics* added by the clients after the imagination. Personal Issues connected with the EM-s are also indicated.

The music analysis shows gradualness and rather slow tempo as common qualities for all these EM-evoking musical pieces. The last feature is the only one that coincides with Denise Erdonmez Grocke’s (1999a) thorough research work on Pivotal Moments of GIM. One might also add wholeness and completeness that characterise the music. But these features are characteristic of almost all musical works that are used in BMGIM. Most of the EM-evoking music in these case studies has powerful peaks, some of these also several intensive peaks. But there are also exceptions like Durufle’s *In Paradisum* that is of low intensity throughout the piece or Debussy’s *String Quartet* where the peak can be sensed as

Table 3.6.

Enlightening Moments evoked by BMGIM music.

Music	EM-image/ Personal Issue	Qualities of music	Client	Session
Holst Venus	I'm on a lonely empty island; I'm lonely there (tears); I feel sad. PI: loneliness, sadness	peaceful; slow tempo, gradual movements; floating harmony; changing intensity; string orchestra; violin solo	Laura	1
Holst Venus	I'm a part of the nature; I'm a natural part of the community! PI: artificial versus natural		Laura	3
Nielsen Symphony No 5, Adagio non troppo	I'm playing the piano to thank the people. They are listening with attention and great satisfaction. I feel good and moved. PI: cannot get support from her mother, MPA	demanding; moderate tempo, rather slow; floating harmony; gradual; nice melody; changing intensity; powerful peak; complex; major; symphony orchestra; intensive drum solo	Laura	5
Bach Toccata, Adagio and Fugue in c, Adagio	I feel very small between two mighty worlds. There is powerful thunder. It's too powerful to have it in my soul, it's eternally powerful! PI: cannot control her life	eternal, demanding; slow tempo; gradual; stable harmony; highly intensive peak; minor; symphony orchestra	Laura	6
Bach Passacaglia and Fugue in c	Grandmother is going somewhere with her head lowered; it's a very peaceful feeling; fog is lifting, everything becomes clear now! PI: died grandmother	plaintive; changing tempo; gradual, legato; stable gradual harmony; intensive peaks; polyphony; minor; symphony orchestra	Emma	7
Durufle Requiem, In Paradisum	"You are doing everything right!" <i>Feeling of great relief</i> PI: doubts	gentle; quiet; slow tempo; gradual nice flowing melody; major tonality; low intensity; high soft female voices in unison + mixed choir;	Emma	9
Durufle Requiem, In Paradisum	I feel good, happy and safe! <i>Feeling of an adrenaline outburst.</i> PI: death/existential		Emma	11
Pärt Fratres	A troll takes me to another planet. I feel happy! PI: being stuck	eternal; slow tempo; gradually growing and descending intensity; repeating phrases; continuous slow base; strings	Emma	14
Debussy String Quartet, Andantino	Everything is done. My body becomes insensitive, I feel sad and lonely. PI: depression	dulcet, console; ABA; slow tempo; gradual; moderate intensity; major; string quartet	Eric	1
Mussorgsky/Ravel Pictures at an Exhibition, Great Gate of Kiev	The seafloor turns upside down, the bottom of the ship becomes the ceiling! Another world, like the previous picture was turned backwards. The ship falls down! PI: initiation	powerful, festive; gradual harmony; high/low intensity: unexpected changes in dynamics; intensive large peak; heavy; major; symphony orchestra	Oliver	6
Respighi Valle Medici	Arc the Triumph, a very big arc. <i>Feeling of freedom.</i> PI: gaining freedom	fairy-tale, story-like, gentle; slow tempo; complex gradual harmony; low/moderate intensity; varied melody; symphony orchestra; jingles, bells	Oliver	7
Gounod Repentir	The puppy goes along a way that leads to the sky; it enters a door; it disappears! The black dog turned into white. <i>Experience of re-birth, of new beginning.</i> PI: initiation	plaintive, heavenly; slow tempo; clear structure; gradual harmony; moving rich melody; changing intensity; intensive peaks; minor/major; cello, female voice, symphony orchestra	Oliver	8

moderate; probably the sparse facture does not allow reaching the maximum high. There is evidence that people react to sad music more than to joyful music (Panksepp, 1995). Some of the musical EM-evoking works (or certain parts of the pieces) used in the current study can be perceived as sad (e.g. Bach Passacaglia, Gounod Repentir), but this cannot be seen as a common element in all the works.

When approaching these musical masterworks, one can say that their common qualities can be considered to be exceeding boundaries and conjoining. The first feature “exceeding boundaries” can be sensed as enlarging space (Holst Venus, Durufle In Paradisum, Pärt Fratres, Respighi Valle Medici) supplemented by the sense of something sempiternal and spiritual; or as an exceptionally deep immutable power that allows to experience the affective qualities that would not be reachable in another ways (Nielsen Symphony No 5, Bach’s works, Mussorgsky’s Great Gate of Kiev, Gounod’ Repentir). The feature “conjoining” indicates binding the listener tightly with the music, like embracing the perceiver with all its appeal, taking him/her with it and carrying him/her all the way without letting him/her be lost or depart from it. One more quality could be added and this is esthetical beauty of these musical works. This kind of valuation can be seen as highly subjective, even though the researcher dares to speculate that many listeners would rather agree with this opinion. The speculative point that the researcher tries to make is that the liking factor could also be seen as a prerequisite for gaining the enlightening experience. Additional research is needed to confirm or refute these conjectures.

If we look at the Personal Issues that were connected with the EM-s then we can clearly see that every client has been involved in his/her main problematic themes during the EM-s. For Emma these issues were connected to unknown matters and being stuck, Oliver’s EM-s were explorations to gain freedom, differentiation and maturation. Laura was examining her natural and artificial parts that were connected to loneliness and family (mother’s) support and finally reached the recognition of being not able to control her life. Eric could explore and deeply recognise his depressiveness through the music. The EM-experience can be considered to be associated with MPA in only one EM by Laura, who could finally feel the acceptance of the audience while playing the piano in her imagery. But the EM also included other important aspects related to this experience, pointed out in Laura’s case study (see Ch. 3.3.4.5.).

3.7.5. Similarities and differences of close relationships/important persons in clients' lives

Personal back-ground and important persons in the clients' lives play an important role in building the patterns that cause psychological troubles. Personal patterns and other important aspects brought to therapy by the clients were analysed, concerning mothers, fathers, siblings and other important persons. See the detailed overview of the findings in Attachment 3.10. A thorough phenomenological analysis of Personal Issues (including family issues) is provided in a separate research study, see Chapter 4.

3.7.5.1. Mother

Mothers have been playing and play a highly important role in the clients' lives. For three clients' (Laura, Emma and Oliver) mothers, their child has been an attachment figure (Bowlby, 1973). This can be seen as the main reason for these clients to build an anxious ambivalent attachment (Ainsworth, 1971) to their mothers. All three mothers like to make decisions on behalf of their children. In contrast, Eric has had an anxious avoidant attachment (ibid.) to his mother, who has not been interested in Eric's life and has been selfish and careless.

Having an anxious, ambivalent attachment is also proven by Laura's, Emma's and Oliver's mothers' behavioural patterns that include being over-attentive to their children, but at the same time also closeness, not showing their feelings and not talking about difficult issues. In addition, Laura's mother has not had enough time for her daughter and has high demands towards Laura; Emma's mother makes her child worry about her and tells her what and how to do; and Oliver's mother evaluates his activities and choices and finds him to be inefficient and foolish. There is no information about Eric's mother concerning these issues.

Laura's and Emma's mothers have both been described as rigid, powerful, energetic and respected persons. Laura and Emma have found their mothers to be insincere and to have two faces. Emma's and Oliver's mothers have been perceived as anxious and they also tend to facilitate guilt in their children.

3.7.5.2. Father

The clients have had anxious ambivalent attachments to their fathers as well. For Emma and Laura, the father has been an unreachable and distant person who does not have

authority in the family. The fathers of these two girls are neutral and do not take any positions in family matters. Both girls yearn for greater closeness with their fathers. Laura blames his father for not being attentive enough to her. For Eric the father has been one of the closest and most supportive persons. But despite that he has lived apart from the family and Eric could not rely on him because he was an alcoholic and he did not really know what to expect from him. Oliver has not had a father in his life. He does not know anything about him; his relatives, including his mother, refuse to tell him about the father.

3.7.5.2. Siblings

All the clients have siblings. Every client has a different relationship with them.

Laura is not close with her brother; she blames him for not being attentive enough as well as she blamed her father.

Emma is closer to her younger sister and is concerned about her. She has taken the role of the oldest sibling in the family after her older sister started her own family. Emma is in good neutral relationship with her younger brother.

Older brothers are important and close to the male clients. Oliver's older brother is a great role model for him. He admires his brother and he would like to be like his brother, but he cannot reach that far. Oliver seems to take his brother as his father. He relates to his brother's ideas with great respect and believes that he is always right.

Eric has 5 siblings altogether, 2 of them have the same father as Eric and 3 others have a different father, who is the third stepfather for Eric at the moment. The older brother is the closest to Eric, although he cares about every sibling.

3.7.5.3. Other important persons

Interestingly, every client has or had another important person in their life, who can be regarded as the substitute of the mother (sometimes also the father) and whom the client could rely on at difficult times when the closest persons were not available or when they did not want to open themselves to the closest people for different reasons.

For Laura, such a person has been a neighbour, an older woman whom Laura called "the ideal grandmother". Emma had a close relationship with her mother's mother, unfortunately she passed away some years ago and could not be a support for Emma any

more. Oliver's support person is his brother. Eric can rely on his mother's mother who, in contrast to her daughter, is a very supportive and caring person.

3.8. CONCLUSION

Taking into consideration the analyses and outcome of the multiple case studies research, we can assert that music therapy has been successful in most of its aspects and that the objectives set at the beginning of therapy have been achieved in case of the completed therapy processes.

The research suggests the psychodynamically oriented music therapy, e.g. the Bonny Method of Guided Imagery and Music, to be useful for MPA clients in order to gain a comprehensive look into one's personality and attitudes, and work through several personal issues that relate to MPA on diverge consciousness levels with the aim of reaching improved self-confidence and self-esteem and maturation in general, which are the qualities that support coping with Music Performance Anxiety as well as better coping in general and living life to the full.

4. PHENOMENOLOGICAL RESEARCH ON PERSONAL ISSUES OF MUSIC PERFORMANCE ANXIETY CLIENTS IN VERBAL AND MUSICAL PROCESS OF PSYCHODYNAMIC MUSIC THERAPY

4.1. INTRODUCTION

The previous multiple case study research (Ch. 3) consists of large data that is a worthy material to be explored more thoroughly to specify the outcome of the case study investigation and find support and/or explanations to the therapy findings.

The objective of the current study is to get a deeper understanding of the phenomenon of Music Performance Anxiety (MPA) by describing the Personal Issues (PI) that appeared in the psychodynamic music therapy process with MPA-clients and explore the relation of these issues to MPA.

4.2. METHOD

4.2.1. Participants

The sample of the current study equals the participants of the multiple case study research (explored in Ch. 3): Laura, Emma, Eric and Oliver. Laura and Eric did not complete their music therapy process, but the data from their therapy sessions is as valuable as the data of the other two completed processes.

4.2.2. Data

Data for the current research was gathered from music therapy sessions with the four clients. For data and data gathering process see the next chapter.

4.2.3. Research method

General approach of the phenomenological research and the Giorgi's (1997, 2005) method described in Chapter 2.3.3.3. were used as the central base for the current research. An adaptation of the Giorgi's method was worked out to meet the objectives of the study at best.

The research steps are as follows:

- 1) Listening to the raw material of the music therapy sessions of the case studies from audio recordings to get the picture of the material.
- 2) Taking field notes of the meaning units identified while listening by trying to retain the meaning of the clients' authentic expressions as much as possible.
- 3) Identifying Meaningful Moments (MM; see definition in Ch. 3.2.7.2.) from field notes.
- 4) Identifying and formulating Personal Issues (PI) that the MM-s are associated with.
- 5) Identifying Enlightening Moments (EM; see definition in Ch. 3.2.7.2.) from the MM-s.
- 6) Developing General structure of the Personal Issues that appeared in the psychodynamic music therapy process with MPA-clients.

There is an example of research steps 1-4 based on the material of Emma's case, 8th session:

Step 1: Raw material (one meaning unit)

I honour my parents, this is also authority... but I couldn't do many things like they do... ..
... .. ee... .. I can't give a certain example but I've felt that... for example my
mother... that ... when I'd have children then I'd give them more freedom ... or ... would
relate otherwise to certain things... but I can't bring any examples. I've thought in some
situations that ... for example one thing that we all are used to is that my mother always
thinks that she is right... and she thinks that ... that only she can tell what is right and ... if
she is convinced that she has told us something and she actually hasn't and we say that, "No
you haven't told us about it before", then she says... "Listen to me!" ... and that "I'm sure
I've told it to you already"... In that kind of situations when I know for sure that she hasn't
told us the issue... she... doesn't accept any other opinions... then... I... certainly wouldn't

impose my thoughts on the others... It annoys me a bit and then ... I just let it be. It doesn't make any sense to argue with her... I say then... "Okay, you are right, I won't argue"... although I don't really think so... it's so unfair... Usually when I try to defend my position then it would not take anywhere... I can't break her... I then behave like I think and ... it's easier to let it be... I don't want to bother myself with that... There is no point in arguing because it doesn't lead anywhere... it is somehow ... inevitable...

Step 2: Field notes of raw material

Emma's mother thinks that she is always right and does not accept any other opinion. Emma often feels that this is not fair. She tries to defend her position, but it would not take anywhere. She feels annoyed. It seems inevitable, because she does not know how she could alter that kind of situation.

Step 3: Meaningful Moments from field notes

It is not fair (that her mother is always right and does not accept any other opinion). She feels annoyed. It seems inevitable.

Step 4: Personal Issue

Problematic relationship with her mother

4.3. DATA ANALYSIS

Research step 2, field notes of all sessions, can be viewed in the multiple case study research case descriptions in Chapters 3.3.-3.6. Research steps 3 and 4 of the 34 therapy sessions of 4 music therapy cases are exposed in Appendices 3.7.1.-3.7.4.

374 Meaningful Moments were recognized from the field notes. 65 different Personal Issues were identified from the Meaningful Moments. 52 Enlightening Moments were identified from the Meaningful Moments.

4.4. OUTCOME: GENERAL STRUCTURE OF THE PERSONAL ISSUES OF MPA CLIENTS

There are three main themes in MPA clients' Personal Issues (PI) that were brought out during the psychodynamic music therapy process:

Problematic relationship with mother can be seen as the most common PI explored in the music therapy sessions. It includes the mother being dominant in the family; being over-attentive, over-caring and controlling towards the clients; closing off her emotions and being insincere; wishing to make decisions instead of her children; being anxiously attached to her child; mothering the mother by the client or being worried about mothers' health; and perceiving ambivalent feelings towards mother.

The pervasive PI in clients' expressions in therapy process consists of existential matters. The PI-s concerning the unknown, death, fear, anxiety and inevitability can be seen as one battery. These themes are often interrelated in the clients' discussions and include experiencing fear of death while being a child; the loss of close people; being afraid of losing the mother; being afraid of something unknown; unanswered existential questions; seeing MPA as a component of fear of death; ambivalent feelings caused by MPA; inability to control one's life; and perceiving inevitable and unpredictable processes. The other existential theme is difficulties with maturation and taking responsibility for life, including troubles in getting differentiation from the core family; problems with letting go of the load of the past and living a full life in the actual moment; lack of self-confidence in what they are doing and in making their decisions; difficulties in getting freedom for taking their own steps in their lives; and lack of the sense of life flow. Existential loneliness is the third subject in this battery, including feeling lonely on one's way towards maturation; having a dear person next to them, but still feeling lonely; the feeling of being far away from the real world. The matter of the False self is often related to the existential issues, like not perceiving being oneself; the feeling of not living their own lives; not knowing how one is doing; acclimatization with the outer world is artificial; there is a need to pretend; a need to make an effort to exist; and one's soul gets starved.

Pleasing the others, giving them too much and fulfilling their expectations were also common in the clients' PI-s. It includes not being able to say "no"; the feeling of owing something to one's parents (especially to the mother); being obliged to please the others; enjoying giving the others too much; being dazzled by the others' thankfulness for pleasing

them; perceiving being in a dead circle: “unselfish” giving - good feeling - having slight reply or no reply from perceivers, doubting, but still continuing - another “unselfish” giving etc.; over-helping the others, e.g. mothering the mother.

Further PI-s include unpleasant childhood experiences like teasing, being humiliated (e.g. by the mother), one’s illness, somebody’s death, distant family member; suppressing emotions/avoiding the unpleasant: conflict solution by departing from the situation, censoring and evaluating emotions, and being afraid of letting emotions in and/or out; problems in close relationships: unsatisfying relationship, the feeling of not getting enough attention, unrequited love, broken relationship, troubles with building a new relationship; having preconceptions: interpreting the others’ thoughts in their own way by often stressing the negative meaning, expecting something that might not have any relation to real situations, and being afraid of something in unfamiliar places; and perceiving injustice: other people seem/are happier, the mother is always right, and somebody else can be at the same level without having enough preparation for it.

4.5. DISCUSSION

The Personal Issues (PI) explored during psychodynamic music therapy process with four MPA clients have a great variety and the PI-s are interrelated.

Even though there is the greatest amount of different PI-s that are connected with existential matters, the mother-issues are the most frequently explored themes during the processes. Mother-related problematic issues have been found to be often connected with existential as well as with other essential issues.

Being over-attentive, over-caring and over-controlling gives the picture of anxious resistant attachment (Ainsworth, 1971) built by the clients’ mothers with the clients. The clients’ mothers have created a formally secure situation where they could follow and control nearly every step of their children and create a “safe zone” for them. The child becomes over-dependent on her; the children have almost no possibilities to make decisions in their lives and suppress their needs. The clients show that they have projected the childhood experiences into their current lives having remarkable difficulties in decision making as well as noticing and fulfilling their own needs.

The clients also demonstrate having learned defence mechanisms from their mothers. The clients have learned how to suppress unpleasant emotions and also how to avoid situations that have the potential to create them. As a child they were afraid of expressing their emotions because that kind of behaviour was not welcomed and accepted in the family. Yalom (1980, 354) sees the phenomenon as one of the existential matters called “intrapersonal isolation” which he defines as a situation where “one stifles one’s own feelings or desires, accepts “oughts” and “shoulds” as one’s own wishes, distrusts one’s own judgement, or buries one’s own potential”.

Following the previously described process, the child can develop the False self (Winnicott, 1965) that can also be seen as a defence mechanism. The clients demonstrate that it would be safer to wear a mask, fulfilling the others’ expectations (the expectations are often built in their heads, though, and are highly irrational) and knowing the obvious consequences than remaining themselves and risking not being understood or even condemned. But their soul gets starved and existential loneliness increases.

