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Client Selected Music Based Effects On Marital And Couples Therapy

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CLIENT SELECTED MUSIC BASED EFFECTS ON
MARITAL AND COUPLES THERAPY

by

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Bachelors of Arts in Psychology and Music

Texas State University

2011

A thesis submitted in partial fulfillment of the requirements for the

Masters of Science - Marriage and Family Therapy

Marriage and Family Therapy

Greenspun College of Urban Affairs

Graduate College

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December 2014

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We recommend the thesis prepared under our supervision by

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ABSTRACT

This study was designed to examine the interaction of music-based interventions in the therapeutic process of Martial and Couples Therapy. The use of pre-recorded music was found to be under researched within the literature and created a void within the knowledge that clinicians have about how music might enhance effectiveness of treatment. The inclusion of music in this process is not currently known, which lead to this study being conducted. Through a phenomenological lens, the awareness and understanding of how clients react and experience pre-recorded music during the therapeutic process, while still having a selection of options to preserve autonomy, was examined. Sample of participants used in this study were generated from clients seeking therapy at one of the university clinics, the Center for Individual, Couple and Family Counseling.

The findings point to highly effectiveness for consistent musical inclusion in therapy, if utilized with multiple musical selections (i.e. a client selected structure) and non-vocal music tracks. However, limitations such as a lack of saturation in themes around the participants' experiences and data could mean incomplete perspective and greater themes of experience when allowing for greater length of time in testing. The study shows that much more research should be conducted using music as an adjunct to marriage and couple therapy.

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I want to thank some anonymous donors to the financial costs of this study. Due to their contribution and generosity, this study was able to happen and I am forever indebted to them. I, finally, want to thank my parents for their love and support to me through my graduate career. Research and graduate education forces many people to grow, and it has been my experience of it. My parents provide so much already, so I believe their presence and love should be acknowledged.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

Music is a powerful healer, as evidenced by the growing research and a wholly separate and independent field of mental health, Music Therapy (MT) (American Music Therapy Association, 2013). Therapy is not a set process of healing for individuals, couples or families; it is, thus, vital to have as many avenues of therapeutic possibility to help the field of Marriage and Family Therapy and more importantly clients that enter psychotherapy. This study should show a beneficial outcome of music and therapeutic processes involving client-selected music resulting in positive therapeutic outcomes.

MFT correlation

The field of Marriage and Family Therapy (MFT) has grown over the last seventy years and has become just as a vital mental health asset as MT. The systemic focus of MFT creates multiple psychological and philosophical concepts that have been altered over the course of MFT's short therapeutic history. The elements of family, social interaction and emotive influence helped create the field of MFT. With each of those systemic elements that MFT brings to the mental health field, the ability to impact and change people in positive and powerful ways.

Systemic theory influences the capability and viability for the therapeutic ability of a Marriage and Family Therapist. The interaction of multiple individuals creates the possibility for endless outcomes in the therapeutic process. With an increased number of therapeutic outcomes, populations entering therapy may be contrasting to the systemic

impact of MFT models, interventions and ideologies. Growth in the field of MFT, both theoretically and practically, is inevitable and should necessitate greater capability in the systemic practice of MFT.

Other systemic elements that particular to MFT are the importance of the therapeutic alliance, relational conceptualization and direct treatment styles (Sprenkle & Blow, 2004). All of those systemic factors to MFT assist in creating longer lasting change in the family system and benefiting the client at a greater level (American Association of Marriage and Family Therapists, 2013). This level of systemic change can result in individual and social improvement, stress de-escalation and physiological change.

MFT, while not directly affecting physiological aspects of people, creates therapeutic opportunities that result in physiological change for the client(s). The increase in heart rate, respiration rate and blood pressure is directly related to physiological change and is still affected during therapy sessions of MFT (Hirokawa & Ohira, 2003). Benefits of changing physiological elements of people can increase self-disclosure, therapeutic alliances, reduction in psychological difficulties and mental configurations of current issues in the client's life.

The noted contribution of music to the mental health field and the possibility of change created by the simple inclusion of music creates a dialogue concerning the theory of change in the therapeutic process. The field of MFT helps create systemic change in individuals, couples and families, while MT offers the chance for individuals to combat social, communicative and cognitive difficulties through the use of strategic music implementation. The collaboration of both fields could yield much greater therapeutic impact to a significant number of clients, singular or multiple.