Clients’ mothers’ behaviour includes ambivalent elements. On one hand, the mother is too close to her child by over-mothering him/her. On the other hand, she remains rather detached by closing off her emotions, being emotionally distant from her child and even insincere to the others. The clients have “learned” the behavioural patterns as a child and use it in their lives by perceiving and showing ambivalent feelings and understandings towards them and their lives and people around them. Even while recognizing MPA they can perceive fear and pleasure, cold and warmth at the same time and feel inevitability and no control over the situation as well as (frequently irrational) fear for “something” that might happen. They could not know in their childhood and even do not know now what to expect from their mother next; they transmit this experience into their current life and feel uncertainty and helplessness in similar situations.

And here another existential matter comes in. With her inadequate behaviour the mother closes off the possibility of a healthy maturation process of the child and causes her child being stuck on her, having the unconscious intention to feel secure herself. The differentiation process is made so complicated by the mother that the child gives up and unconsciously allows the mother to guide the processes. As the result of it, we can see that the clients could not take responsibility in their lives and had low self-confidence because of not being able to lead their own lives. Perceiving “not living my own life”, “nothing depends on me” or “I never know what will happen” mentioned by the clients has the same roots.

Fear of death or the unknown was one of the strongest PI-s explored by the clients of the current study. This issue is a well-known prerequisite for anxiety (e.g. Klein, 1957; May, 1977; Yalom, 1980). According to Mikulincer et al (1990) there is a link between attachment style and death anxiety. Individuals with an ambivalent anxious attachment style showed higher explicit and implicit levels of death anxiety than the individuals with a secure attachment style. Anxious attachment of a mother to her child causes the fear in children of losing the mother. The child realises that there is a possibility of “the whole world” collapsing if the mother should disappear one day. The child is used to leaning on his/her mother in everything and is not used to and not taught to cope by himself/herself. The child perceives conscious or unconscious uncertainty and fear. The child often gets no support in these matters because of the parents’ anxiety caused by children’s questions about death-related issues. The parents would rather avoid talking about it, which in turn generates in children the understanding that this is something that one has to be afraid of and leads to suppressing these death/unknown concerns. The feelings and thoughts about these issues do not disappear. They store into deeper parts of the child and influence their life, being triggered by life situations where they “fit” in well, including performing. The experiences of the participants of the study confirm integrating these patterns in their lives.

According to the results, we can summarize the interconnectivities between the clients’ PI-s as follows. Problematic mother issues can be seen as the key issues for further developments of the persons, including developing problematic existential personal issues and finally leading to MPA. Being over-attentive, over-caring, controlling, insincere, anxiously attached, closing off her emotions and acting/reacting unpredictably (too close or too distant) the mothers evoke in their children/the clients: 1) ambivalent feelings towards the mother that would be projected towards other persons and situations in their lives as well as towards themselves; hating the mother unconsciously and loving her and being afraid of losing her at the same time, developing strong fear of death; perceiving anxiety and fear can be taken as dreadful and pleasurable at the same time; 2) inability of differentiation from parents (mother), making them dependant on parents hence making maturation process difficult; 3) understanding that love and care can be deserved only by fulfilling the others’ expectations; feeling of owing something to the others; 4) creating the false self as a defence mechanism by pretending to have the characteristics that they naturally do not have to gain acceptance and love, but perceiving their souls starving; it also includes suppressing their emotions to avoid unpleasant situations and conflicts; 5) low self-confidence, the perception of not being in control of their lives and that life issues can be inevitable and unpredictable, causing being

unable to take responsibility for their lives, hindering maturation process and developing inexplicable fears; 6) loneliness as a defence mechanism by being hurt by the others, causing also difficulties in creating a productive and normal close relationship; 7) creating preconceptions (often irrational) as defence mechanisms that are safer to bear than to deal with the unknown that many situations may evoke. The interconnectivities of the major problematic PI-s of the MPA clients found in the current research study have been mapped in the Personal Issues Matrix (see Figure 4.1.).

PERSONAL ISSUES MATRIX

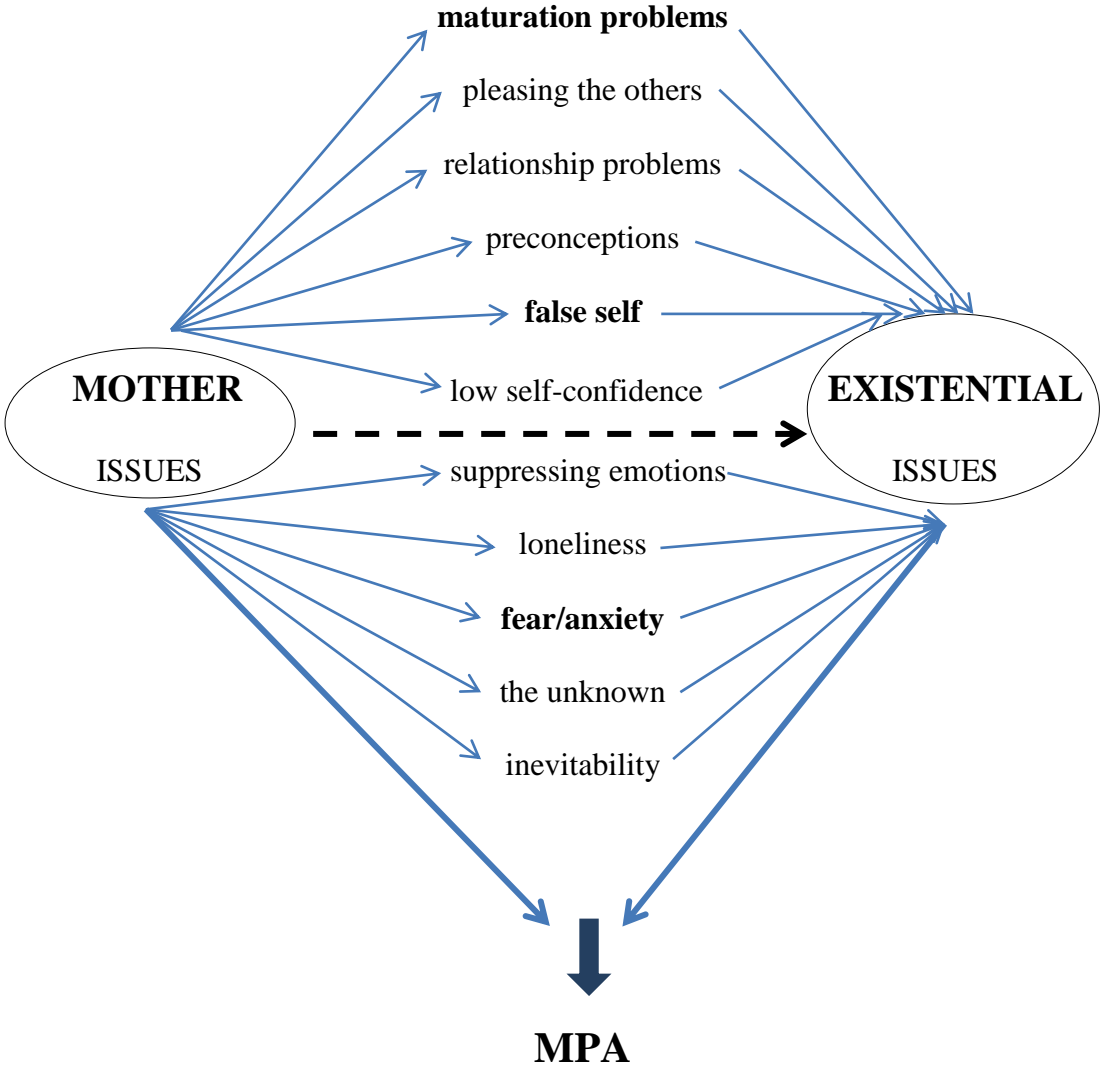


Figure 4.1. Personal Issues Matrix: Interconnectivities of the four MPA clients’ major problematic PI-s.

Although there have been clear similarities found in the four MPA clients' PI-s explored in the current study, we should also point out the distinctiveness of PI-s concerning every single person's unique life experience. People may perceive similar feelings, have similar concerns or develop behavioural patterns alike, but still the core content and meaning of the issues could never be entirely the same. So there could not be common ways for gaining the deepest understandings of the patterns or for working through and finding relief to complicated and painful life matters. As an example of the uniqueness we can take the PI-s under the generalised term "false self": Laura has described the phenomenon as perceiving herself to be and act artificial, Emma recognized wearing a mask and Oliver admitted being closed off from himself. Or the phenomenon called "differentiation" in general terms appeared in Laura's thoughts as walking on her own, Emma let the things go and happen, and Oliver was seeking to be free. Behind every client's original statement there is a unique psychodynamic history and content. Every life experience should be regarded as unique and should be viewed and treated uniquely to reach the best possible outcome of therapy process.

Knowing the common PI-s, recognizing the unique ones and noticing the interconnectivities between the PI-s explored above allows the therapist to pay special attention to these issues in their therapy work and to use the knowledge in order to support the MPA-clients better in finding their unique personal issues that need to be discovered, explored and integrated to live a more valuable life.

5. PHENOMENOLOGICAL RESEARCH OF THE DEVELOPMENT OF THE SELF EMBODIED IN THE IMPROVISATIONS IN THE SAMPLE OF TWO CLIENTS OF MUSIC PERFORMANCE ANXIETY

5.1. INTRODUCTION

The multiple case study research in Chapter 3 has given a lot of interesting material that was worth exploring additionally. The material analyzed in the current chapter is the improvisations expressing the Self that were completed during the initial as well as final interviews. The intention of the therapist/researcher was to map the client's self-picture at the beginning as well as at the end of the music therapy process with two improvisations "This is me" and "This is what I would like to be" to give a possibility for the client to reflect and understand their inner processes and to see and feel possible personal development. In addition, the objective has been to find evidence in musical material that could indicate a therapeutic change during the process.

The improvisations on the subject "This is me" were chosen for the current study.

5.2. METHOD

5.2.1. Participants

From the previous multiple case study research we know that two of the clients terminated the therapy prematurely. One of them, Laura completed only the improvisations at the beginning of the therapy process, but the other one, Eric refused to improvise even during the initial interview.

Keeping that in mind, the researcher decided to analyse only the improvisations of two participants, Emma and Oliver, where therapeutic change can be identified.

5.2.2. Data

As a part of both initial and final interviews, improvisations on the theme “This is me” were carried out. The clients were asked to choose one or more instruments with the help of which they could at best express their inner feelings and processes at the moment. There were neither time limits nor expectations set for the improvisation.

The improvisations were audio-recorded and they can be listened to on the CD enclosed with the thesis. Intensity Profiles (IP) were made of each improvisation in the music charting program Music Imaging Analysis (MIA, version 0.3 Beta) (Bonde, 2007).

5.2.3. Research method

An adaptation of a Phenomenologically Inspired Approach to Microanalyses of Improvisation in Music Therapy by Gro Trondalen (2007) is used in the current research. According to Trondalen (2003), this is a phenomenologically inspired process which includes both verbal and musical elements, to be equally relevant in analysing expressive music therapy as in analysing receptive music therapy, e.g. “self-listening”. The method consists of nine research steps, including mapping, understanding and analysing the contextual material, open listening of the improvisation, structural, semantic and pragmatic analyses of the material, phenomenological horizontalization, second open listening, compiling phenomenological matrix and finally providing a meta-discussion of the knowledge.

The method includes body work of the researcher. The current researcher finds this part of the research a very useful tool that enriches the method with an important dimension for reflecting upon the process and understanding its core meaning. Trondalen (ibid.) bases on Merleau-Ponty’s approach of the body functioning as our primary source of knowledge and knowing, and being the subject of all our actions.

Trondalen’s method is intended to use for analysing improvisations where the client and the therapist play together. In the current study the improvisations that were selected for analysis were produced by the clients alone, so the adapted method does not include the interpersonal data from music.

The contextual issues are analysed in the case studies investigations part of the thesis so this step will not be repeated in the current microanalysis.

The researcher suggests an alteration in the order of investigation steps. Phenomenology indicates a perspective free from preconceptions (Husserl, 1900/2002). The researcher finds it more appropriate to provide the semantic analysis (Step 4 by Trondalen) before the structural analysis (Step 3) and proposes to call it Open semantic analysis to differentiate it clearly from the Pragmatic analysis (Step 5). This order of steps allows the researcher to approach the material with a more open view by firstly reflecting freely on the meaning of the music right after the Open listening step without being narrowed by the knowledge got from the music elements and parameters. As music therapists we can recognize the “universal” structures or patterns from the music that we can ascribe to certain inner processes, expressions of feelings etc. It is obvious that we cannot totally avoid perceiving the music this way even if we do not focus on its structural part but, nevertheless, by concentrating at first as openly as possible on the semantics we can obviously have a more authentic perception of the current material. The researcher considers the Pragmatic analysis to be more precise semantic analysis due to interpreting the material in more scientific and grounded conceptions.

The research steps of every improvisation of the current study are as follows:

- 1) Analysing contextual issues (the analyses were made and documented in the boundaries of the case study research in Ch. 3).
- 2) Open listening of the improvisation to get the sense of the whole, including body listening.
- 3) Open semantic analysis of the meaning of music by describing the musical structures in relation to other information, including analyses from the researcher as well as from the client. The client’s feedback upon the improvisation was explored and described after the researcher had given her semantics to the music.
- 4) Structural analysis of the improvisation by using Music Imaging Analysis (MIA; Bonde, 2007) and the Structural Model of Music Analysis (SMMA; Grocke, 2007).
- 5) Pragmatic analysis to search for the potential effect of the music within the therapy process.
- 6) Phenomenological horizontalization, where the steps 3-5 have been given equal value.
- 7) Second open listening (including body listening) to weave the previous experiences into a new multi-layered pattern of music.
- 8) Building a phenomenological matrix in three unit blocks: description of music, potential meaning of music and potential effect of music within the process.

The improvisations were analysed right after being performed during the interviews. After the analyses of all the improvisations a discussion will be provided where the knowledge from the two improvisations of the same person before and after therapy process will be included.

Finally, a meta-discussion on both clients' improvisations will be executed.

5.3. DATA ANALYSES

5.3.1. Analyses of Emma's improvisations

5.3.1.1. This is me – initial interview (listen on CD track 3)

Step 1: Contextual

Emma is a 19-year-old music student suffering from MPA. Emma's personal context has been thoroughly explored in Ch. 3.4.1.

Step 2: Open listening I

The client picks two instruments to play the improvisation: the jujube belt and the table harp (Estonian national instrument). The beginning of the improvisation is unexpectedly loud. She starts with the jujube belt by shaking it intensively and soon she takes the table harp. The music continues by playing two instruments simultaneously or one by one. It is like a duet between two subjects; there are two separate lines drawn by the instruments. On the jujube belt she makes loud and chaotic music that sounds anxious and unsure. On the table harp the sounds are gentle and sound rather sad. The music is unpredictable and hectic. There are many pauses in the music so it is not possible to predict if she will continue playing or end it. The improvisation starts more intensively and has more open space and lower power towards the end.

Moving by the music gives the perception of high tension and inability to move further or being stuck in something.

Step 3: Open semantic analysis

The picture of Emma in her music has different qualities compared to her thoughts and the way she communicates verbally. Her verbal expression is quite free, open and even joyful (the way she describes her communication with other people most of the time). Her music is more closed and inside-turned, one can recognise seriousness and even sadness and anxiety in it. It seems that she wears a mask of a happy and balanced person, but inside her there is confusion, uncertainty, fear and sadness.

Emma explains the content of the improvisation by having thought of questions that she cannot answer at once during the improvisation. She says that there is always an answer to every question and that she reaches the answers, but she cannot do it at once. She also mentioned not knowing what would happen during the improvisation, she found it interesting and exciting. She finds that maybe there are two different persons in her, that sometimes she feels like it is necessary to cut her off from the rest of the world.

Step 4: Structure analysis

Duration of the improvisation is 2 minutes.

The intensity of the sound, rhythm, structure, melody and timbre are the musical elements of the current improvisation that will be explored.

Intensity: The intensity of sound shifts between more powerful sounds of the jujube belt and more gentle jingles of the table harp. The latter comes in on 0:09. During the first 40 seconds the jujube belt plays continuously with some moments of withdrawing (that seem to be caused by the difficulty to play two instruments at the same time) and the high intensity is quite constant. Then a 9-second less powerful phrase follows being played only by the table harp. After that the instruments play simultaneously as well as one by one by making more and less intensive sounds intermittently. A more intensive phrase follows on 1:20-1:28 and after that the sounds tranquillize towards the end. See the intensity profile of the music in Figure 5.1.

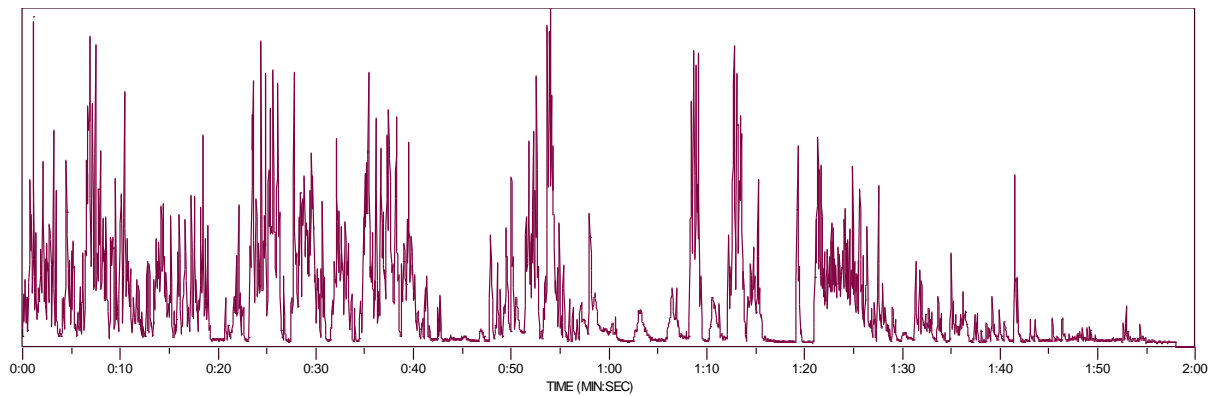


Figure 5.1. Music intensity profile of Emma's improvisation "This is me": initial interview.

Rhythm and pulse: There are no certain rhythmic figures that can be recognised from the music. The jujube belt sounds more chaotic and unstructured; sounds on the table harp seem more contemplated but nevertheless not constructing clear rhythmical figures. There is no metre in the improvisation.

Structure: Three parts of the improvisation can be recognized: 1) 0:00-0:47 – the intensive almost continuous music that ends with gentle sounds of the table harp; 2) 0:48-1:30 – the “conversation” part where the instruments are playing mostly one by one and with the jujube belt's shaky solo at the end; 3) 1:31-2:00 – the ending part where the duet is kept until the end and music fades towards the end.

Melody: There can be a little melodic phrase documented from the material played by the table harp. Emma uses three upper strings of the table harp repeatedly starting from the highest string. This is like a “leitmotiv” of the improvisation, consisting of 2-5 notes.

Timbre: The jujube belt sounds loud and intensive; the sound is sometimes painful for the ears. In contrast, the table harp sounds gentle, plaintive and dolorous.

Step 5: Pragmatic analysis

We may suggest that the improvisation brings out Emma's inner uncertainty and conflicts, the two counterparts in her. There is a remarkable change recognised in her way of expressing herself compared to the verbal communication that took place before the improvisation. It seems that while playing she gets much deeper contact with her inner parts

than while talking about herself. She appears to be more serious and inward. The unpredictability of the music lets us assume that Emma might not know what to do next or what to expect from herself to be the next step. She seems to feel tense and unsure, but also much power and some defiance can be found in her music. It allows proposing that Emma expresses her trust towards the process and is ready for deeper explorations.