MT and the influence on physiological components

MT is a growing, but individualized field of mental health that focuses on presenting stimuli that can alter and positively augment people's physiological and mental states. This focus on altering physiological states has given Music Therapists the opportunity to assist people with cognitive disabilities, behavioral abnormalities and social interaction deficiencies.

Music is providing a wealth of research and mental health benefit not yet fully utilized until the 21st century. MT is reaching individuals with psychotic disorders, mood and personality disorders, adolescents and the elderly (Ulrich, Houtmans, & Gold 2007; Pool & Odell-Miller, 2011; Simpson & Keen, 2011). MT is becoming one the most progressive fields to benefit and enrich people's lives. However, one of the root causes to these postmodern changes in therapy and continued success is the physiological affect felt by the clients who participate in MT.

Music has been known to alter physiological states within people along with providing benefit to that individual that sought the treatment. Emotional affect from musical listening has shown to change negative and undesired emotional states into more positive or preferred emotions such as happiness, exhilaration and joy (Krumhansl, 1997). Music has helped create other physiological effects music can result in range from relaxation during a difficult task (Burns et al., 2002), mental preparation for a forthcoming event (Choi, 2010) and the connection with others (Boer, Fischer, Strack, Bond, Lo, & Lam, 2011). Physiological change has even created more open and powerful forms of communication for clients of MT (Tan, Yowler, Super, & Fratianne, 2012). Multiple

other sectors of physiological change are waiting to be investigated by those in the MT field.

These physiological issues remain a current and important division in the larger and significant goal to prevent physical, mental and emotional anguish exhibited from everyday stress and individual dysfunction during the course of human life. MT presents a unique opportunity to fight the levels of stress and mental anguish that individuals suffer from in their lives. The augmentation of those individuals' physiological states can create better therapeutic environment and greater success rates for individuals seeking MT. This growing portion of the mental health field has been creating positive results for just over a century and it seems necessary to welcome this field of therapy into another equally important field of mental health, MFT.

Collaboration of MFT and MT as a therapeutic possibility

MFT and MT as a common mental health practice could be easily implemented and utilized for clients of any age, race, ethnicity, cultural background and multiple other factors that influence the therapeutic outcome. Therapy in either mental health field often succumbs to the end result of the client being better off in a variety of ways validated by the client's reality. MFT has created this openness of reality for the client to heal in a beneficial way. MT has created an experiential mode of therapeutic influence upon clients seeking help. The common ground for both mental health fields seem a blending of both ideas into one coherent and therapeutically/ significantly positive result.

It is often the understanding to therapists in either field that client care is not stagnant or uniform in process. Therapy, then, must be flexible in its nature and its style for the client to benefit best from any of the possible therapeutic gains available. Some of

this flexibility has been seen as model formation and method of interaction with the client, other incidences have been during the focus on the therapist-client dynamic; however, it is in the author's opinion that this flexibility of therapeutic care offers as many treatment modes and models to benefit the client at the highest possible degree. As mentioned before, clients come in a multitude of shapes, sizes and states, which further expresses the need for a flexibility or variety of care to be available to the client, whoever they are.

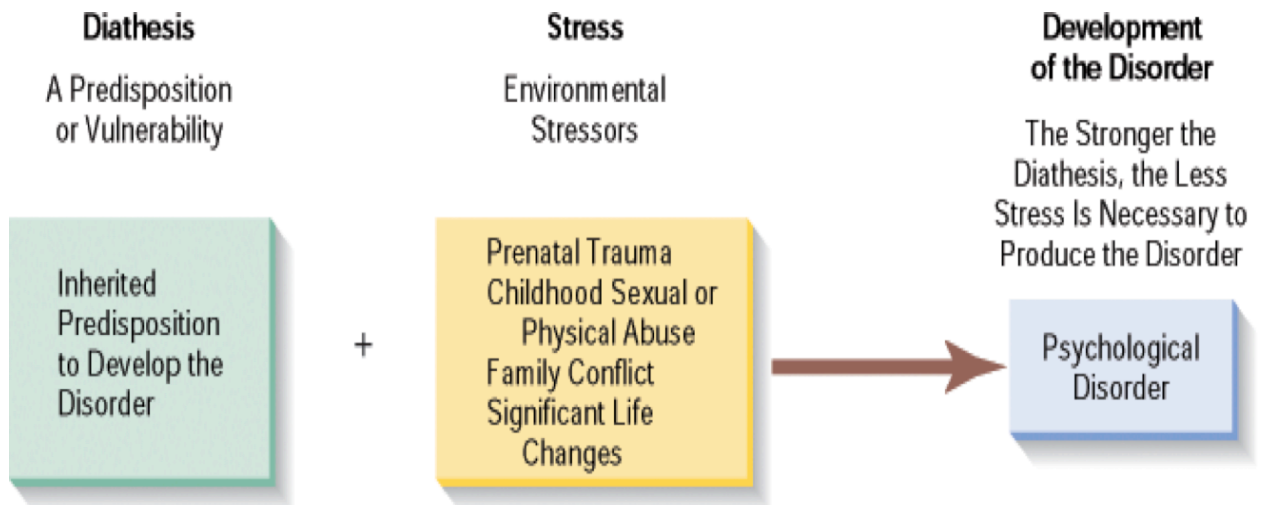
The best possible method of treatment has been determined from various legal battles and as well as ethical care guidelines created during the early 1940s. The absence of music in MFT or a minimalistic inclusion of it so far, presents a curiosity for the possibilities of providing the best possible method of treatment to clients when such a powerful therapeutic agent, MT, is absent from a therapist's repertoire. If a powerful model of therapy is absent from MFT then the possibility of negligence increases. The structure of therapy in the 21st century guards against as many forms of negligence as possible, except with MT still being absent from many different therapy modalities, an incidence of negligence would be too great for the modern day therapist.

Negligence is a fear that is commonly understood by the majority of therapists in any mental health field. It protects the therapist from legal action that an injured client is seeking restitution. However, most therapists understand negligence as being an ethical element of therapy that helps remind the therapist to offer the best range, styles and avenues of treatment to their clients. Negligible treatment could easily extend to the absence of musical interventions in therapy. With that interpretation of negligence in place, it would seem that a significant absence of MT within the field of MFT produces

negligence for possibly numerous amounts of clients. Negligible actions of excluding MT from the practice of MFT may be rampant, but there are two primary incidences of MT being used in MFT.

Currently, the usage of MT within the field of MFT is minimal to be stated in a positive manner. McIntyre (2009) used Interactive Family Music Therapy to expose family dynamics and open up communication and even reveal gender issues within children. This program based in Australia features a two weeklong intensive music therapy program for families that involved instruments. Another study involving socially disadvantaged families and families with mentally disabled children took part in a ten weeklong program of interactive musical activities. Results showed improvement of parent to child interactions as well as the children's social, behavioral and communicative abilities towards their parents (Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008). The positive results of these two studies can demonstrate that music should be involved in MFT in order to avoid negligible treatment possibilities, as well as be replicated many more times in the coming years.

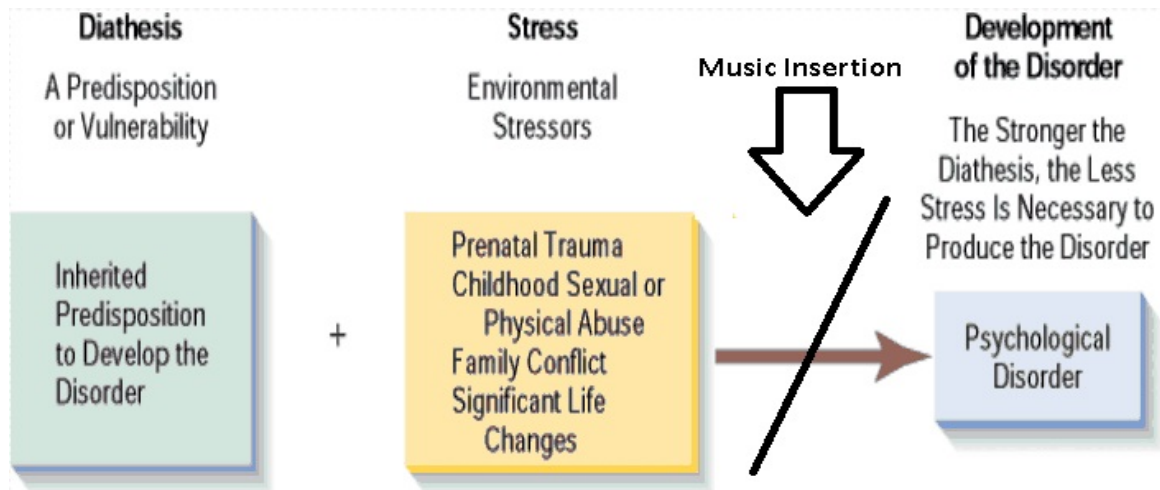
Another purpose for the implementation of MT within the field of MFT, a hypothesis of the diathesis stress model. The diathesis stress model states that biological factors mixed with adverse environmental factors, often stress related, result in the creation of disease or disorder (Belsky & Pluess, 2009).