Step 6: Phenomenological horizontalization

The jujube belt starts with intensive shaky tense sound, the table harp comes in with a more gentle little melody phrase and playing simultaneously with the jujube belt; a little less intensive breathing phase follows to prepare for the next part; one by one conversation starts to make more and less intensive powerful sounds intermittently, it feels defiant; the jujube belt plays a solo that leads into the third part where conversation continues but with much less intensity and the sounds sadly fade.

Step 7: Open listening II

The feeling of great intensiveness captures at the beginning again. The sounds of the jujube belt seem to obscure the nice jingles of the table harp. 2. part sounds like an argument between two opposites. The table harp takes a new angle and tries to rebel against the jujube belt by dissonant arpeggios moving upwards. It seems that the table harp tries to let its voice be listened, but the jujube belt muffles it and the table harp sees the inevitability of the situation and just lets it quietly fade.

The body recognised the feeling of being stuck more this time, like some bigger obstacles from moving and developing.

Step 8: Phenomenological matrix

The music:

The music is intensive, unpredictable and unstructured. It contains both powerful and shaky loud sounds as well as gentle melodic jingles. The improvisation starts with intensive almost continuous music that leads to gentle sounds of the table harp. The music continues with the “argument” where the instruments are playing mostly one by one and where the table harp

brings in upward going dissonant arpeggios. The shaky solo of the jujube belt leads into the third part where the duet will be kept until the end and music fades out.

The potential meaning of the music:

With the improvisation Emma opens up her inner depths, including her feeling of uncertainty and being divided into two conflict parts inside. She expresses feeling tense and unsure, even frightened, but also inner power and defiance can be found in her music. There is a gentle nice sound that tries to let it be listened, but the stronger shaky part suppresses it. The unpredictability of the music lets us assume that Emma might not know what to do next or what to expect from herself to be the next step.

The potential effect of the music within the treatment process:

With the improvisation Emma had the opportunity to express her inner parts that she did not touch during verbal communication. She could recognise that her inner Self differs from the outer and that there might be much energy captured into these inner struggling processes that could be invested in more effective and sensible developments. The experience could be seen as a good start for deeper therapy work.

5.3.1.2. This is me – final interview (listen on CD track 8)

Step 1: Context (see Ch. 3.4.1.)

Step 2: Open listening I

Emma plays the improvisation on the piano. The improvisation is well structured, in steady tonality and steady pulse. Metre is clearly 4/4. The left hand stays in the same place as ostinato, grounding the music. She uses only major harmonies. A nice flowing melody is smoothly moving up and down, a short sequence is repeated with a little development on higher tones. The movements in the music are logical and predictable and leave the impression of security, balance and even happiness. The improvisation has a concrete ending by reaching the basic tonality.

The body tends to move from side to side smoothly and slowly keeping the balance at the same time. The sounds are slightly caressing, it is the feeling of cradling.

Step 3: Open semantic analysis

The flow of the improvisation is in harmonic accordance with the condition Emma had reached during the therapy process. The music sounds balanced and very well structured with logical developments in it. The ostinato in her left hand gives the picture of having a secure steady ground that supports her. Having such a good ground allows the right hand to make creative movements, in other terms – being grounded allows Emma to move freely and openly and develop her life creatively.

After playing Emma said that she felt confident during the improvisation, the steady baseline guaranteed it for her. She names the improvisation “My pulse” that throbs steady and firm.

Step 4: Structure analysis

The duration of the improvisation is 3 minutes and 4 seconds.

The intensity of the sound, rhythm, structure, melody, harmony and timbre are the musical elements of the current improvisation that will be explored.

Intensity: The sound picture is moderate in intensity. The phrases develop naturally and predictably from quieter sounds to the more intensive sonority and backwards, like waving. In every musical phrase we can see 2-part intensity pairs. In phrases 1, 2 and 4 (see below for the Structure) there are 4 sub-phrases where the 1st and 2nd sub-phrase have almost equal lower intensity and 3rd and 4th higher intensity. Phrase 3 has 6 sub-phrases, where every two phrases have similar intensity that is rising towards the further development. The phrases and sub-phrases can be easily recognised from the intensity profile in Figure 5.2.

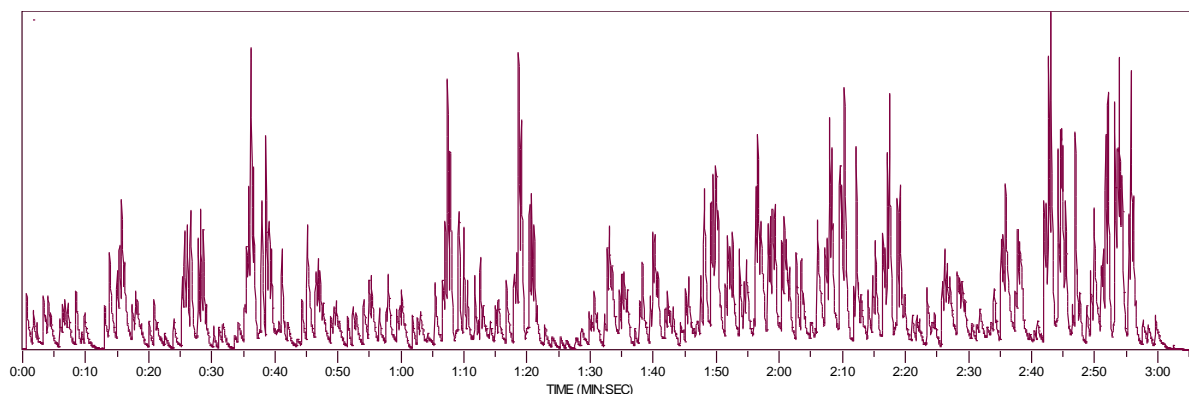


Figure 5.2. Music intensity profile of Emma's improvisation “This is me”: final interview.

Rhythm and pulse: The rhythm is steady and flowing. She uses similar rhythmic figures throughout the whole improvisation. The tempo of the music is quite slow: 54 beats per minute.

Structure: We can recognise a variation musical form from the improvisation. Several variations have been carried out and developed on one theme. It sounds like a well-structured whole musical piece. There can be 4 variations heard: 1) 0:00-0:44 the first variation, introducing the theme; 2) 0:45-1:27 the second variation with a little greater development; 3) 1:28-2:23 the third variation, 1,5 times longer in its length than other variations; 4) 2:24-3:04 the fourth final variation with a little *ritenuto* at the end. The 1st, 2nd and 4th variation include 4 sub-phrases and the 3rd variation consists of 6 sub-phrases.

Two parallel lines can clearly be recognised: the ostinato base line in the left hand that stays only on the tonal C in octave, and the moving melody line performed by the right hand that sometimes also involves additional sounds to design harmony.

Melody: The main theme consists of a nice melody phrase that starts in narrow diapason and develops a larger curve towards the end of the phrase. The melody line of the theme can be pictured as a 4-wave linear movement, where the first two waves are lower and calmer and the next two are more intentional and intensive, see Figure 5.3.:

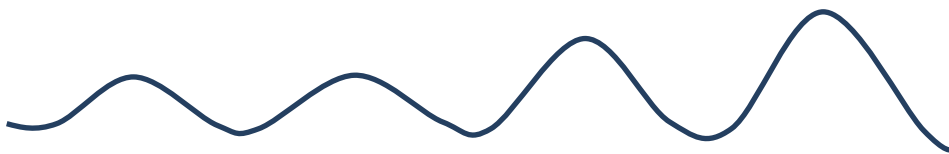


Figure 5.3. The melody line of the improvisation.

Harmony: There is clear major tonality during the whole piece; also the harmonies passing through are major. The theme can be harmonised as follows (Emma did not harmonise the whole melody):

| C G7 | C G7 | F C G7 C | F C G7 C ||

Timbre: The piano sounds nice and smooth; the touch of Emma is soft and contemplated.

Step 5: Pragmatic analysis

With the improvisation Emma shows her inner confidence and balance. She seems to know exactly where to reach with her music and develops the theme surely and creatively. The clear structure of the music tells about her inner clarity and stability. We can say that Emma has found a “secure place” or ground that allows her to take life more creatively and try out something that might also be unknown for her. She can make developments that she may not know about where they exactly might take her, but she trusts herself and lets the process progress freely. The tempo 54 beats per minute indicates calmness and tranquillity.

Step 6: Phenomenological horizontalization

The improvisation starts in C-major and stays in this tonality for the entire piece. The sounds of the piano are smooth, sensitive and firm. The left hand produces a steady ostinato line in C note. The right hand develops a nice melody and slight harmonisations. Emma develops musical phrases that have a clear rhythmic, melodic and harmonic structure. The first two variations (musical phrases) sound quite similarly. The third one is one and a half times longer as the previous variations and show bigger development. The last variation has the greatest culmination that resolves into peaceful ending with a slight *ritenuto*.

Step 7: Open listening II

The music sounds nice and it gives the feeling of deep calmness and also thoughtfulness. It sounds like everything is all right in this world. It gives the feeling of being held and supported. The improvisation brought bright imaginations full of light and pleasant smooth colours.

There was a clear sensation of slowdown in breathing frequency. The muscles also became more relaxed and the body perceived deep calmness.

Step 8: Phenomenological matrix

The music:

The music is steady, well-structured and varied. The tonality is C-major throughout the piece, no minor chords are included. The sounds of the piano are smooth, sensitive and firm. The

base line consists of a steady ostinato line in C note whereas the upper line develops a flowing pleasant melody. Musical phrases have a clear rhythmic, melodic and harmonic structure. The improvisation is in a form of variation consisting of 4 developments of the main theme. The first two variations (musical phrases) sound quite similarly. The improvisation sounds like a whole well-composed musical work.

The potential meaning of the music:

The balanced, calm and firm music reflects Emma's inner condition. She expresses having found a secure base for her and having reached inner tranquillity, being confident at the same time in what to do and where to go. She also shows that being grounded allows her to have a more creative attitude to her life and to meet the unknown as a natural part of life and relate to it with curiosity.

After playing Emma said that she had felt confident during the improvisation, the steady baseline guaranteed it for her. She calls the improvisation "My pulse" that throbs steady and firm.

The potential effect of the music within the treatment process:

Emma can recognise from the improvisation that she really is much more balanced and confident after the therapy process. She perceives "her pulse" being steady and firm, she also recognizes being able to develop her ideas creatively without fear and doubts. The improvisation supports her sensation of potential good coping in the future after leaving the therapy process.

5.3.1.3. Discussion on Emma's improvisations

Comparing the two improvisations of Emma, we can clearly see a great inner development. If we take a look at the musical structure, we can recognise that unpredictable, even chaotic music has changed into a clearly structured and well-balanced form; undefined rhythmic patterns in the first improvisation are replaced by certain rhythmic structures in the second improvisation; the first music included only short and bashful melodic phrases, the second one developed a nice flowing melody throughout the whole improvisation; there was inner harmony instead of struggling in the last music; the anxious intensity of the first music was replaced by smoothness and gradual logical developments in dynamics in the second

music; in the first improvisation the timbre was sharp and painful to the ears, in the second one the touch of the piano was soft and sensitive. See the overview of the alterations in Emma's music in Table 5.1.

We can see clear alterations in Emma's inner structures. Being unconfident, anxious and conflicting has turned into grounded, balanced and well-structured Self that is ready to meet challenges of life and has an open creative attitude towards the Self and the others.

Table 5.1.

Overview of alterations in Emma's improvisations

Musical element	Quality: first improvisation	Quality: second improvisation
Instruments	jujube belt, table harp	piano
Intensity	high, even painful; changing	smooth, pleasant
Rhythm, pulse	uncertain, cannot be defined; no pulse, chaotic	clear repeating rhythm patterns; 4/4 pulse
Melody	rare little melodic phrases, consisting of 2-5 notes	nice pleasant melody lines
Harmony	-	C-major, consists only of major chords
Structure	unpredictable, chaotic	clear variation form, 4 parts; logical phrase development; wholeness
Timbre	sharp, painful	smooth, pleasant

5.3.2. Analyses of Oliver's improvisations

5.3.2.2. This is me – initial interview (listen on CD track 10)

Step 1: Context

Oliver is a 21-year-old music student perceiving MPA as a big problem for him.

Oliver's personal context has been thoroughly explored in Ch. 3.6.1.

It is important to mention that the piano was the only instrument that was available in the interview room. Oliver said that it was not "his instrument".

Step 2: Open listening I

Oliver chooses the piano for self-expression. He starts the improvisation unexpectedly bravely. The music is energetic and in major tonality where different atonal sounds and also chords come in soon. Oliver seems to search for something. It is a feeling of uncertainty, but there is also a will to gain something or get somewhere. The musical movements are surprising and sudden. The left hand mostly takes single detached notes, whereas the right hand plays a non-flowing melody or dissonant chords. It is a picture full of different intensive colours. The ending is concrete and sure.

There are two central body feelings that interchange: 1) intending to move in different directions at the same time and 2) taking very heavy steps and like getting bogged down in something. It feels as if stepping like a big bear with its heavy body. The steps are powerful and loud, but they do not take the bear very far.

Step 3: Open semantic analysis

Oliver enjoys playing the piano very much despite the fact that the piano is not "his instrument". He is able to go deep into the exercise and express himself freely.

Oliver's playing is quite unpredictable and even chaotic. He seems to be searching for something. At the same time it looks as if he was sullen. He shows inner power and certainty in pressing the keys and the dynamics is quite loud. His play does not have certain direction; it feels like being mixed up or not knowing why and what he is doing. There are few chords in

his playing; most of the time he plays single notes. The end of the improvisation is concrete and on a tonal base.

Oliver said that he was searching for something during the improvisation and he could not function in certain rhythm. He sees the improvisation as a manipulation with rhythms and that it shows some rhythm of life. Sometimes he goes out of that rhythm, which means that he cannot do the things that he likes or what he has to. Oliver feels tiredness during the improvisation and he also says that he could not sleep enough last night. He felt not being full of emotions during the playing.

Step 4: Structure analysis

The duration of the improvisation is 2 minutes and 10 seconds.

The intensity of the sound, rhythm and pulse, structure, melody, harmony and timbre are the musical elements of the current improvisation that will be explored.

Intensity: The music is moderate and quite stable in intensity. The music sounds clear and rather loud. There are several louder notes here and there but altogether the piece is quite homogenous in intensity. See the intensity profile of the improvisation in Figure 5.4.

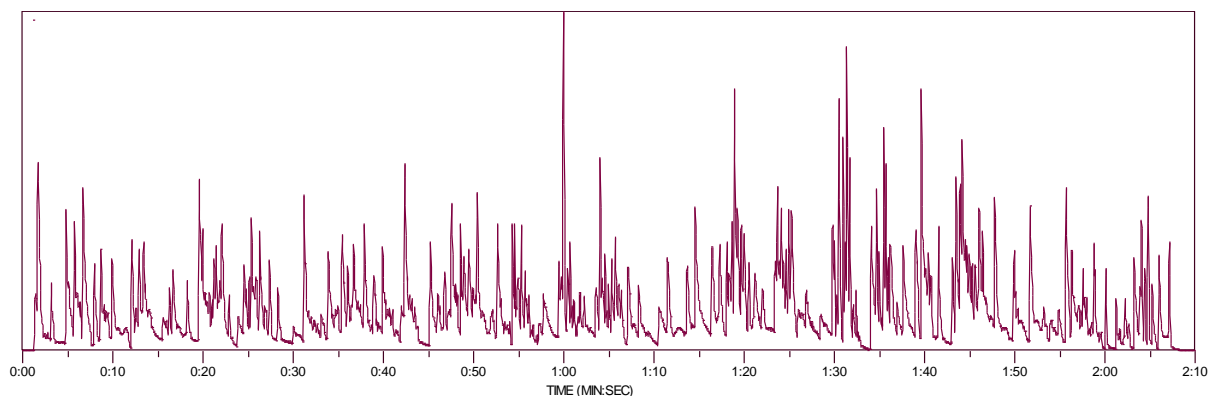


Figure 5.4. Music intensity profile of Oliver's improvisation "This is me": initial interview.

Rhythm and pulse: There is no repeating rhythmic figures and no pulse in the improvisation. The developments in music are spontaneous. The movements in the right hand are either in quicker tempo (melody lines) or in slower tempo (chords). The movements of the left hand are mostly slow with some impulsive quicker vignettes.

Structure: The piece is not clearly structured but 4 parts can be seen there: 1) 0:00-0:29 with a melodic line in the right hand and single notes in the left hand; 2) 0:30-0:54 the development of the music by bringing in the chords; 3) 0:54-1:46 the melodic line with single notes again; this part includes a phrase 1:07-1:46 while the left hand is playing continuously loud single notes downwards that are perceived as forming pairs; 4) 1:47-2:10 the final part with chords in the right hand and several different notes in the left hand with the ending by a downward scale from B to C in the right hand and reaching basic tonality.

Melody: The 1st and 3rd phrases consist of freely and spontaneously developed melody lines. The melodic phrases are roaming and searching. One cannot reproduce these melodies easily.

Harmony: The improvisation starts and finishes in C major. The 1st phrase stays in C major. The 2nd phrase has developments inside but the harmonies are not clearly recognisable; there are a lot of dissonant chords and the left hand roams on different keys. The 3rd phrase is harmonically similar to the 2nd. The 4th phrase starts and finishes in C again with diverse dissonant harmonies in between.

Timbre: The piano sounds sure; the timbre is awaking and stimulating.

Step 5: Pragmatic analysis

Oliver seems quite shy while talking and it is a surprise that he plays the piano with such a devotion and intensity. There are no signs of being afraid of performing during the improvisation. The improvisation is unpredictable. One cannot foresee the direction of melody lines or the sound of the chords. The music tells about uncertainty and not knowing where to go or how to execute things. He is trying here and there, but he does not find anything that he can recognise as something that he was searching for so far. Oliver is going out of his rhythms showing that outer rhythms can have significant influence on him. He does not show his emotions; only a little defiance can be identified in him.

Step 6: Phenomenological horizontalization

The music starts with quite energetic loud sounds in C-major. The left hand picks single notes and the right hand develops some melodies that move unpredictably. The melody turns into dissonant chords that lead to the next melody part. It sounds like searching for something. Melodic developments are surprising and sudden; the left hand supports these movements by single notes stepping downwards. The dissonant unpredictable chords appear again, they are accompanied by single atonal notes on the left hand. The improvisation ends with a major downwards scale reaching basic tonality.

Step 7: Open listening II

The improvisation starts as if it was a piece of music familiar to Oliver, at the beginning it sounds like he knows very well what to do. But this perception alters soon and is replaced by the feeling of uncertainty and confusion. The sounds jump here and there without certain direction. Despite that, the music seems to form a whole, it has a certain beginning and ending.

Body feelings include moving in different directions again, every step is towards a diverse direction. The body moves but the head is as though separated from the body and does not know anything about what the body is doing.