(Figure 1)

This involvement of environmental factors and acting upon the biological factors of people is the key element to creation of disorder. MT has shown through evidence-based research that stress is one of the many things lessened or eliminated during treatment (Burns et al., 2002; Clark et al., 2006). This generates the idea that the influence of music on the therapeutic relationship and therapeutic process can result in a reduction of stress, thus it is possible to hypothesize that the inclusion of music may result in a lessened chance of disease or disorder in individuals, couples and families.

The implementation of MT in the therapeutic practices of MFT could create greater gains pertaining to the therapeutic outcome. Elimination of possible negligence during treatment and continuation of diathesis stress problems still continue to be necessary goals for MFT. With these goals in mind, a significant increase therapeutic outcome quality will be the hallmark of MTs inclusion to the MFT field.



(Figure 2)

Significance of the Problem

The lack of musical involvement within MFT may be the result of three major occurrences: the MT and the MFT association’s philosophical perspective, the need for humanistic and post modern therapeutic models and the growing need for systemic and contextual therapeutic models based off the growing mortality of marriage, communication and family systems. MT and MFT are not extreme in difference of therapeutic intervention or client focused outcomes.

Musical implementation in treatment

The description MFT, taken from the American Association of Marriage and Family Therapy (AAMFT) website, as a systemic, end-based and solution focused type of therapy that involves relationships, couples, families and even individuals that are affected by their systems outside of therapy (American Association of Marriage and Family Therapists, 2013). The American Music Therapy Association (AMTA) states that MT is a therapeutic opportunity to use clinical and evidence based musical interventions to assist individuals in reaching therapeutic goals resulting in many positive outcomes

such as stress management, pain alleviation, expression of feelings and improved communication (AMTA, 2013). Both MT and MFT attempt to heal or benefit clients in highly similar ways, while holding true to their own philosophical frameworks. The collaboration of an individualistic and systemic theory has been a difficult task for clinicians and researchers to accomplish.

It was also said by Aristotle that in doing things, it is best served to do all things in good nature, but in moderation as well. Many models of therapy within the MFT field have tried to encompass a level of moderation surrounding systemic and individual frameworks. The models of Murray Bowen (Bowenian Family Systems Therapy/ differentiation of self), Leslie Greenberg and Susan Johnson (Emotionally Focused Therapy) and Gerald Patterson, Robert Lieberman and multiple other therapists (Cognitive Behavioral Family Therapy) all attempt to assist the family system while attending to individual needs in those systems (Nichols, 2013). With the noted benefit of music being used to therapeutically assist people and the positive and evidence based success of the previously listed therapies models, it seems highly imperative to have another collaborative model in MFT.

Another hypothesized possibility is the power of being able to include music into the therapeutic environment without tremendous musical training also offers great possibility for MT and more importantly, MFT. Based off the educational standards set forth by the AMTA, Music Therapists are required to complete a baccalaureate or higher (most often a Masters of Science) in MT and then under go field work experience for a length of time determined by the regional or state licensing board (American Music Therapy Association, 2013). The amount of time required to be a Licensed MFT in any

state of the United States is highly similar to the AMTAs standards of certification in terms of length of time required. It would be highly unlikely to require Marriage and Family Therapists or Music Therapist to undergo both length of study and educational requirement in order to implement the usage of client preferred or selected music within therapy sessions, when client-selected music has shown great influence for the treatment of clinical ailments. Therefore, the possibility of musical involvement in the MFT sessions without extreme training requirements creates significant potential for change in the therapeutic relationship, effectiveness and client report outcome.