Step 8: Phenomenological matrix

The music:

The music is energetic and stimulating. The piece starts and ends in C-major, but it consists of many atonal elements. There is no certain pulse in the music. However, four musical phrases/parts can be seen there. While playing, Oliver's left hand picks mostly single notes and the right hand develops unpredictable melodies and mostly dissonant chords. Most of the developments are surprising and unexpected. The improvisation ends with a major downwards scale reaching basic tonality. The improvisation can be perceived as a whole despite the mixed structure.

The potential meaning of the music:

The music sounds like searching for something, but nothing seems to “fit” the “something”. Oliver shows inner power and certainty in pressing the keys and the dynamics is quite loud. But his play does not have certain direction and it is quite unpredictable; he is being mixed up or does not know why and what he is doing. He is out of his rhythm. It seems that his mind and body are separated during the play. However, he does not seem to be lost. The improvisation makes a whole; it has a certain beginning as well as an ending.

The potential effect of the music within the treatment process:

Oliver recognised from the improvisation that he is not fully in himself and that the outer rhythms influence him a lot so that he cannot remain in his own inner rhythm. It shows one of Oliver’s patterns – to be overly dependent on the outer or on the others. The certainty in his expression allows assuming that this improvisation functions as a good base for further therapy work and also shows that Oliver does have inner strengths that he could lean on if necessary during difficult or painful moments in therapy.

5.3.2.3. This is me – final interview (listen on CD track 12)

Step 1: Context (see Ch. 3.6.1.)

Step 2: Open listening I

Oliver chooses the table harp for the improvisation. The instrument is out of tune, but this fact does not bother Oliver.

He starts with a steady slightly swinging rhythm. It sounds like the bells are playing bright and happy music. There is a steady lower sound and some pleasant higher sounds build the melody upon these. The music moves until the peak of a quite sharp high sound. After that the sound picture changes. The music becomes more unstructured and unpredictable. There is one musical phrase that is repeated 5 times. It seems that he enjoys playing this phrase particularly. The music becomes even more unstructured, but the joy is still there. The music ends with a dissonant chord.

At the beginning the body swings with the music, it is a nice feeling. After the peak the movements are in narrower amplitude which makes it possible to move with the unpredictable music.

Step 3: Open semantic analysis

Oliver does not know what sounds come out of the table harp, because the instrument is out of tune and he has never played the instrument before. But he takes the challenge and feels free expressing himself openly through this instrument. It is a colourful musical work that is interesting to follow. The improvisation is full of joy and playfulness. It seems that nothing bothers Oliver, even the instrument that is unfamiliar and out of tune.

This piece symbolizes Oliver's life rhythms at the moment. The rhythms alter depending on where he is at the moment. He experiences lightness and easiness. It feels logical for Oliver that the table harp is out of tune. He feels free while playing such an instrument.

Step 4: Structure analysis

The duration of the improvisation is 1 minute and 50 seconds.

The intensity of the sound, rhythm and pulse, structure, melody, harmony and timbre are the musical elements of the current improvisation that will be explored.

Intensity: The intensity of the music is rather low, except for some peaks on 0:57 and 1:37-1:39. Even the dissonances do not alter the intensity of the whole picture. The second part of the piece (see the Structure below) is a little more intensive, but the alteration is not remarkable. See the intensity profile of the improvisation in Figure 5.5.

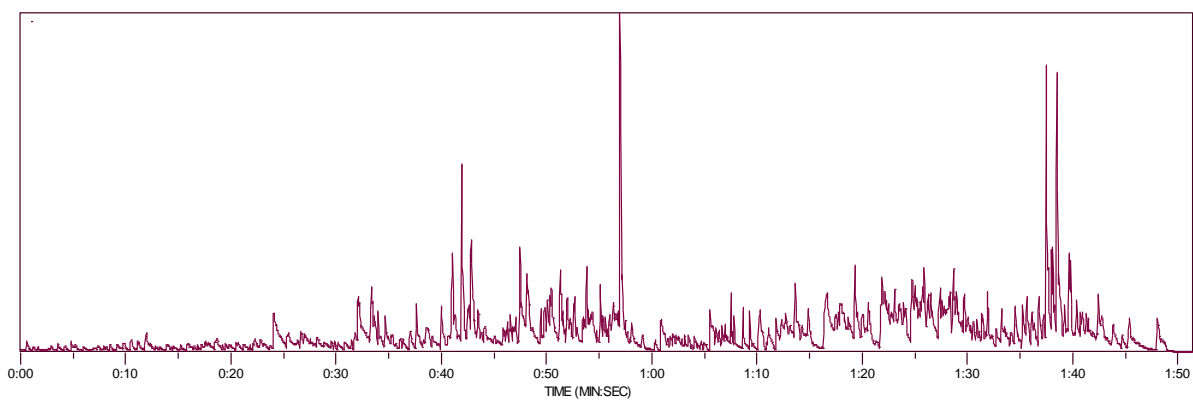


Figure 5.5. Music intensity profile of Oliver's improvisation "This is me": final interview.

Rhythm and pulse: There was steady swinging often syncopated rhythm and pulse in the first part of the improvisation. The metre can be proposed being 2/4. The left hand produces the pulse and the right hand plays different rhythms more freely. From 1:11 on, the pulse is free, there is no metre any more. The rhythmical figures are manifold and playful. The music ends with a fermata on a chord.

Structure: There can be 2 parts distinguished from the music. The first part is 0:00-0:57. It consists of steady pulse and swinging rhythms and ends with a sharp high intensive sound. The second part starts from 0:58 and lasts until the end. From 1:11 on, there is no certain pulse any more in the music, it is unpredictable and jerky. During 1:12-1:29 a melodic phrase was repeated for 5 times. During 1:37-1:39 there is another peak in the music and after that it softens and ends with a chord. In the first part two voices sound simultaneously. Starting from 0:58, only one voice continues until the chord at the end.

Melody: In the first part, the melody is playful and enjoyable, thus having unexpected developments inside. The second part starts with a melody in narrow diapason, develops in sequences repeated 5 times and continues with a jerky melody that ends with a chord.

Harmony: The harmony sounds oriental. There can be pentatonic recognised and other oriental scales. It sounds bright and joyful. There are some dissonant chords in the music but it does not ruin the whole picture of a merry free musical work.

Timbre: Interestingly, the table harp sounds like some kind of bells, especially at the beginning of the improvisation. During the peaks the sound is sharp and even painful, but it lasts only for a moment and adds some sizzling spice to the music.

Step 5: Pragmatic analysis

The whole process of Oliver was about seeking to be free. The improvisation clearly shows that Oliver feels free. His music is playful and light and he enjoys what he does. Even the untuned instrument did not bother him. Oliver could have chosen any other instrument; there were a lot of different kinds of instruments in the therapy room. But he decides to play a totally unknown instrument and just enjoy the playing and freely look where it takes.

Step 6: Phenomenological horizontalization

The improvisation starts with a steady swinging rhythm. The sounds of the table harp are similar to the bells. The music sounds bright and happy. There is a steady lower sound in the 1st part and some pleasant higher sounds that build the melody line. The melody sounds oriental. There comes a peak of a sharp high sound. After that the music becomes more unstructured and unpredictable, but still joyful and playful. An enjoyable musical phrase follows that is repeated for 5 times. After the phrase, the music becomes even more unstructured, but the joy and brightness are still there. The music ends with a dissonant chord.

Step 7: Open listening II

The music sounds even more playful and free. An imagination emerges of a dancing oriental person that can move herself/himself freely and express joy and satisfaction. The altering in the second part of the improvisation let the dancer develop the dramaturgy and add some interesting nuances to the performance.

The body feels moving and comfortable. It is a feeling that it can move in every direction in any desired amplitude.

Step 8: Phenomenological matrix

The music:

The improvisation consists of two parts. The first part starts with a steady swinging rhythm and playful melody. There are two voices performing the music in the first part: the lower grounding sound and the higher melody line. The melody has oriental elements. The table harp is out of tune but it adds some special quality to the music. The music sounds bright and happy. The sharp high sound announces a turn in the music. It becomes more unstructured and unpredictable, but remains joyful and playful. Then a certain musical phrase is repeated for 5 times and leads to even more unstructured material, but the joy is still there. The music ends with a dissonant chord.

The potential meaning of the music:

Oliver is ready to take the challenge and play a totally unfamiliar instrument that is also out of tune. It shows that he is not afraid of new experiences and it does not bother him that he does not know what will be the result of the activity. He joyfully and freely expresses himself and experiments with the instrument. He lets the musical elements develop in any direction and feels comfortable with all the sounds that are coming out of the instrument.

The potential effect of the music within the treatment process:

Oliver can see that there are no limitations for him, he can take the best he can from the moment despite the unknown or disabled matters that he enables to enter the situation. He shows satisfaction with himself and with his production, no matter what it is like. He does not criticize himself and allows himself to be and act free. Oliver has found the way to be free and he knows how to enjoy it. He can feel the brightness of the music in himself and take the sensation with him into the everyday world.

5.3.2.4. Discussion on Oliver's improvisations

The two improvisations of Oliver give a sense of clear therapeutic development. At the beginning of therapy, one of Oliver's main problems was the feeling of being controlled and constrained. Also his first improvisation showed that he was trying to find something more liberating but he could not reach it and remained within the boundaries that he had placed for himself (or at that point he saw that several people in his life had placed these for him). There were also no emotions connected to the music. His body and mind seemed to be separated.

The second improvisation comes like from another world. Oliver is free in his expressions. He chooses the instrument that is out of tune and he does not know what to expect from it, but still he takes the chance and joyfully enjoys the process of music making and the product. He is deeply satisfied with the music and does not evaluate anything that he has accomplished. See the comparative qualities of Oliver's improvisations in Table 5.2.

Table 5.2.

Overview of alterations in Oliver's improvisations

Musical element	Quality: first improvisation	Quality: second improvisation
Instruments	piano	table harp
Intensity	moderate and stable, rather loud	rather low with some peaks
Rhythm, pulse	no repeating rhythmic figures, no pulse	steady pulse and repeating rhythmic figures in 1 st part; no pulse and mixed rhythms in 2 nd part
Melody	roaming and searching melodies in 1 st and 3 rd part	oriental, joyful, playful
Harmony	C-major; atonality in certain parts	pentatonic, other oriental-sounding harmonies; some dissonances
Structure	4 uneven and unstructured parts; certain beginning and ending; makes a whole	2 parts: 1 st part more structured and stable; 2 nd part more free and unpredictable; ends with a dissonant chord
Timbre	sure, awaking, stimulating	nice, bells sound; sharp in peaks

Oliver has now inner tools for free development and for not letting himself be constrained by other people, especially by his mother. Although there are some unknown fields in his life (e.g. he does not still know who his father is) he can cope with these more easily, evaluate the life situations more adequately and maturely and allow himself to approach his life from a much broader standpoint.

5.4. META-DISCUSSION ON EMMA'S AND OLIVER'S IMPROVISATIONS

Both clients – Emma and Oliver – have shown clear therapeutic progress in their improvisations.

Indicating the similarities of the developments in the clients' improvisations, we can mention at first that both clients have reached much more free and flowing music making. The second improvisations were performed with a more open attitude to the Self and to the music. Both clients indicated no necessity to control or predict the music, they were not worried about where it might lead or what would come out of it. Oliver even chose the completely unfamiliar instrument to accomplish the improvisation. According to Freud's (1933/1989) conception, the fear of losing control and being overwhelmed by one's impulses is one of the general types of inner conflicts that indicate the necessity to take some action to avert the threat. Having no need to control one's activities indicates the absence of conflicts and no need to exploit defence mechanisms. It supports directing the disengaged energy for more reasonable and rational self-perceptions.

The improvisations of both clients have developed from relatively unpredictable in the first music towards logical developments and gradual movements in the second music. Developments in rhythm and pulse, a melodic and harmonic structure support this outcome. For example, there was no clear rhythm and no steady pulse in neither clients' first music, but the second improvisation differed from it remarkably, consisting of recognisable rhythmic figures and steady pulse (in Oliver's music there was steady metre in the first half of the second music). We can see especially high contrast between the two improvisations of Emma. Her first music was totally unstructured and even a chaotic dialogue between two instruments. We can view this improvisation from the aspect of vitality affects (Stern, 2010, 1998a) where metaphorically the communication of a mother and a child brought about unsuccessful or uneven tuning (Decker-Voigt, 1999) so that one of the parties finally had to give up. The second music of Emma was built on a clear stable structure. Compared to Emma's music, Oliver's second improvisation was not as structured as Emma's, but one of his major intentions in therapy has been seeking to be free. So he has shown that while being free he can stand to be in a more structured condition as shown in the first part of his second improvisation or let himself totally free as seen in the second part of the music. Despite the free flow his second music had logical continuity in it.

We can also see changes in the intensity and timbre of music. Both clients' first music was louder and more intense than the second music; the first improvisation was performed with tense timbre and the second one with much softer touch and sound.

Also changes in emotional qualities of the music can be identified. Emma's first improvisation sounded anxious, serious, sad and confused, the second music was calm, sensitive, tranquil and happy. Oliver was detached from emotions during his first improvisation. Little defiance could be recognised in his playing. The second music of his contained a lot of joy, playfulness, freedom and satisfaction.

Several important aspects that were characteristic of these two clients personally and that indicated interrelationship between the material of the improvisations and the development of the therapy process will now be explored.

Emma has had many issues of ambivalence in her imaginations and thoughts during the music therapy process. Correspondingly, ambivalence has been the issue concerning Emma's stomach-ache. Also her first improvisation consisted of ambivalent sounds and qualities. We cannot recognise ambivalence in her second improvisation. Emma also reported absence of stomach-ache in the 12th music therapy session.

At the end of therapy Emma reported having developed an effective coping technique for dealing with Music Performance Anxiety: she did not think about the result anymore and could concentrate on music. The same qualities were also demonstrated in Emma's second improvisation "This is me". We can also metaphorically say that with the ability to focus on "music" Emma has brought "melody" in her life. In her first improvisation, she only had some shy melodic stubs, but at the end of therapy it has turned into a pleasant flowing melody. The raw dry anxious condition was replaced by fruitful balanced and happy life perception.

At the end of therapy Emma found a more secure base (Bowlby, 1988) for her. She struggled for a long time with herself to let herself know what could be behind her troubles and anxiety. By the end of therapy Emma accepted that there can be unanswered questions in people's lives and that one cannot have answers to every question at all. Emma has shown to be grounded, balanced and secure in her second improvisation.

Speaking of Oliver, his BMGIM-travels were very unique (see descriptions in Ch. 3.6.). His imaginations consisted often of many quickly altering abstract pictures that sometimes took sudden turns to totally other themes or areas. Oliver's improvisations were in synchronicity with these inner images and give similar pictures when expressed through improvisations.

For Oliver, one of the major alterations during the therapy process was his enhanced self-confidence. He finally had less doubts and greater ability to establish himself. He could also value himself much more. Oliver's first improvisation showed that he did not know where to go or what to do. The improvisation at the end of therapy presented him as a confident and free person acting by his will and in the direction that he would like to lead himself.

The second music of Oliver also showed gained independence by free and joyful self-expression. He said that he had perceived becoming finally a grown-up who can be fully responsible for himself and make his decisions in his life. The developmental point of view of the psychodynamic approach sees psychopathology as a kind of immaturity and regression to infantile modes of experience (Leiper & Maltby, 2008). Oliver's inner process can be seen as a process of maturation that enables the absence of disorders including anxiety.

At the end of therapy, Oliver had the perception of being more secure than before. During the first music Oliver used some grounding sounds that might indicate the borders that he found to be set by other persons but within which he though could feel secure and based. By the end of therapy Oliver has grown out of the high dependency on other people's attitudes and restrictions and has found security in him. Also his second improvisation shows that he did not need the grounding musical elements anymore, because he could feel secure enough and was able to let the music just stream.

Oliver can synchronize his inner and outer world now. Before therapy he was rather detached from his feelings, which was indicated by his defensive behaviour. This condition was also reflected in his first improvisation. In his second improvisation he let himself feel the joy and playfulness that he values, his music was in accordance with his inner perceptions.

According to the analysis above, we can say that the outcome of the phenomenologically inspired analyses of the improvisations before and after the therapy processes support the outcome of the multiple case studies research.

6. GENERAL DISCUSSION AND CONCLUSION

6.1. PROFILE OF MUSIC PERFORMANCE ANXIETY

According to the outcome and findings of all the four research studies included in the thesis, the researcher suggests the Profile of Music Performance Anxiety (PF-MPA) – a general structure that encloses personal background, personality traits, behavioural patterns and life attitudes that are characteristic of a person suffering from Music Performance Anxiety:

A person suffering from music performance anxiety comes from an unstable family. The family might be separated so that one parent lives apart or one parent might be dead or unknown. If living together, the mother and the father are distant from each other. The person has perceived one or both parents being overly anxious and, in addition, the mother has built an anxious ambivalent attachment to her child. Correspondingly, the mother is perceived as rather dominant, rigid, over-attentive and controlling, and this is complemented by closing her emotions inside, which is in conjunction with being insincere towards the others, including the child. The individual perceives ambivalent feelings towards the mother whereby the negative “not allowed” feelings produce guilt towards the mother.

The father has not had much authority in the family. He is rather distant, neutral and even “invisible” and does not take a stand in family matters. The child might have lost the father or he/she does not know who his/her father is or was.

Fortunately, the person has not been left completely alone with his/her concerns. He/she has a supporter, a person whom he/she can rely on, such as a grandmother, an older brother or sister or even a nice neighbour.

The person has been closely touched by a death in his/her life. He/she might have experienced the loss of close people or he/she might have had unknown matters concerning to a close person’s death or absence. The person has often been sad in childhood.

The individual has a high trait anxiety level and he/she sometimes perceives being anxious for no particular reason. He/she often worries about even unimportant matters and tends to take everything too seriously, e.g. his/her mistakes and failures. The person also worries about his/her mother’s health and fears losing her. He/she tries to balance the fear and anxiety by mothering the mother. He/she has too many obligations and is overly assiduous trying to

complete everything well, but thinking about his/her duties is frequently captured by strong agitation.

The person develops a false self to cope with his/her life better. He/she is outward oriented fulfilling the needs of others and being unable to say “no”. By living “somebody else’s life” or perceiving living apart from real life, he/she feels existential loneliness. He/she also perceives a vital need for bigger differentiation, but he/she does not see the ways of gaining this condition. He/she tends not to find support from close relationships either, having unsatisfying or broken relations.

He/she has low self-confidence and self-esteem. The individual recognises having no full control of his/her life and certain things seem to be inevitable to him/her. He/she tends to have preconceptions about other people and about several future matters. He/she sees a need for pretending to be somebody because of the preconception of possibly being misunderstood while acting as the true self. The person suppresses his/her emotions and avoids complicated situations.

The person often feels that life has not much to offer him/her and that he/she is not worth much as a person. He/she has many doubts. He/she is uncertain about his/her decisions and life steps and has unanswered existential questions. He/she perceives lack of security.

And finally – a person suffering from music performance anxiety lacks the sense of natural enjoyable life flow.

6.2. MUSIC PERFORMANCE ANXIETY AS A SECONDARY DISORDER, COMPULSIVE REPETITION AND DEFENCE MECHANISM

The researcher suggests MPA being not a primary disorder but a defensive mechanism in the form of compulsive repetition that prevents oneself from feeling and expressing the “death drive” (Klein, 1957) and gaining maturation. Erik H. Erikson (1950) describes compulsive repetition as a state while the individual unconsciously arranges for variations of an original theme, which he/she has not learned either to overcome or to live with. The persons suffering from MPA repeat the anxious situation over and over again and are not able to move further. They are unconsciously afraid of looking behind MPA because of the fear of finding something more dreadful or identifying the unknown aspects of their personalities and lives that should be recognised, accepted or altered. It appears to be rather convenient to admit that a person feels fear before or during the performance and not to think about the aetiology and roots of the phenomenon that would make the situation perceived more complicated.

Experiencing MPA is somehow secure. One can generally predict the situation because one already knows what will follow. The person is familiar with the situation. He/she knows that it does not feel good and also knows the possible consequences, but one also knows that he/she can bear it despite the great effort that one has to make for that. And as a result, one repeats the behaviour over and over again. While letting out the matters that are behind MPA, one cannot control oneself and the situation anymore; one can never predict what might happen next and how painful or pleasurable it might be. One of the clients, who participated in the study, perceived MPA very clearly as an ambivalent feeling. She found it unpleasant and hurtful, but at the same time sweet, warm and even appealing. This example is quite a vivid example of the “double nature” of MPA.

Getting to know more about one’s deeper intentions, behavioural patterns and life attitudes and accepting these means mostly induces remarkable changes in people’s lives. The process that the individual could start would be taking responsibility for their lives and gaining maturation not only in the meaning of growing up but more widely becoming the Self – the process that Carl Jung (1968/1980) has referred to as initiation. According to Jung (ibid.) while a person is in the initial crisis he/she might search for something that is not known or impossible to find. In such a case only one thing works – turning directly toward the darkness or jumble and approaching it naively and without prejudice to find out what the

secret aim of it would be. The process of individuation generally starts with the wounding of the personality and the suffering that accompanies it. So it can be considered to be much easier bearing the pain of MPA than digging deep inside oneself and discovering even more hurtful matters.

Nagel (1990a) takes into consideration the suggestion by Gabbard (1990) that from the psychoanalytical point of view, somatoform disorders are the transformations of painful feelings to body parts and suggests that physical symptoms of performance anxiety can be seen as a defensive mechanism “against intrapsychic conflict”. The current researcher dares to suggest MPA in general as a defence mechanism.

MPA appears not to be the primary problem for persons suffering from it. There is research evidence, which confirms that social anxiety often comes out from under other disorders and problems (Wittchen & Fehm, 2003). The current study verifies the standpoint. Clients did not pay much attention to MPA problem during therapy process, even though MPA was the main reason for coming to therapy. The personal issues that the clients went through during the music therapy process contained rich material that was closely connected to MPA, but the MPA issue itself rarely appeared in the process.

6.3. FINAL THOUGHTS AND FUTURE IMPLICATIONS

Music Performance Anxiety is a complex phenomenon. It needs thorough further research to gain deeper understanding of it. Unfortunately, MPA is a very common problem among musicians and this is why additional knowledge about the possible tools for coping with MPA or reducing it is vitally needed. Especially, there is a need for further phenomenological exploration of the phenomenon to support or confront the findings of the mostly quantitative research on the issue.

The research confirms that musicians do not think much about the causes of MPA. They are somehow used to undertaking different actions to cope with MPA; this seems to be a natural part of their everyday lives. Only 6 people out of 28 that were offered therapy during the current research study showed interest in it and 4 of these have finally come to therapy. There is a need to inform musicians about MPA as being not a phenomenon that one should bear no matter what it takes, and that there are effective possibilities to deal with it in order to achieve better coping with MPA as well as with their lives in general.

As a music therapist, the researcher finds it extremely important to prevent people from most complicated inner suffering and psychological disorders. If today's parents, especially mothers, know about the behavioural and emotional family patterns that can be seen as determinants of anxiety, e.g. MPA in their children, they can take action to improve the atmosphere in their homes and give their best to help their talented children to become healthy and self-confident personalities.

Coping with MPA is about taking command of one's life. It would be suggested that this therapeutic approach is suitable for grownups as well as young adults who recognise the need for resolving the problem, who consciously understand and accept the approach about the aetiology of MPA, and are ready and motivated to explore their inner matters to gain the objectives.

According to the study, psychodynamically oriented music therapy, e.g. the Bonny Method of Music Therapy, can be suggested as an effective tool for going through the life matters that are connected with formulating MPA. The task for the therapist dealing with MPA-clients is considered to be relating to the clients' matters as open-mindedly as possible to enable the emergence of every unique personal issue that might have a vital role to play in this particular person's way of gaining the aims of therapy. But at the same time the therapist should especially notice the themes connected to early experiences, family matters and

existential issues of the client and try to use all the knowledge impartially and respectfully remaining in the role of a supporter and facilitator during the client's important inner journey.

There might arise a question that in case a person finds himself/herself having the background and personal characteristics that are described in the Profile of Music Performance Anxiety, would he/she be "suitable" for being a musician after all. The researcher suggests that knowing the elements that might determine MPA and recognising them gives the person a valuable possibility to see the need for having a deeper reflection of oneself and taking the steps towards better coping in their lives in general and not only with MPA. So we can also consider MPA to be a good indicator for a person as it reflects the person's inner imbalance and the need for dealing with his/her inner matters to live their lives more fully and satisfyingly than before.

There is always something in our lives that is about surviving. We can accomplish it perceiving climbing continuously on dark broken grounds accompanied by thunder and unknown powers, or we can choose the other way of observing it by choosing the track that, though curving, is hemmed by sunlight radiating through the green-leaved trees leading to the desired direction and perceive the smells of full natural thriving life.

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APPENDICES

APPENDIX 2

Appendix 2.1. Performance Anxiety Self Report (PASR)

Gender: M F Age:

Performing experience (years) Main instrument

PLEASE ANSWER THE FOLLOWING QUESTIONS THE WAY THAT IS SUITABLE FOR YOU:

- 1. Describe briefly how you usually feel while performing.**

- 2. Describe one situation where you have experienced uncomfortable performance anxiety.**

- 3. How do you recognize performance anxiety, what are the symptoms?**

- 4. In your opinion, what causes performance anxiety in you?**

- 5. What kind of techniques do you use to cope with performance anxiety?**

- 6. Choose one of the following assertions that is the most characteristic of you:**
 - Performance anxiety is a big problem for me. It bothers me a lot and strongly influences the quality of my performances.
 - Performance anxiety is a problem for me. It sometimes bothers me and occasionally influences the quality of my performances.
 - I experience moderate anxiety during performance, but it does not bother me and it does not have negative influence on the quality of my performance.
 - I never experience performance anxiety.

I would like to add:

Appendix 2.2. State-Trait Anxiety Inventory by C. D. Spielberger

Adapted into the Estonian language by M.-I. Pedajas

STAI EX-1

		Not at all	To a small extent	Almost so	Completely so
1	I am calm	1	2	3	4
2	I feel safe	1	2	3	4
3	I am tense	1	2	3	4
4	I feel regret	1	2	3	4
5	I feel free	1	2	3	4
6	I am upset	1	2	3	4
7	I am excited about possible failure	1	2	3	4
8	I feel rested	1	2	3	4
9	I feel anxious	1	2	3	4
10	I feel inner satisfaction	1	2	3	4
11	I have faith in me	1	2	3	4
12	I am nervous	1	2	3	4
13	I cannot feel good anywhere	1	2	3	4
14	I am wound up	1	2	3	4
15	I am free of tension	1	2	3	4
16	I am content	1	2	3	4
17	I am concerned	1	2	3	4
18	I am over-excited and out of joint	1	2	3	4
19	I feel joy	1	2	3	4
20	I feel pleasant	1	2	3	4

STAI EX-2

		Almost never	Sometimes	Often	Almost always
21	I feel comfortable	1	2	3	4
22	I get tired easily	1	2	3	4
23	I can easily burst into tears	1	2	3	4
24	I would like to be as happy as the others seem to be	1	2	3	4
25	I have not had success, because I can not make decisions fast enough	1	2	3	4
26	I feel rested	1	2	3	4
27	I am calm, untroubled and confident	1	2	3	4
28	I feel that I cannot overcome all the difficulties	1	2	3	4
29	I worry too much about unimportant matters	1	2	3	4
30	I am happy	1	2	3	4
31	I tend to take everything too seriously	1	2	3	4
32	I lack self-confidence	1	2	3	4
33	I feel safe	1	2	3	4
34	I try to avoid critical situations and difficulties	1	2	3	4
35	My mind is troubled	1	2	3	4
36	I am content	1	2	3	4
37	Secondary thoughts do not let me be calm	1	2	3	4
38	I take my mistakes so seriously that I cannot forget them for a long time	1	2	3	4
39	I am composed	1	2	3	4
40	I am captured by strong agitation while thinking of my work and activities	1	2	3	4

Appendix 2.3. The Kenny Music Performance Anxiety Inventory (K-MPAI)

Below are some statements about how you feel generally and how you feel before or during a performance. Please circle one number to indicate how much you agree or disagree with each statement.

STRONGLY DISAGREE

STRONGLY AGREE

1.	I generally feel in control of my life	1	2	3	4	5	6	7
2.	I find it easy to trust others	1	2	3	4	5	6	7
3.	Sometimes I feel depressed without knowing why.....	1	2	3	4	5	6	7
4.	I often find it difficult to work up the energy to do things	1	2	3	4	5	6	7
5.	Excessive worrying is a characteristic of my family ...	1	2	3	4	5	6	7
6.	I often feel that life has not much to offer me	1	2	3	4	5	6	7
7.	Even if work hard in preparation for a performance, I am likely to make mistakes	1	2	3	4	5	6	7
8.	I find it difficult to depend on others	1	2	3	4	5	6	7
9.	My parents were mostly responsive to my needs	1	2	3	4	5	6	7
10.	Prior to, or during a performance, I get feelings akin to panic.....	1	2	3	4	5	6	7
11.	I never know before a concert whether I will perform well	1	2	3	4	5	6	7
12.	Prior to, or during a performance, I experience dry mouth.....	1	2	3	4	5	6	7
13.	I often feel that I am not worth much as a person.....	1	2	3	4	5	6	7
14.	During a performance I find myself thinking about whether I'll even get through it.....	1	2	3	4	5	6	7
15.	Thinking about the evaluation I may get interferes with my performance	1	2	3	4	5	6	7
16.	Prior to, or during a performance, I feel sick or faint or have a churning in my stomach.....	1	2	3	4	5	6	7
17.	Even in the most stressful performance situations, I am confident that I will perform well	1	2	3	4	5	6	7
18.	I am often concerned about a negative reaction from the audience	1	2	3	4	5	6	7

STRONGLY DISAGREE

STRONGLY AGREE

19.	Sometimes I feel anxious for no particular reason.....	1	2	3	4	5	6	7
20.	From early in my music studies, I remember being anxious about performing	1	2	3	4	5	6	7
21.	I worry that one bad performance may ruin my career	1	2	3	4	5	6	7
22.	Prior to, or during a performance, I experience increased heart rate like pounding in my chest..	1	2	3	4	5	6	7
23.	My parents always listened to me	1	2	3	4	5	6	7
24.	I give up worthwhile performance opportunities due to anxiety	1	2	3	4	5	6	7
25.	After the performance, I worry about whether I played well enough.....	1	2	3	4	5	6	7
26.	My worry and nervousness about my performance interferes with my focus and concentration.....	1	2	3	4	5	6	7
27.	As a child, I often felt sad	1	2	3	4	5	6	7
28.	I often prepare for a concert with a sense of dread and impending disaster	1	2	3	4	5	6	7
29.	One or both of my parents were overly anxious	1	2	3	4	5	6	7
30.	Prior to, or during a performance, I have increased muscle tension.....	1	2	3	4	5	6	7
31.	I often feel that I have nothing to look forward to	1	2	3	4	5	6	7
32.	After the performance, I replay it in my mind over and over.....	1	2	3	4	5	6	7
33.	My parents encouraged me to try new things	1	2	3	4	5	6	7
34.	I worry so much before a performance, I cannot sleep.....	1	2	3	4	5	6	7
35.	When performing without music, my memory is reliable.....	1	2	3	4	5	6	7
36.	Prior to, or during a performance, I experience shaking or trembling or tremor.....	1	2	3	4	5	6	7
37.	I am confident playing from memory	1	2	3	4	5	6	7

Appendix 2.4. Coping techniques categories/ Qualitative data

Category	Sub-category	Amount	Total
Breathing	Different breathing exercises	31	33
	Alexander-technique	2	
Concentration	Concentration	23	27
	Meditation	4	
Positive self-suggestion	I can cope	11	19
	Adequate situation evaluation	3	
	Playing for one's own joy	1	
	Comforting oneself	4	
Distracting focus	Leading focus of thoughts somewhere else	14	16
	Focus on other activities	3	
	Closing eyes	1	
Aimed preparation	Rehearsing enough	5	10
	Searching more possibilities for performing	2	
	Physical preparation	2	
	Right regime	1	
Prayers		4	4
Medicine	Tranquillizers	6	6
Food and drink	Coffee	1	3
	Chocolate	1	
	Alcohol	1	
Not using coping techniques	No need	5	7
	Nothing works (belief)	2	

Appendix 2.5. MPA sources/ Qualitative data

Category	Sub-category	Amount	Total
Fear of the others' opinions	Evaluation, critics	21	148
	Reactions of the audience	39	
	High expectations	11	
	Pro-s in the audience	42	
	Close people in the audience	5	
	Responsibility	3	
Important performance	Important performance	27	27
Fear for failure	Fear for failure	41	93
	Fear to forget	10	
	Worrying	9	
	Uncertainty	18	
	Wish for maximum realisation	9	
	Wish for not to disappoint himself/herself	3	
	Too long time for thinking everything through	3	
Solo performance		19	19
Poor preparation		29	29
Poor experience	Performing is a new situation	7	12
	Too rear performances	4	
	Lack of experience	1	
Wrong	Not my/main instrument	8	43
	Distasteful program	4	
	Performing is not my element	10	
	Health problems	7	
	Too big hall	4	
	Too small/intimate hall	2	
	Uncomfortable room	1	
	Something wrong with arrangements (stage, technics, back-stage, timing)	6	
Unknown source	I don't know where it does come from	10	10
No PA		3	3

Appendix 2.6. Significant correlations of the scales of the K-MPAI

	Correlations significant at $p < .05$, $n = 103$					
	Excessive worrying is a characteristic of my family	My parents were mostly responsive to my needs	My parents always listened to me	As a child, I often felt sad	One or both of my parents were overly anxious	My parents encouraged me to try new things
STAI EX-1	.18	-.13	-.39*	.35*	.40*	-.26
STAI EX-2	.23	-.14	-.27	.37*	.44*	-.22
K-MPAI	.36*	-.30*	-.41*	.35*	.59*	-.40*
I generally feel in control of my life	-.02	.16	.30*	-.34*	-.28	.11
Excessive worrying is a characteristic of my family	1.00	.01	-.06	-.01	.41*	-.12
I often feel that life has not much to offer me	.03	.04	-.11	.33*	.26	-.02
Even if work hard in preparation for a performance, I am likely to make mistakes	.28	-.12	-.25	.15	.32*	-.28
My parents were mostly responsive to my needs	.01	1.00	.66*	-.31*	-.27	.61*
Prior to, or during a performance, I get feelings akin to panic	.17	-.30*	-.24	.11	.35*	-.22
I never know before a concert whether I will perform well	.33*	-.07	-.04	.06	.31*	-.21
I often feel that I am not worth much as a person	.22	.01	-.17	.28	.34*	-.14
During a performance I find myself thinking about whether I'll even get through it	.24	-.09	-.23	.10	.38*	-.24
I worry that one bad performance may ruin my career	.21	-.15	-.19	.05	.36*	-.14
My parents always listened to me	-.06	.66*	1.00	-.42*	-.33*	.63*
I give up worthwhile performance opportunities due to anxiety	.19	-.14	-.27	.08	.40*	-.23
As a child, I often felt sad	-.01	-.31*	-.42*	1.00	.32*	-.39*
I often prepare for a concert with a sense of dread and impending disaster	.25	-.10	-.15	.10	.40*	-.30*
One or both of my parents were overly anxious	.41*	-.27	-.33*	.32*	1.00	-.39*
Prior to, or during a performance, I have increased muscle tension	.15	-.19	-.22	.21	.32*	-.18
I often feel that I have nothing to look forward to	.25	.01	-.12	.27	.48*	-.16
After the performance, I replay it in my mind over and over	.28	-.13	-.17	.15	.30*	-.16
My parents encouraged me to try new things	-.12	.61*	.63*	-.39*	-.39*	1.00
I worry so much before a performance, I cannot sleep	.05	-.23	-.13	.24	.38*	-.10

APPENDIX 3

Appendix 3.1. Suggested questions for case studies' semi-structured interviews

1. INITIAL INTERVIEW

The client

- Describe yourself the way you would like to.
- How would a person who knows you well describe you?
- If you could change anything about you, what could it be?
- What else would you like to say about yourself?

Family and other significant persons

Tell and draw a picture:

- Who belongs to your family?
- What kind of a relationship have you had with your parents?
- What is your relationship with your parents like at the moment?
- What has been the relationship between your parents like?
- What is your relationship with your siblings like?
- Other significant persons in your life.
- Possible traumatic experiences in your life, serious illnesses etc.

Problems (including anxiety)

- What kind of problems do you see in your life at the present moment?
- Tell about your performance anxiety (PA). How do you experience it?
- When was the first time you remember experiencing PA? Describe the situation.
- When was the last time you experienced PA? Describe the situation.
- When has PA been most intensive?
- When has PA been bearable?
- How have you coped with PA so far?
- In what kind of a situation, which has not been related to performing, have you experienced the feeling similar to PA?
- In your opinion, what is the cause of your PA?

Other treatment

- Have you ever received psychotherapy, visited a psychologist or taken any medication? What kind? How long? How did it work?

General issues

- How is life treating you at the moment?
- What is the most important thing in your life at present?
- Is there anything else we have not discussed so far which might be important to talk about?

Motivation and goals

- What is your motivation for therapy? How did you make the decision to come to therapy?
- How could your life be altered after the therapy process?
- How would you know that the therapy has been effective for you?
- What goals would you like to set for the therapy?

FINAL INTERVIEW

The client

- Describe yourself the way you would like to.

Altering

- What kind of change did you notice about yourself during the therapy? What do you see as the source of the change (inside or outside the therapy context)? How important was this a change for you?
- Was there something that became worse in you during the therapy?
- Was there something that you would have liked to alter, but could not?
- What was the obstacle that did not allow making this change?

Therapy

What kinds of interventions were helpful for you?

- What kinds of aspects were not helpful, negative, disappointing?
- What kinds of experiences were complicated or painful, but still helpful?

MPA

- How do you evaluate your MPA compared to the pre-therapy condition? What has changed concerning your MPA and what has caused the changes?

Outcome

- How do you evaluate the outcome of the therapy?

Appendix 3.2. Questions for follow-up interview

Answer the following questions the way you like.