Societal involvement and necessity

This implementation of both MT and MFT within one therapeutic model is highly significant in its possibility to affect clients in a multitude of new ways. The usage of music has been shown to be overwhelming in all sectors of human life, while the need for physical, psychological and emotional healing has only increased over the course of human history. However, the influence of the changing societal behaviors and tendencies has created this demand for therapeutic help from client across the globe.

According to divorcerate.org, the United States divorce rate fluctuates between forty-five and sixty percent. The impact of divorce is a well-documented issue on families, children and possible the children that grow up in a family with divorced parents/ guardians (Barnes, 1999; Cohen, Finzi, & Avi-Yonah, 1999; Divorce rates, 2013). While divorce has become something close to common, the effects of divorce remain a stressor upon the family system for many clients seeking MFT. Such effects make marital satisfaction and general well being within the family system that much

more difficult to maintain and benefit from, thus causing the assessment of marriage and familial enjoyment to possibly hinge upon one of the many familial stressors, divorce.

The impact of this common stressor creates the need for new, creative and effective models that connect and strengthen the family system. Music has been found to strengthen bonds between individuals when a shared musical preference and similar value systems (Boer et al., 2011). If music has the ability to strengthen or create bonds between value similar individuals, then this musical asset has great significance in helping couples and families reinforce or restructure their family system. It could also be hypothesized that based off this musical possibility to create bonds between value similar individuals, married couples on the brink of divorce could be better assisted by musical interventions and hopefully forgo unnecessary divorces. Within a field of mental health based upon systems, relational importance and human connection, being able to increase bonding may be a strong contributing factor to the fight against this oversized divorce rate.

The AAMFT description of MFT was previously mentioned as brief, solution focused and systemic. The importance of brief therapy has increased over time with the rise of managed health care and the costs associated with extended physical and mental health services. It is cited by the American Psychological Association (APA) that most health insurance providers or government health care programs only offer one to eight sessions that are free or very low cost to the client (American Psychological Association, 2013). AAMFT cites that therapeutic services are completed on average within twelve sessions with nine typically being utilized for families and eleven sessions usually being used by couples (American Association of Marriage and Family Therapists, 2013). This

need for brief therapy while still creating as much or more encouraging affects for clients present a need for alternative therapy models.

Music has been shown to create dynamic effects for people in terms of bonding, communication, stress relief, emotion and multiple other factors in family systems around the globe. Music in itself is an emotional expression and for many an emotional experience, therapy is often just as emotional for clients during their therapeutic process. This emotional connection point for music and therapy to interact can create substantial effects for the therapeutic alliance, process and outcome. This pressing need for brief and concise therapies breeds the chance for music to be used in a quickening factor to the therapeutic process. Benefits from musically shortened therapy can then be subsumed as financially responsible under managed health care models of today, while not reducing therapeutic gains made by clients.

Music is a significant influence for individuals, couples and families in endless forms. The resulting benefits of musical involvement in everyday life and evidence-based practices, over the history of MT, have shown to be useful, even necessary, in the mental health field. The only remaining issue to resolve concerning music and the mental health field is the inclusion of music into MFT. The purpose of this study is to better understand the connection of music and therapy within the field of MFT.

CHAPTER 2

LITERATURE REVIEW

Literature

Musical usage for the general population

Music is one of the few universal languages across the globe. Every person from each continent, in some way, can communicate feeling and expression to one another based off various musical structures (i.e. rhythm, harmony, tempo, timbre and volume). For example, this ability to connect people across the globe can be most recently seen with musical artist PSY's piece "Gangnam Style," which received over 850 million views on youtube.com. Music encompasses multiple others factors within the public sector through prominent musical research.

It has been discovered that the brain is altered and affected by music. The brain's size and development can be improved after musical training starting before the age of seven (Habib & Besson, 2009). It has been discerned that neurological transmissions within the brain were altered by the effect of listening to music. Beta-endorphins are endogenous opioids that affect cortisol levels within the body and assist immunomodulation, pain modulation and alter mood states (Mckinney, Tims, Kumar, & Kumar, 1997). Brain derived neurotrophic factor (BDNF) is a member of the neurotrophic family, whose function is for neuronal survival, differentiation and synaptic plasticity. BDNF's bonding with the tropomyosin receptor kinase B has provided strong evidence that this molecule, when deficient, results in pathophysiology of mood disorders. Mice with BDNF deficiencies have higher rates of depression, anxiety and higher responses to stressors (Li et al., 2010).

Music has also been discovered to help increased the size of different parts of the brain along the plasticity within the brain. The corpus callosum was found to be larger in musically trained individuals as well as the planum temporale, which is known to subserve integrative functions between different types of auditory stimulus (Habib & Besson, 2009). These discoveries surrounding the neurological benefits of music could result in further reduction of the pathological symptoms created during mental disease degradation. The positive effect people gain from music surrounding cognitive capacity and brain section size increases provides astonishing possibilities with medicine and music, but music as a contributor to physiological change is well researched.

Music shows direct benefit to physiological change in individuals in multiple medical and therapeutic modes. According to Trappe (2012), the introduction of music during postoperative heart surgery resulted in reduced blood pressure levels and breathing rate. Other musical uses that create significant physiological change were listening to music during the bed rest portion of postoperative heart surgery, which resulted in a reduced cortisol level leading to reduce stress levels during recovery. It was also linked that musical usage after surgery resulted in a reduced stress rating for the patient, but also for other medically important factors in the recovery process of postoperative surgery. Lin, Lin, Huang, Hsu, Lin (2011) stated that postoperative spinal surgery patients who listened to music during their recovery time period showed greatly reduced anxiety and blood pressure levels. Other related influences of reduced anxiety and blood pressure levels in postoperative patients can reduce the stress involved with full surgery recovery, simultaneously improving patient rehabilitation, eating and sleeping habits and overall hospitalization time periods.

Another study yielded physiological changes concurrent with emotional expectations of the music presented to the participants. Krumhansl reported that heart rate, blood pressure and respiration rate were each affected by participants perceiving happy, sad and fearful music (1997). Sad music elicited the greatest change in heart rate, skin conductance, blood pressure and temperature, while happy music greatly affected respiration rates. The importance of emotionally expected music excerpts affecting physiological components of individuals' holds the potential to utilize the correct music in specific therapeutic scenarios and medical treatment models in hopes of healing individuals and families systems in a more effective manner. Dousty, Daneshvar and Haghjoo (2010) generated similar results in terms of heart rate when presenting participants with sedative and arousing music types separated by two sections of thirty-second silence.

Patient physiological states have great importance upon more than just stress and general well being. Hirokawa and Ohira (2003) discovered that the physiological change created by musical involvement in their research helped produce increased auto immune functioning, reduction in depression and increase in general well-being. The influence on autoimmune functioning created by high-uplifting type music produced an increase in norepinephrine thus initiating immune system increase, which also helped contribute to the reduction in depression. The other type, low-uplifting music, increased overall well-being. This influence of music upon physiological states in individuals implies that music is a vital tool in the regulation of physiological levels in people and in therapy clients seeking assisting healing and mental help. Music has been pointed to as an aesthetic need in therapy due to the physiological factors involved with familial communication and the

neurotransmission of gestural interpretation and social connection of parent and child (Ruud, 2008). Overall, music is an undeniable factor when referenced with physiological change, emotional contribution and positive affect, yet music within therapy is even greater a therapeutic modality.

Experiential modes of therapy

Experiential forms of psychotherapy are opening up powerful directions within the therapeutic field and range from art, music, and dance to Emotionally Focused Therapy. Experiential therapy has presented positive alternative avenues of therapy for persons whose cognitive behavioral therapy sessions have not worked in relation to reported depression (Watson & Bedard, 2006).

Art therapy is another field of experiential therapy that is finding success in healing hurt or damaged family connections. Conjoint family and marital art therapy creates visual interpretations to the inner conflict and thought process that families/couples feel, but cannot articulate. Conjoint paintings can also help families overcome basic personal fears, reduce defense mechanisms and foster better familial communication, which has led to accelerated therapy sessions and overall length of therapy for families (Barth & Kinder, 1985; Harriss & Landgarten, 1973; Snir & Hazut, 2012). While Art therapy has lacking empirical evidence to its therapeutic research base, the rise in research for Art therapy and its therapeutic factors gives promise for supporting evidence and new meta-analyses pertaining to Art therapy's effectiveness. Dance therapy is another growing and possibly effective therapy modality.