1. How do you evaluate your everyday coping at the current moment compared to the pre-therapy period?
2. What kind of qualities did the music therapy process bring into your life?
3. How do you perceive the MPA now?
4. Please evaluate the adequacy of the results of the music therapy processes according to your personal expectations to it. 1 marks the minimum and 10 the maximum adequacy:

1 2 3 4 5 6 7 8 9 10

Please explain your evaluation.

5. I would like to add:

Appendix 3.3. Materials of Laura's case study

Appendix 3.3.1. Laura's art work



LAURA AND SIGNIFICANT PERSONS IN HER LIFE (initial interview)



TIMELESS GOOD PLACE FOR BEING (Session 1)



SCORPION (Session 3)



WILD DESERT WITH DESERT-LAURA (Session 3)



A SUNDAY HOUSE IN SIBERIA (Session 5)

Appendix 3.3.2. **BMGIM-programs used in Laura's case**

Session 1: Pastorale (Bruscia)

1. Debussy Prelude a L'Apres-midi d'un Faune
2. Ljadov Enchanted Lake
3. Holst The Planets/ Venus
4. Grieg Gradle Song

Session 3: Reflections (Stearns)

1. Respighi Pines of Rome/ Pines of the Janiculum
2. Debussy/Stockowski La Cathedrale Engloutie
3. Holst The Planets/ Venus
4. Mozart Serenade for Winds

Session 4: Relationships-M (Bonny/Bruscia)

1. Chopin Piano Concerto No 1, Romance
2. Rachmaninoff Symphony No 2, Adagio
3. Respighi Fountains of Rome/ Valle Giulia
4. Respighi Fountains of Rome/ Villa Medici

Session 5: Inner Odyssey (Bonny)

1. Brahms Symphony No 3, Allegro con brio
2. Nielsen Symphony No 5, Adagio non troppo
3. Beethoven Violin Concerto, Larghetto
4. Corelli Concerto in G, Adagio

Session 6: Peak Experience (Bonny/Bruscia)

1. Beethoven Piano Concerto No 5, Adagio
2. Vivaldi Gloria, Et in terra pax
3. Bach Toccata, Adagio & Fuga in c, Adagio
4. Faure Requiem, In paradisum
Wagner Lohengrin, Prelude

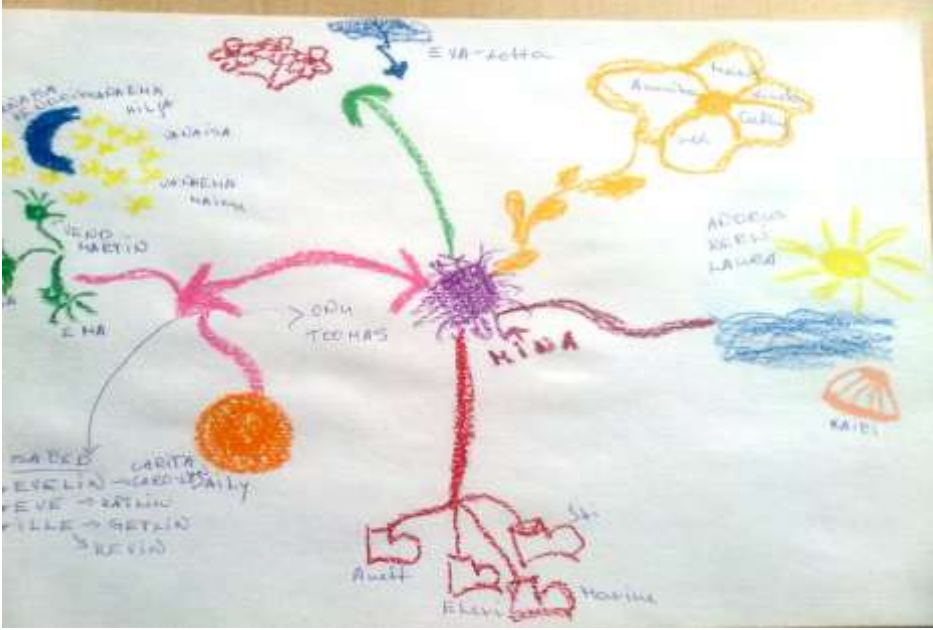
Appendix 3.3.3. **Laura: Summary of quantitative outcome**

	Before therapy	Follow-up	Change
STAI EX-2 (Trait Anxiety)	61	51	16,40%
K-MPAI (Performance Anxiety)	202	174	13,90%

Self-image (changes only)	Scale	Before therapy	Follow-up
	energetic-despondent	3	6
	impassive-sensitive	4	2
	critical-tolerant	1	3
	trustful-distrustful	2	6

Appendix 3.4. Materials of Emma's case study

Appendix 3.4.1. Emma's art work



EMMA AND SIGNIFICANT PERSONS IN HER LIFE (initial interview)



FOUNTAIN OF WELL-BEING (Session 2)



FOUNTAIN OF WELL-BEING AND A NUCLEUS (Session 2)



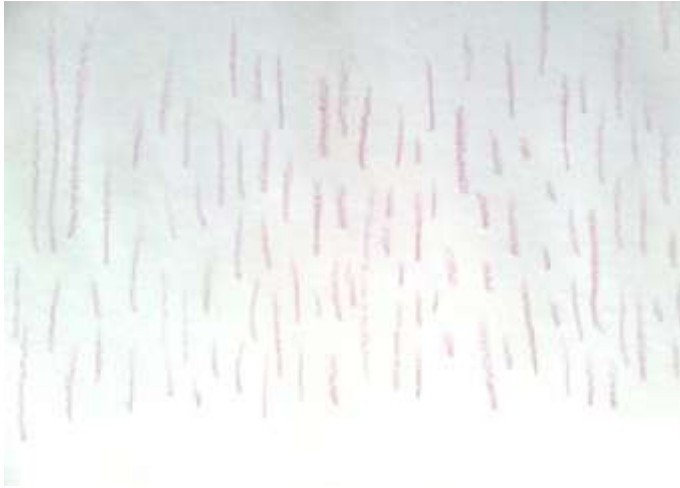
HEDGEHOG AND BOWL (Session 3)



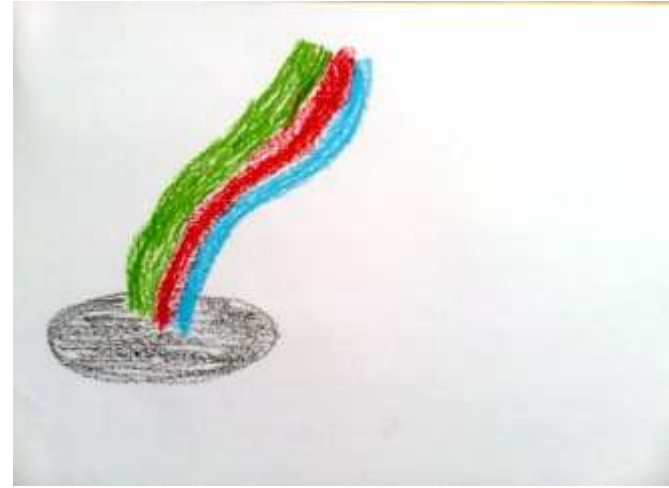
BEING STUCK IN THE MANY-COLOURED WOOL PIECES (Session 8)



SODDEN QUADRAT DEAD BODY (Session 11)



PERFORMANCE ANXIETY (Session 12)



DEEP WELL (Session 16)



THIS IS ME/ VERSATILE FLOWING UP (Session 17)

Appendix 3.4.2. **Music programs used in Emma's case**

Session 1: Pastorale (Bruscia)

1. Debussy Prelude a L'Apres-midi d'un Faune
2. Ljadov Enchanted Lake
3. Holst The Planets/ Venus
4. Grieg Gradle Song

Session 2: Creativity I 2, 4, 5 (Keiser Mardis)

1. Vaughan Williams In the Fen Country
2. Kalinnikov Symphony No 2, Andante Cantabile
3. Sibelius Flute Solo from Scaramouche

Session 3: Imagery (Bonny)

1. Ravel Introduction and Allegro
2. Copland Appalchian Spring (excerpts)
3. Tchaikovsky Symphony No 4, Scherzo
4. Respighi The Dove
5. Turina La Oracion del Torero

Session 4: Doors (Pehk)

1. D'Errico Improvisation No 7
2. Metheny Not to be forgotten
3. Metheny Letter from Home
4. Elgar Nimrod
5. Metheny Change in circumstances

Session 5: Expanded awareness 1, 3 (Keiser Mardis)

1. Vaughan Williams Fantasia on a theme of Thomas Tallis
2. Vaughan Williams The lark ascending

Session 7: Mostly Bach 1, 2, 3, 5 (Bonny)

1. Bach Passacaglia & Fugue in c
2. Bach Komm, süsster Tod
3. Bach Violin Partita in b, Saraband
4. Brahms Violin Concerto, Adagio

Session 8: Heroe's Journey 4, 7 (Clark)

1. Hovhaness Meditation on Orpheus
2. Duruflé Requiem, In Paradisum

Session 9: Positive Affect (Bonny, short version + Sibelius)

1. Elgar Enigma Variations 8,9
2. Mozart Laudate Dominum
3. Barber Adagio for Strings
4. Strauss Tod und Verklärung (end)
5. Sibelius Scaramouche

Session 10: Grieving 1, 2, 3, 5, 6, 4, 6 (Keiser Mardis)

1. Marcello Oboe Concerto
2. Rodrigo Concierto de Aranjuez, Adagio
3. Grieg Holber Suite, L'Air
4. Bach Prelude in E flat Minor
5. Dvorak Czech Suite, Romance
6. Dvorak Four romantic pieces, Larghetto
7. Dvorak Czech Suite, Romance

Session 11: Heroe's Journey (Clark)

1. Williams Oboe Concerto
2. Bartok Concerto for Orchestra, Elegia
3. Morricone The Mission, Gabriel's Oboe A
4. Hovhaness Meditation on Orpheus
5. Mussorgski/Ravel Pictures from an Exhibition, The Hut on Fowl's Legs
6. Mussorgski/Ravel Pictures from an Exhibition, Great Gate of Kiev
7. Durufle Requiem, In Paradisum
8. Morricone The Mission, Gabriel's Oboe B
9. Stravinsky The Firebird, Finale
10. Debussy Nocturne

Session 12: Faith (Bruscia)

1. Pärt Cantus in Memory of Benjamin Britten
2. Ives The Unanswered Question
3. Alwyn Symphony No 5, 4th movement
4. Saint-Saens Symphony No 3, Poco Adagio
5. Messiaen O Sacrum Convivium

Session 13: Guilt (Frohne-Hagemann)

1. Elgar Dream children Nr. 1, Andante in G – moll
2. Alwyn 5th Symphony, Tempo di Marcia funebre
3. Tschaikowski Symphony Nr. 6, Pathétique, 4. movem.
4. Gounod Repentir
5. Fauré Pavane op. 50

Session 14: Gaia 1, 2, 3, 6 (Bruscia)

1. Delius North Country Sketches, Autumn
2. Pärt Fratres (version VI)
3. Elgar Sospiri
4. Händel Pastorale

Session 15: Deep Soul (Borling)

1. Pärt Cantus in Memory of Benjamin Britten
2. Pärt Fratres (version VI)
3. Barber Violin Concerto, Adagio
4. Picker Old and Lost Rivers

Session 17: Haden/ Metheny The moon is a harsh mistress (Album: Beyond The Missouri Sky)

Appendix 3.4.3. **Emma: Summary of quantitative outcome**

	Before therapy/ measure 1	After therapy/ measure 2	Follow-up/ measure 3	Change (measure 1 and 2)	Change (measure 1 and 3)
STAI EX-2 (Trait Anxiety)	39	31	28	20,50%	28,20%
K-MPAI (Performance Anxiety)	140	87	95	37,90%	32,14%

Self-image (changes only)	Scale	Before therapy/ measure 1	After therapy/ measure 2	Follow- up/ measure 3
	worrying-carefree	1	2	5
	balanced-excitable	2	3	1
	social-shy	2	1	1
	adventurous-careful	2	1	1
	critical-tolerant	3	5	2

Appendix 3.5. Materials of Eric's case study

Appendix 3.5.1. Eric's art work



GREY (Session 1)

Appendix 3.5.2. **Music programs used in Eric's case**

Session 1: Caring (Bonny & Keiser Mardis)

1. Haydn Cello Concerto in C, Adagio
2. Puccini Madame Butterfly, Humming Chorus
3. Debussy String Quartet, Andantino
4. Bach Christmas Oratorio, Shepherds song
5. Dvořak Serenade in E major, Larghetto
6. Warlock Capriol Suite, Pied's en l'air

Session 2: Pastorale (Bruscia) 1,2; Creativity I (Keiser Mardis) 4,5

1. Debussy Prelude a L'Apres-midi d'un Faune
2. Ljadov Enchanted Lake
3. Kalinnikov Symphony No 2, Andante Cantabile
4. Sibelius Flute Solo from Scaramouche

Appendix 3.6. Materials of Oliver's case study

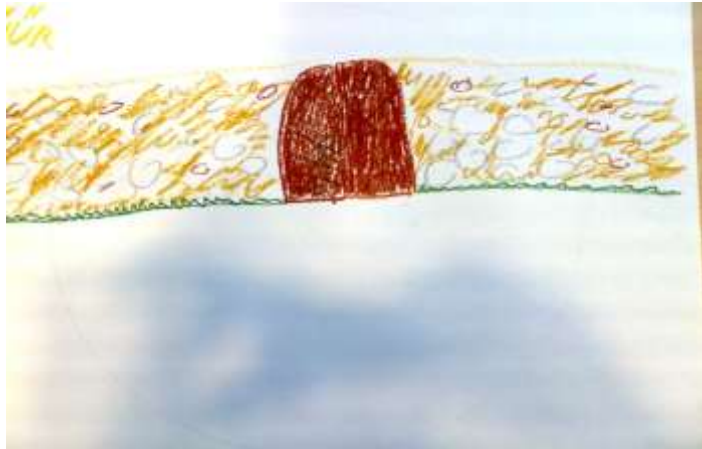
Appendix 3.6.1. Oliver's art work



OLIVER AND SIGNIFICANT PERSONS IN HIS LIFE
(initial interview)



PRICKLY BALL (Session 2)



WALL (Session 2)

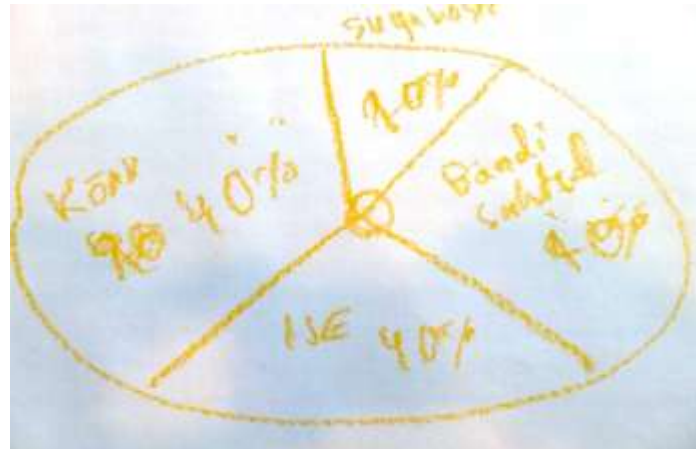


DIAGRAM OF ARGUMENTS (Session 5)



PUPPY (Session 8)



COMPLETE PICTURE OF THE THERAPY PROCESS (Session 9)

Appendix 3.6.2. **Music programs used in Oliver's case**

Session 1: Pastorale (Bruscia)

1. Debussy Prelude a L'Apres-midi d'un Faune
2. Ljadov Enchanted Lake

Session 2: Inner Odyssey (Bonny)

1. Brahms Symphony No 3, Allegro con brio
2. Nielsen Symphony No 5, Adagio non troppo
3. Corelli Concerto in G, Adagio

Session 3: Vaughan Williams In the Fen Country

Session 4: Open listening

1. Metheny Letter from home
2. Metheny Not to be forgotten
3. Metheny Change in circumstances

Session 6: Heroe's Journey (Clark)

1. Hovhaness Meditation on Orpheus
2. Mussorgski/Ravel Pictures from an Exhibition, Great Gate of Kiev
3. Morricone The Mission, Gabriel's Oboe B

Session 7: Relationships-M (Bonny & Bruscia)

1. Chopin Piano Concerto No 1, Romance
2. Rachmaninoff Symphony No 2, Adagio
3. Respighi Fountains of Rome, Valle Medici

Session 8: Guilt (Frohne-Hagemann)

1. Elgar Dream children Nr. 1, Andante
2. Alwyn Symphony No 5, Tempo di Marcia funebre
3. Tschaikowski Symphony No 6, Pathétique, 4. movement, Finale
4. Gounod Repentir
5. Fauré Pavane op. 50 pour orchestre et choeur

Appendix 3.6.3. **Oliver: Summary of quantitative outcome**

	Before therapy/ measure 1	After therapy/ measure 2	Follow-up/ measure 3	Change (measure 1 and 2)	Change (measure 1 and 3)
STAI EX-2 (Trait Anxiety)	54	40	37	25,90%	31,48%
K-MPAI (Performance Anxiety)	172	152	120	11,60%	30,20%

Self-image (changes only)	Scale	Before therapy/ measure 1	After therapy/ measure 2	Follow-up/ measure 3
	trustful-distrustful	3	2	3
	energetic-despondent	5	4	4
	worrying-carefree	2	3	3
	balanced-excitable	4	3	3
	social-shy	5	3	3
	irresponsible-responsible	6	7	5
	self-confident-uncertain	4	3	3
	adventurous-careful	3	2	6
	critical-tolerant	2	3	5
joyful-sad	5	3	4	

Appendix 3.7. Personal Issues, Meaningful Moments and Enlightening Moments from field notes

Data from case studies

Appendix 3.7.1. Client: LAURA

Session	Process form	Personal Issue (PI)	Meaningful Moment (MM)	Enlightening Moment (EM)	Music	
1	Verbal process	artificial versus natural	I'm not myself, not natural while acclimating the tempo of life			
		initiation	life is moving away from home warmth			
		relationship with boyfriend; injustice	it is not fair that he can make things at the same level than me despite of having the same preparation			
	Musical process	artificial versus natural	artificial man and natural woman			Debussy L'Apres-midi d'un Faun
		sadness	a hole of air; it feels in upper body			Ljadov Enchanted lake
		loneliness, sadness	I'm on a lonely island		I'm lonely there (tears), I feel sad	Holst Venus
			land is far away			
	Verbal process	walking on its own	I don't want belong to any institution			

			I don't want to be connected with artificial environments; I have to (don't like to) pretend		
2		artificial versus natural			
	Verbal process	worrying	worrying is natural for me		
		time management	I can stay calmer when I have enough time		
		attachment to/relationship with mother; cannot get support and acceptance from her family (mother); obligations	everything is not ok between her and me		
			I feel very upset; she does not respect me and what am I doing		
			she does not want to listen, doesn't trust, she controls me		
		differentiation; cannot get support and acceptance from her family (mother)	I've chosen what is good to me: I'm detached from my family		
attachment to/relationship with mother, obligations	I owe something to her				
3	Verbal process	differentiation	I feel strong intention for separating from my parents		
		attachment to/relationship with mother	mother plays too important role in my life		

Active imagination	stomach-ache	it is like a scorpion that spatters the poison		
Musical process	stomach-ache	Aladdin said that I shouldn't be afraid of scorpions		Respighi Pines of Janiculum
	relationship with father	good memories		Debussy/Stockowski La Cathedrale Engloutie
	walking on its own	it's good to be there when everybody else is sleeping		Holst Venus
	artificial versus natural initiation	small pretty wild Laura, strong and brave	I'm part of nature, I'm natural part of this community	
		I feel like being an expert		Mozart Serenade for Winds
		it's good feeling when I know where to go		
Verbal process	artificial versus natural	wild Laura doesn't have to make efforts for existing		
	stomach-ache	my boyfriend is a scorpion by birth		
	unsure of strange places and people, preconceptions	Aladdin was a stranger, but I felt good with him		
		I might try to feel good at some unfamiliar places		
	cannot get support and acceptance from her mother; obligations	I can't feel free and good there, there are obligations and prescriptions		

4	Verbal process		Sam is heedless			
		getting nervous and upset easily, relationship with boyfriend	I'm sacrificing myself to him, I'm not important enough for him!			
		injustice	it is unfair that other people can experience joy and happiness			
Musical process	relationship with boyfriend		my thoughts are blocked		Chopin Piano Concerto No 1, Romance	
	loneliness, walking on its own		I decided to go alone to town		Rachmaninoff Symphony No 5 Adagio	
			I'm alone with good ideas for creative work, I enjoy that			
	artificial versus natural		text of harmony and disharmony between human and environment			
	relationship with boyfriend		he worries about his personal duties			Respighi Valle Giulia
			I try to read the boyfriend's book			
	suspense; obligations		I can't decide if I should deal with some duties or just listen to some music			Respighi Villa Medici
		I can't decide				

	Verbal process	relationship with boyfriend, getting nervous and upset easily	I cannot concentrate on anything because of the tension between us		
			I'm upset and sad because Sam doesn't like the movies that I like	I'm upset and angry because he doesn't pay enough attention to me	
5	Verbal process	relationship with boyfriend; obligations	I can't do my important jobs		
			we are talking less and less		
		uncertainty, obligations	the sound of obligations bothers me in my professional tasks		
			stomach-ache	I'm sure that the reasons are physical, but I'm not going to doctor	
		relationship with boyfriend	I'm angry at Sam, very angry	Sam was so cruel!	
		walking on its own	I would like to concentrate only on myself		
Musical process		a cave, it is cold there		Brahms Symphony No 3, Allegro con brio	
		there are 8 friendly wolf-dogs			
		it's good to be there			
		a house, an old man; he gives me a book - Jevgeny Onegin		Nielsen Symphony No 5, Adagio non troppo	

		cannot get support and acceptance from her mother; performance anxiety	I'm searching for warm clothes		
			I'm playing piano to thank the people	they are listening with great attention and satisfaction, I feel good and moved	
		walking on its own; loneliness	I'm going home by a curvy complicated road		Beethoven Violin Concerto, Larghetto
			I'm alone there		
			this house is not mentioned for living alone		
			being alone needs some time for getting used to it		
		relationship with boyfriend	a friendly dog		
			it is sad to read the book		
		performance anxiety	I'm playing piano, it sounds nice		Corelli Concerto Grosso in G, Adagio
	Verbal process	obligations	in the house was endless time for me with no obligations		
6	Verbal process	problematic relationship with mother	a won't to be touched by wrong emotions		
		death	I look differently to some aspects of life (a close person has died)		

	not coping with her life; cannot control her life	I feel hopeless and not coping, things are growing over my head		
Musical process		I'm under water		Beethoven Piano Concerto No 5, Adagio
		there is a stairway up, I'm sitting on a stair		Vivaldi Gloria
	death	everything is like died away; I feel sad and vulnerable		
	cannot control her life	I feel very small between two mighty worlds	powerful thunder; it's too powerful to have it in my soul, it's eternally powerful	Bach Toccata, Adagio and Fugue in c, Adagio
		I don't want to go up or down		Faure Requiem, In Paradisum
	artificial versus natural	my task would be to create pleasant sounds and harmonies on earth		
		the world is like on stage, people are like stage stuff		Wagner Lohengrin, Prelude
Verbal process	afraid of emotions	I'm afraid of letting the emotions in		
		I'd like to distance myself from too pleasant sounds, they are sad and painful		
	relationship to boyfriend	it is too delicate to share these painful things with him		
		he touched some holy themes for me without any respect		

uncertainty	being in water and in the air feels endless, imperceptible; you cannot predict it		
cannot control her life	something is rising over my head		
walking on its own	I need a distance from these worlds, I would like to find my own manner for everything		

Appendix 3.7.2. **Client: EMMA**

Session	Process form	Personal Issue (PI)	Meaningful Moment (MM)	Enlightening Moment (EM)	Music
1	Verbal process	death	dream about a died friend and thoughts about death		
		mothering her mother	realises that this is not her task		
	Musical process	being afraid of height	I notice a twine, I'm going up		Debussy Prelude a L'Apres-midi d'un Faune
		Daniel, unrequited love	places his hands on my shoulders		Ljadov Enchanted Lake
		anxiety	I cannot fall asleep		Holst Venus
		loneliness; wish for wholeness	in a park, 4 tracks leading to the fountain		
	Verbal process	stomach-ache	the first connection while the induction - surprising		
		Daniel, unrequited love	Daniel is deep inside of me		
		unusual behaviour	noticed that started to talk very quickly lately		
2	Verbal process	talking during sleeping	cannot control the situation		
		unpleasant childhood experience	remembers being nervous and aggressive in kindergarten		
			feel like a fountain is going off the stomach		
	Creative process	stomach-ache	fountain of well-being		

Musical process		orange honey-coloured whirl storm		Vaughan-Williams In the Fen Country
	stomach-ache	a huge fountain of honey		
	died grandmother	I can see her on a picture		
	heart problems	I feel a prod in my heart		Kalinnikov Symphony No. 2, Andante Cantabile
	stomach-ache	looking to it from a new angle, walking counter clockwise		Sibelius Scaramouche
Verbal process	worries about mother's health	afraid that I might lose my mother		
	died grandmother	there is something remained deep inside		
	stomach-ache	do not like honey, but enjoyed it in my imagery		
3	Verbal process	own something to parents		
		stomach-ache	am I really keeping holding it?	
		financial problems in family	feeling obligated to make my contribution	
Musical process	stomach-ache	hedgehog is afraid of light		Ravel Introduction and Allegro
		another hedgehog, helping to go out of the bowl and move on		
		a pink empty hole on the place where the hedgehog has been		Copland Appalchian Spring
		feeling pain that the scratches may cause		
		flexible tube that flies away		Tchaikovsky Symphony No 4, Scherzo
I feel my stomach, it stings		Respighi The Dove		

	Musical process		I felt like it was farewell		improvisation "The hedgehog inside of the hole"	
	Verbal process		I don't know if the hedgehog is a positive or a negative part of me; I put the hedgehog like a child sits on a parent's knees			
4	Musical process	fear	black rooms with no walls			
		pleasing the others	cast the powder of well-being towards friends			
		performing without fear	I feel no fear			
	Verbal process	relationship with father	being the "father's child"			
		being humiliated by a kindergarten teacher	she said that I am not able to sing			
		giving the others too much	I like it	the pattern comes from my mother		
5	Verbal process	being confused	everything is obscure			
		Daniel, unrequited love	I am not stuck in him any more			
		stomach-ache, PA	there should be some connections to the PA			
		loneliness	I feel often lonely last times			
		giving the others too much	I don't have strength any more to please them			
	Musical processing		much light, it hurts my eyes			Vaughan-Williams Fantasia on a Theme of Thomas Tallis
			I can see a twine, it led me out			
			I let the twine go			
			a big cornfield			Vaughan-Williams The

		giving the others too much	I call to many friends but anybody doesn't have time for me		Lark Ascending
	Verbal process	loneliness	I would like to have a certain person next to me		
		giving the others too much	they demand too much	when I want something from them I have to give everything away for that	
		giving the others too much	while giving I enter the dead circle	I have to give something away for getting acknowledgement and recognition	
6	Verbal process	existential question	what is really going on in my life?		
		worries about mother's health	highly concerned for mother's health	mother plays with my emotions	
		Constellation	problematic relationship to mother	mother is dominant in our family	I would like to have more open space around me
	it is hard to breath				
	I am out of balance				
	mother doesn't give room for me				
	it is hard to look at mother's figure, bad feeling				
	deep breath out (while mother moved away from her)			I feel great relief!	
	my mother restricts me			it would be a very good feeling if I could release my mother	
	Verbal process		mother's attachment could be a base for conflicts with my younger sister	I took my older sister's role after she left home	

	Musical process		everything seems very logical at the moment		improvisation: "The here and know feeling"
7	Verbal process	what is really going on in her life, "question marks"	if I get to understandings, the things start to move		
		the real/false self	I had worn a mask before, now I show my real self		
		attachment to mother	I can find more objective interpretations now for what is going on in our family		
	Musical process	died grandmother	she is going somewhere with lowered head	peaceful feeling	Bach Passacaglia and Fugue in c
			I bring a stair for hedgehog so that it can run away; would it be possible that hedgehog is my mother?	fog is going away, everything becomes clear	
			I'm holding a little baby in my arms, somebody else's child		Bach Komm, süsster Tod
			I fell asleep		Bach Violin Partita in b, Saraband
			if I sleep I know that everything is all right		Brahms Violin Concerto, Adagio
	Verbal process	died grandmother	it was easy to let her go		
		baby in her dreams	the baby-theme is somehow important for me		
cannot control herself		why can't I let anything out?			
		I don't know how am I doing			
	preconceptions	I interpret other people's words in my way and suffer for that			
8	Verbal process	anger towards herself, performance anxiety	I didn't feel angry at myself after my last performance		

		problematic relationship to mother	it is not fair that mother thinks being always right and does not accept any other opinion, I'm annoyed, it's inevitable		
	Creative process		I feel like being stuck in many-coloured wool pieces		
	Musical process		I feel angry at the wool pieces		Hovhanness Meditation on Orpheus
		existential question	a role of paper with a question on it, strong anxiety feeling	what are you doing and why?	
		(died grandmother)	there is something dreadful behind the gates (strong shivering)		Durufle Requiem, In Paradisum
		selfishness, doubts	an older man with beard	"You are doing everything right!"; feeling great relief	no music
	Verbal process	performance anxiety	the shivery felt very much like PA		
		doubts	if I am thinking so much of me and my well-being, could not the ego rise too high?	if I could see my weaknesses and understand my faults, it would be not too selfish	
9	Verbal process	mothering her mother	am I replacing my grandmother?		
		anxiety	I would like to know what is behind of that feeling		
	Musical process		I see myself ion a double picture: sitting by grandmothers grave and standing by graveyard's gate		Elgar Enigma 9.
died grandmother; death		I see my mother telling the grandmother to go to sleep now, grandmother disappears		Barber Adagio for strings	

		fear of death	silky transparent hands behind me, try to cache me and to lug me into the ground		Strauss Death and Transfiguration
		what is really going on in her life, "question marks"	what am I doing here?		Sibelius Scaramouche
	Verbal process	fear of death	I remember of having a fear that everybody is going to die while I was in kindergarten or in first grades		
10	Verbal process	performance anxiety	I did not have time to feel anxious during last performance		
		fear of death; unpleasant early experience	I was afraid of death while being a child (illness of brother, death of grandfather, illness of herself)		
		attachment to mother; fear of death	I'm afraid of losing my mother	if mother would die, I can communicate more with other relatives	
				thinking of death issues make me feel like being on an exam: fever of fear	
Musical process	fever of fear, PA	the fur moved away; there is a big wooden stage with red curtains, it makes me feel chills		Grieg Holberg Suite, L'Air	
		I'll get myself together and go to the stage		Dvorak Four Romantic Pieces, Larghetto	
		the fur opened itself and flied on me, I'm wearing it now, it is warmer but frightful		Dvorak Czech Suite, Romance	
Verbal process	fever of fear, PA	making music is warm and frightful at the same time			

		anger towards herself	feels like I am stuck in dead circle	why am I stuck in it? It does not make any sense!	
		confusion, no aim	I don't really know, where to go and what to reach	I can't reach the knowledge unless discovered where the fear of death is coming from and what causes my PA	
11	Verbal processing	death	the honey fountain was the same colour as the corps		
	Musical processing	death	a round room full of dead bodies, scary and sad		Bartok Elegia
			I feel helpless		Hovhaness Meditation on Orpheus
			a big snake; I feel somebody is watching me		
			the dead people's souls rise up, I see my reflection among them	I feel good, happy and safe; adrenalin outburst	Durufle Requiem, In Paradisum
			I went towards the reflection, it told me to go further		Morricone Gabriel's Oboe
			I am in a big church, feeling uncertainty		Stravinsky The Firebird, Finale
		seems that everybody is leaving, I'm afraid to take a look		Debussy Nocturne	
	Verbal process	hard to express feelings	the snake was afraid of me	while a stranger annoys me, I close myself and don't let my feelings out	
12	Verbal process	performance anxiety	I did not have time for getting anxious before the performance	if I would have no time for thinking before the performance I wouldn't feel that big anxiety as usually	
		stomach-ache	I don't have problems with my stomach anymore!		

	problematic relationship to mother	I have established myself in this relationship		
	anxiety	I could let things go but not the anxiety		
Creative process	performance anxiety	I have the same feeling while expecting something pleasant; maybe PA is diminishing		
Verbal process	fear of death	PA is one part of my fear		
Musical process	(performance anxiety)	too bright light		Ives The Unanswered Question
		something awful might happen, it scares me		Alwyn Symphony No 5, 4th movement
		the light ball wants to go through the wall; it broke itself through, I feel mixed up		Messiaen O Sacrum Convivium
Verbal process		inevitable situation, I couldn't let the fear go away		
	giving the others too much	over helping other people is not right		
Creative process	being stuck	I should let it go	I am not ready for that!	
13	Verbal process	death	intensive dream	
		problematic relationship to mother	to keep her out of my problems, I don't want her to intervene into my life	
Musical process	what is really going on in her life	an old woman sitting in a rocking chair, she doesn't answer my questions		Alwyn Symphony No 5, Tempo di Marcia Funebre
		everybody is in a hospital, everybody is sick		

		I'd like to go away from that hospital, but I don't know where		Gounod Repentir
Verbal process	fear of being late	fear that maybe I can't reach somewhere in time		
	angry at herself	angry at my unconsciousness		
	rising self-confidence	unconsciousness said: if you do everything good then I could leave you in peace	you should do what does good to you! You should know it by yourself, what is good!	
	hard to express feelings	I have been keeping my emotions inside		
14 Verbal process	concern for her younger sister	unexpected news		
	giving the others too much	I was finally able to say "no"		
	Daniel, unrequited love	I have resolved the issue with Daniel and I have a good friend now		
Musical process	(being stuck)	an ancient mystical town, I know I have to leave it		Pärt Fratres
		I don't have to worry because the trolls take me with them		
		a troll brings me to the other planet	I feel happy!	
Verbal process	being stuck	am I not willing to end something?	the old planet is going to be destroyed, need to reach to the other one	

			I cannot describe the situation when I would be fully satisfied in my life		
		initiation	I bring my inner rooms in order but by doing so they become even more muddle	I should not concentrate on that mess, but focus on how the sun is shining into the room after cleaning it up	
			I had become more spontaneous during last times	I was not afraid to ask the question and I got the answer! I'm not afraid of anything anymore!	
15	Verbal process	anxiety	I don't know where it comes from or what causes it		
		death; initiation	burning corps of a child in a dream		
			death is equal for her with unknowing and uncertainty		
	Musical process	death	gibbet girls hang on the trees; it is dreadful		Pärt Fratres
			I found a bottle with letter in it: "Go away!"		Barber Violin Concerto, Adagio
			"Go to the right place!"		
		(performance anxiety)	a family model, that is connected to my piano-playing		Picker Old and lost rivers
		an old man plays the piano			
	Verbal process	death, fear	the feeling was horrifying, but I took the chance		
		performance anxiety, stomach-ache	I'm surprised - the colour of the track on my drawing was the same colour as the PA that I drew some sessions ago	it seems that death, unknown and PA might be connected	

			I need some time to digest this thought		
16	Verbal process	performance anxiety	I passed the piano exam very good, without hands trembling		
		anxiety, death	the feeling might be connected to loosing something		
		being stuck	I am stuck in familiar frames		
	Musical process	anxiety, death, what is really going on in her life, "question marks", initiation			improvisation "A very deep well"
Verbal process		it was so deep that I couldn't reach the answer	I could use the energy that goes for finding the unknown for some more productive purposes		
17	Verbal process	initiation	I can let things go and happen	it wouldn't be necessary to know everything about the future	
		accepting unknown, death	I accept not knowing what is in the other side		
		stomach-ache	the hedgehog is solved, I haven't had any digesting problems in 3 months		
		performance anxiety	PA is a positive thing!	It would be smarter to spend energy for things that take me further in my life!	
		performance anxiety, initiation, what is really going on in her life, "question marks"	I've reached an understandable, logical secure point	I reached the understanding point that connects anxiety and unknown	
	Creative process	maturation	Versatile flowing up	I am a quite colourful person!	

Verbal process	performance anxiety, maturation, what is really going on in her life, "question marks"	I don't know, what I would like to see, when I'm not concentrating on the final answer any more	this was the only answer that allows letting the answer open! I feel calm and happy	
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Appendix 3.7.3. Client: ERIC

Session	Process form	Personal Issue (PI)	Meaningful Moment (MM)	Enlightening Moment (EM)	Music
1	Verbal process	uncertainty	I didn't know what were my duties, unpleasant feeling		
		lack of self-confidence, preconceptions	I would like to reach high results in my work, maybe they underestimate me		
	Musical process		theatre anything doesn't happen, I feel good		Haydn Cello Concerto in C, Adagio
			an old ship, I'm observing		Puccini Madame Butterfly, Humming Chorus
			an old country house, an old woman is sitting there and waiting, everything is reached, there is nothing more to do		Debussy String Quartet, Andantino
			music is too agitated	everything is done; my body gets insensitive, I feel sad and lonely	
			I would like to keep some more distance		Bach Christmas Oratorio, Shepherds Song
			it is cold, but I like the feeling		

		I observe people, they look like being sad		Dvorak Serenade in E, Larghetto
	Creative process	depressive	grey - this is nothing, there is quiet, I like to be there by doing nothing	
	Verbal process	borders set by others	nobody was restricting me	
		need for more space	I would like some more space for me to be myself	
		depressive, existential matters	there is no certain aim in my life, I do everything with no enthusiasm and satisfaction	
		willing changes	I would like to have alterations in my life, but I don't know what should it be	
		borders	I have too many obligations	
		depressive; vulnerability	the music felt sad, I don't know, what could be cause of feeling sad	
2	Verbal process	false self; borders	I feel that I'm not living my own life	
		lack of time	I should finish playing at an orchestra	
		depressive; willing changes	everything is negative and not good for me at the moment	
			there are many things that need to be changed, but I don't know where to start	

	tiredness; depressive	I'm tired, I would like to have some rest		
	lack of time, resistance	going to therapy takes 2 hours of my valuable time, I would use this time for other important activities		
Musical process	false self	I should became a cook		Debussy Prelude a L'Apres-midi d'un Faun
		the music doesn't bring me anywhere		
		old movie, I don't know, where I am		
		there is anything interesting for me		
		ticking of the clock bothers me, I can't concentrate		Ljadov Enchanted lake
		I feel tension in my shoulders and neck, like somebody pushes me down		Kalinnikov Symphony No 2, Andante Cantabile
	depressive	everything is grey		
	lack of time; false self	I don't have time to deal with things that I like		
	tiredness; anxiety	I feel tired and tense		Delius La Calinda
Verbal process	depressive, existential matters	I don't like to think about anything		
	anxiety; uncertainty	I speak unclearly while under pressure or in uncomfortable situations		
	not ready for deeper exploration	I don't want to speak about myself and my thoughts		

	anxiety; uncertainty; vulnerability	the therapist is like a teacher - asks questions that I don't know answers for		
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Appendix 3.7.4. Client: OLIVER

Session	Process form	Personal Issue (PI)	Meaningful Moment (MM)	Enlightening Moment (EM)	Music
1	Verbal process	lack of security	I'm cut off from close people		
		need of filling the others' expectations	my brother expected more from me		
	Musical process		a big ship		Debussy Prelude a L'Apres-midi d'un Faun
			a woman in white clothes		
			an old room with accordion		
			dark ink, rises up like a whirl		Ljadov Enchanted Lake
			a butterfly got out of the whirl		
			a friendly hairy dog		
	Verbal process	splitting off with his girlfriend	not good feeling being on the ship, anything didn't move		
		childhood memory	accordion was a first instrument that I learned to play		
feeling danger; lack of security		ink is a big hidden danger that could ruin the instrument			
2	Verbal process	anxious and troubled while being a teenager; guilt; problematic relationship with mother	mother might have difficulties dealing with me		

	problematic relationship with mother	mother thinks that I am foolish and inefficient		
		mother is over-attentive, hysterical, controlling, often angry		
		I am irritated by my mother		
		my mother has two faces and I don't know which-one is the right-one		
	supressing emotions; guilt; problematic relationship with mother	I haven't expressed my feelings towards her		
	problematic relationship with mother	relationship with mother is like a bright prickly ball, soft and sharp, darkness around the ball		
Musical process	problematic relationship with mother	the ball broke into two pieces		Brahms Symphony No 3, Allegro con brio
		tunnel with no entry or exit		
		high wall with gates closing		Nielsen Symphony No 5, Adagio non troppo
		a big spruce is cut off		
		a stub with deep roots that brakes into two halves		
		a big black boot squashes it all		
Verbal process	narrow perspective on life	I couldn't see what was happening in higher spheres		
		latitude was scary and boring		

		problematic relationship with mother	mother was at the other side of the wall		
			the feeling of the ball was even more unpleasant at the end of the imagery		
3	Verbal process	oppressing himself	there is no need to hurry		
		lack of self-confidence	if I would be more confident, then other people would accept me more		
problematic relationship with mother		relationship has become more human			
splitting off with his girlfriend		she calls me twice a day, I'm not interested in rebuilding our relationship			
		I'd like to develop a new relationship, but I need some more time			
Musical process			a man is going over the wall		Vaughan-Williams In the Fen Country
		a fisherman catches a dead man from an ice hole			
		somebody stays in the top of the mountain on one leg			
		a house flies away, there is a grave with skeletons			
		another world (under the ground)			

		problematic relationship with mother	my mother is carried on a stretcher		
	Verbal process	death; problematic relationship with mother	I'm afraid, that something might happen to my mother		
		assuming	I might sometimes expect something that might not have any relation to real situations		
		avoiding unpleasant	I tend to stop or avoid situations that go unpleasant		
4	Verbal process	anxiety	I'm not used to relax, I'm anxious doing something on every moment		
		dissatisfaction with current situation	my soul gets starved in this band		
		problematic relationship with mother	she thinks I'm hopeless, she assumes the problems be bigger than they really are		
		avoiding unpleasant	the solution for conflicts with my mother would be leaving home		
		unknown father; problematic relationship with mother	mother refuses to tell me about him		
			it is like an old big root that reaches very deep and that would be very hard to dig out		

		problematic relationship with mother; lack of security	reached balance disappears while being at home with my mother	my home is not secure!	
	Verbal process (after open music listening)	suppressing emotions; self-confidence	I should let every emotion through a catalyst to understand if I could express it or not		
		maturation	I feel joy, I can look at myself from distance now		Metheny Letter from home, Not to be forgotten, Change in circumstances
			things are clearer now		
		being closed; self-confidence	I should be more open and not taking things too seriously		
5	Verbal process	self-confidence	I would like to finish with this band		
		unknown father; problematic relationship with mother	she refused again to tell me about him		
			I dream about feeling of freedom that I might experience after getting knowing the secret of my father		
		maturation; performance anxiety; inevitability	while speaking of themes that are close to me I feel need for defending myself from something	while playing my own things I'm afraid of what might happen; I can't alter the situation and feel helpless	

		should I finish with the band or not			
	self-confidence; initiation	I could stay if I would express my thoughts about the choice of music			
		I feel my self-confidence rising while playing on the stage			
6	Verbal process	performance anxiety	I get almost no positive reply from my teacher, I feel anxiety before every lesson		
		lack of self-confidence	am I clear enough? Usually I stay with understanding that obviously I couldn't make myself clear		
Musical process		black men with axes		Hovhaness Meditation on Orpheus	
		big boot			
		a big guest book that starts to burn			
	initiation?		a ship was pushed into water		Mussorgsky/Ravel Great Gate of Kiev
			a festive ceremony	the seafloor turns around: the bottom of the ship turns the ceiling	
				another world, like the previous picture was turned reversely	
			wild nature, 3 bears are playing with each other	the ship falls down	

		a big sandy field		Morricone Gabriel's Oboe	
	Verbal process	lack of self-confidence; maturation	awe is connected with the image of the boot, also fear that carries off my self-confidence, it is something that cancels out everything that is reached		
			the band is a "spike in the butt", I have to end with it		
7	Verbal process	anxiety; lack of self-confidence	I was not honest, I would like to diminish the real level of anxiety		
		performance anxiety	my new attitude decreased my PA, I can look at myself from distance and accept things		
		problematic relationship with mother; lack of security	my mother moves into new apartment	I don't have home any more	
			it is positive for my mother		
	Musical process		a plain falls down		Chopin Piano Concerto No 1
		my uncle weeps	(tears)		
		I'm waiting for a train		Rachmaninoff Symphony No 2, Adagio	
		the train brings many familiar people			
	a black stupid dog that hides a bone				

			a yellow stripe on a black wall, this is my brother			
			an old woman		Respighi Valle Medici	
			FLAC is written on the wall			
		gaining freedom	Arc the Triumph	a very big arc		
	Verbal process		feeling of freedom was a new experience			
			taking things too seriously	uncle represents the hippyish, taking life easily		
			maturation	I'm young and inexperienced	I don't have to press so much for going on	
8	Verbal process	performance anxiety		the high level of anxiety doesn't mean anything by itself, I can see it from distance and cope with it		
				I can recognise and accept PA now		
	Body-work			my thighs are numb, my back doesn't support me, it feels like I'm holding an unfamiliar instrument in my hands	it reminds me like I had displeasured somebody	
	Musical process	initiation?		a black puppy goes with the flow, it feels pain and feels sad		Elgar Dream Children No 1, Andante
				the puppy should go to the veterinary, it feels very confused and falls asleep		Alwyn Symphony No 5 Tempo di Marcia Funebre

		the puppy lags on a crowded street, it does not know where to go, the lamp-posts show the way		Tchaikovsky Symphony No 6, Finale
		a woman with black hair		
		a white room, very light		
		the puppy goes along a way that leads to the sky, enters a door	it disappeared! The same dog is white now	Gounod Repentir
		the dog is black again		Faure Pavane
		black ice cream box on the fridge at home		
Verbal process	problematic relationship with mother	maybe my mother did something to me?		
		the white dog, renewed dog	it was like a re-birth! a new beginning	
	maturation; gaining self-confidence	it does not make any sense to carry everything that relates to the past with me		
		I can be in new situations without the past's load		
	taking responsibility for his own life, maturation	I would like to abandon the childhood's principles and patterns		
assuming	I try being free of prejudice			

9	Verbal process	performance anxiety	I felt anxiety but could control it well	it was a very satisfying sensation that I had not experienced for very long time	
		initiation; self-confidence	I have reached to a new picture of myself, I can be more honest, accept my feelings, my behaviour is more confident, a am more conscious in what I'm doing		
		open mind	I am more open now, I became many new friends		
		maturation; self-confidence; taking responsibility	I have never experienced such a situation before	I can control my life!	
			I'm independent	this process has made me a grown-up	

Appendix 3.8. Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring: Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____ .

Interpretation:

A grand sum between 0 – 21 indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between 22 – 35 indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that exceeds 36 is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counsellor if the feelings persist.

Appendix 3.9. Self-Image Inventory (SII)

Evaluate yourself concerning the following characteristics by crossing the number that indicates the characteristic that is most appropriate for you as a person.

Calm	1	2	3	4	5	6	7	Restless
Trustful	1	2	3	4	5	6	7	Distrustful
Energetic	1	2	3	4	5	6	7	Despondent
Worrying	1	2	3	4	5	6	7	Carefree
Acting alone	1	2	3	4	5	6	7	Acting together
Heedless	1	2	3	4	5	6	7	Attentive
Balanced	1	2	3	4	5	6	7	Excitable
Sociable	1	2	3	4	5	6	7	Shy
Irresponsible	1	2	3	4	5	6	7	Responsible
Impassive	1	2	3	4	5	6	7	Sensitive
Self-confident	1	2	3	4	5	6	7	Uncertain
Adventurous	1	2	3	4	5	6	7	Careful
Critical	1	2	3	4	5	6	7	Tolerant
Joyful	1	2	3	4	5	6	7	Sad

Appendix 3.10. Important persons in clients' lives

Person	Characteristics	LAURA	EMMA	OLIVER	ERIC
Mother	Metaphor	a flower with two blooms	a hand; similar to father and brother; these three family members are joint together	a spruce	refuses to draw and talk about her
	Personal characteristics	two faces/ insincere	has physical problems	two faces/ insincere	careless
over caring		over-attentive		selfish	
rigid		blocked communication	have had many relationships		
gentle		anxious		attention to her current boyfriend	
respected		hysterical			
powerful		lonely			
energetic		controlling			
dominant		demonstrative coping			
afraid of opening herself		does not show feelings, does not talk about deep issues and difficulties	does not show feelings		

Mother	Relationship to the client/ her child	controls Laura	facilitates guilt in her child		is not interested in Eric	
		forces to make choices	tells Emma what and how to do	afraid of Oliver's choices	does not support Eric	
		makes choices for Laura	would like to decide everything for her child			
		attached to her child				
		does not have enough time for Laura	makes Emma worrying about her	evaluates Oliver's activities and choices		
		high demands towards Laura		sees Oliver as inefficient and foolish		
		represents both parents for Laura		carries the role of both parents		
				hides painful information		
	Father	Metaphor	a lighthouse	a hand (see: mother)	a black hole	refuses to draw and talk about him
		Personal characteristics	neutral, he just is	invisible	no knowledge	supportive
does not take positions in family matters			obeys to his wife		alcoholic	
does not have authority in family			lived apart of the family			
does not communicate much			low self-esteem		did not communicate much during childhood	
away from home because of work			unemployed for long time		worked a lot	

	lonely	11 years younger than mother		lonely
	does not go ahead	second husband for mother		
Relationship to the client/ her child	far away	neutral relationship	did not have father	was more interested in Eric's matters than his mother
	unreachable	rather distant	does not know anything about him	died 3 months ago (from the beginning of therapy)
	the client did not say anything about him before the therapist asked to		speculative ideas of who he could be	Eric has the third stepfather at the current moment
Siblings	a younger brother	2 sisters and 1 brother	older brother (had a different father)	2 brothers and 3 sisters
	distant	older sister had a different father	a big idol for him	older brother is supportive, helps him if necessary
	finds that he is not attentive enough to her	concerned about her younger sister	believes him to be always right	younger sister run away from home, distant
	forgot to tell about him while telling about her family	believes of taking the older sister's place in the family after she built her own family	seems to replace the father for him	three younger siblings have a different father (the 3rd stepfather for Eric)
Other important persons/"substitutes of mother"/ a person whom one can rely on/ supporters	a neighbour (names her the aunt and "ideal grandmother")	grandmother (mother's mother); died	brother	grandmother (mother's mother)

Appendix 3.11. CD-ROM contents: Improvisations

1. Laura: This is me (initial interview)
2. Laura: This what I would like to be (initial interview)
3. Emma: This is me (initial interview)
4. Emma: This what I would like to be (initial interview)
5. Emma: Hedgehog (session 3)
6. Emma: Here and now (session 6)
7. Emma: Anxiety (session 16)
8. Emma: This is me (final interview)
9. Emma: This what I would like to be (final interview)
10. Oliver: This is me (initial interview)
11. Oliver: This what I would like to be (initial interview)
12. Oliver: This is me (final interview)
13. Oliver: This what I would like to be (final interview)

Curriculum Vitae

Alice Pehk

Date of birth: 17.08.1968

Citizenship: Estonian

Education

- 2004 – PhD-program in Music Therapy (Hamburg University of Music and Theatre, Germany; Subject: Phenomenological study of Performance Anxiety; scientific advisor Prof. H.-H. Decker-Voigt, second scientific advisor Prof. dr. Jörg Zimmermann)
- 1992–1997 Magister Artium (MA) (Tallinn Pedagogical University; The topic of the thesis: “Psychophysiological influence of music and its therapeutic use”; scientific advisor Maris Kirme, PhD)
- 1986–1991 Diploma (BA) in Music Teaching and Choral Conducting (Estonian Academy of Music)

Further education

- 2011 Assessment for Psychoanalytic/Jungian Analytic Psychotherapy (M. Cochrane, G. Godsil, IAAP)
- 2011 How to understand children (Lydia Tischler BAPT, Anita Colloms BAPT, Juliet Hopkins Tavistok Clinic, George Crawford SIHR)
- 2011 META-Medicine Advanced Training (International Meta-Medicine Association)
- 2010 Family Constellations (Vis Vitalis)
- 2004–2010 Full training program of The Bonny Method of Guided Imagery and Music (Danish BMGIM Institute/ Association for Music and Imagery)
- 2009 Creative Industry (Nordic Council of Ministers)
- 2005 Marketing in science and evolving activities (Helvetia Balti Partnerid)
- 2002–2004 Music Therapy as a Depth Psychological-Phenomenological Method, (Hamburg University of Music and Theatre; Prof. Dr. Hans-Helmut Decker-Voigt, Germany)
- 2002–2003 Cultural marketing (Master’s Program of Cultural Management at the Estonian Academy of Music; Dennis Rich, USA)
- 2003 Music Psychodrama (Joseph Moreno, USA)
- 2001 Vocal Therapy (Gianluigi di Franco, Italy)
- 1999 Nordoff-Robbins Method (Clive and Kaoru Robbins, USA)
- 1993–1996 Music Therapy advanced training, University of Jyväskylä, Finland
- 1994 Vibroacoustic Therapy (Olav Skille, Norway)
- 1992 Gestalt Therapy (Association of Eriksonian Therapy)
- 1992 Play Therapy (Sharon Roper, USA)
- 1991–1992 Music Therapy Entry Level Course (H. Ahonen-Eerikäinen, K. Lehtonen et al)

Professional positions

- 2011– Ars Vitae OÜ, owner, music therapist and lecturer
- 2006 – Lecturer of Music Therapy and related areas (part time), Institute of Fine Arts of Tallinn University (TLU)
- 1999 – 2011 Marketing Manager, Tallinn Philharmonic Society
- 1998 – Lecturer of Music Therapy (part time), University of Tartu Viljandi Culture Academy

- 1996 – 2006 Lecturer of Music Therapy (part time), Department of Psychology and Faculty of Culture of TLU
- 2000 – 2002 Lecturer (part time) of Choral Conducting, Department of Music of TLU
- 1996 – 1998 Head of the Laboratory, Health Research Laboratory of TLU
- 1995 – 2003, 2009– Lecturer of Music Therapy (part time), Estonian Academy of Music and Theatre
- 1992 – 1998 Research Fellow, Health Research Laboratory of TLU
- 1991 – 1992 Senior Laboratory Assistant, Health Research Laboratory of TLU

Other professional activities

- 2008 – Head conductor of Rae Chamber Choir
- 1995 – Private practice in music therapy (psychodynamically oriented music therapy, e.g. the Bonny Method of Guided Imagery and Music; individual and group work; stress, mood disorders, anxiety, e.g. performance anxiety)
- 1995 – Music Therapy Trainings, Self-Management Groups, Stress-Management Groups, Team Trainings in Institutions and Organizations
- 1991 – 2006 Head Conductor of the Mixed Choir of Tallinn University

Memberships

- 2011 – Association for Music and Imagery, Fellow
- 1995 – European Music Therapy Confederation, Estonian representative
- 1991 – Member of the Estonian Society of Music Therapy
- 2000 – 2004, 2009 – Member of the Board of Estonian Union of Chamber Choirs
- 2000 – 2004 Member of the Board of Advisors of the Estonian Choral Society
- 1995 – 1999 President of the Estonian Society of Music Therapy

PUBLICATIONS

A. Monographs and edited books:

Pehk, A. (1996). *Muusade kunst aitab elada: muusika psühhofüsioloogilisest toimest ja selle teraapilistest rakendusvõimalustest.* (The Art of Muses Helps to Live: Psychophysiological Influence of Music and Its Therapeutic Use.) Tallinn: Tallinna Pedagoogikaülikool.

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B. Articles in journals, proceedings and books:

Lukk, E., Mõistlik, M., Pehk, A. (in press). Three significant steps in the development of music therapy in Estonia. In: *Proceedings of the VIII European Music Therapy Congress, 2010, Cadiz, Spain.*

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C. Published conference abstracts:

Pehk, A. (2010). Problem solving through the creative modelling and active musical imagination. In: *Book of Abstracts of the VIII European Music Therapy Congress, Cadiz, Spain*. P. 86.

Lukk, E., Möistlik, M., Pehk, A. (2010). Three significant steps in the development of music therapy in Estonia. In: *Book of Abstracts of the VIII European Music Therapy Congress, Cadiz, Spain*. Pp. 97-98.

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D. Research reports:

Pehk, A. (1998). Psychophysiological Influence of Music and Its Therapeutic Use. *The European Music Therapy Research Register*, Vol. 3/1998.

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Pehk, A. (1996). *Influence of Music on Man*. University of Jyväskylä (Finland), Department of Musicology. 24 p. Manuscript.

E. Articles in newspapers, magazines and popular press:

1993–2011 ~ 25 articles in Estonian press: "Eesti Päevaleht", "Postimees", "Õhtuleht", "Äripäev", "Kodutohter", "Tervist", "Tervisetrend", "Pere ja kodu" etc.

Erklärung

Hiermit versichere ich, die vorliegende Arbeit selbständig verfasst und keine als die angegebenen Hilfsmittel verwendet zu haben.

Tallinn, im April 2012

Alice Pehk