Dance therapy can be described as a form of therapy "creating a safe environment for exploration and expression." (La Torre, 2008). Dance therapy is seen as a highly

holistic style of experiential therapy due to its connection of mind, body and soul. The expression and connection to the body is equally matched by the mental connection from previous memories, current psychological stressors and new cognitions (Rankin, 1999; Rylatt, 2012). However, the holistic and experiential impact of dance therapy is not all that it yields. Dance therapy has produced positive results in mental disorders such as Schizophrenia, Depression, Autism and Anxiety related disorders (Bajaj & Vohra, 2011; Rosenblatt et al., 2011; Strassel, Cherkin, Stueten, Sherman, & Vjirhoef, 2011). Dance therapy has been garnering therapeutic effectiveness in combination with other forms of therapy since the 1950s, however, the current modality of dance therapy still needs more empirical support before being viewed and implemented as its own experiential style of therapy.

MFT, viewed as a singular form of psychotherapy and being the primary form of psychotherapy used in this study with light MT spliced into it, will not necessitate the need for a comprehensive literature review. However, it is noted that MFT still holds many avenues of research to be explored by educators, clinicians and researchers, which is hopefully the focus of this particular research study. MT is a newer formal style of psychotherapy, thus dictating the need for a comprehensive literature review.

Components of the experiential model: Music used in a therapeutic manner

Experiential modes of therapy have been shown to be effective, resourceful and diverse. MT being the most highlighted experiential modes of therapy in this study requires greater research and insight. Music therapy (MT) is a powerful form of experiential and humanistic psychotherapy used, as most commonly viewed today, since 1944. Historically, MT has focused on mental illness as the primary interest for clinical

research during the early 1950s to the late 1980s, while using music towards therapeutic directions. The overall focus was how to heal or eliminate autistic symptoms in children, conduct disorder in adolescents and preventing other mental illnesses (Cripe, 1968; Kivland, 1986; Mrázová & Celec, 2010; Simpson & Keen, 2011).

Children with autism have shown increased social interaction, emotional expression and communicative ability after involvement with music being used therapeutically (Leow, Drury, & Poon, 2010; Mrázová & Celec, 2010; Porter et al., 2011; Simpson & Keen, 2011). This interaction effect of music and a therapeutic environment most likely assisted children in being more comfortable with their new surroundings considering the autistic spectrum disorders severely limit social capabilities for children and adults. However, the efficacy of music reducing autistic pathologies remained subjective at best due to unreliable and non-validated assessment tools in the 1970s and 80s (Porter et al., 2011). Autism spectrum disorders (Autism, Asperger's, etc.) initiated interested in music used therapeutically as a primary form of treatment for mental health issues and disorders.

Music began benefiting individuals with multitudes of different mental illnesses. Music used therapeutically was found to reduce chronic pain and tinnitus for children suffering from psychosomatic diseases (Nickel, Hillecke, Argstatter, & Bolay, 2005). Another study found enough significance to utilize and institute music used therapeutically protocols within a pediatric unit (Wolfe, O'Connell, & Waldon, 2002). Clients diagnosed with Post Traumatic Stress Disorder (PTSD) participated in group MT sessions and exhibited greater emotional release, non-avoidance of troubling memories and thoughts as result of positive distractions from psychological stressors (Carr et al.,

2012). Music used therapeutically is not uncommon to be used with patients suffering from a somatic, mental or psychotic disorder even Alzheimer's disease. Alzheimer patients in Taiwan showed increased happiness, reduced focus upon chronic pain, bridging of inner personal insight and repetitive reminiscing of past, positive memories (Leow et al., 2010). However, both studies performed involving PTSD and Alzheimer's disease lack reproduction and consistency of effect, thus cautioning of Type 1 error possibility within those studies.

The growing literature library pertaining to Alzheimer's disease resulted in more avenues for music used therapeutically to assist clients with Alzheimer's, their family members, while also benefiting the mental health workers who are involved with the diagnosed individual. Finally, a meta-analysis on MT involving children noted that ailments and illnesses from depression, Attention Deficit Hyperactive Disorder (ADHD) and Autism to visual impairments, developmental difficulties and immunizations were all significantly improved or showed baseline maintenance (Mrázová & Celec, 2010). Based off the previous study's statistics, music used therapeutically generated an eighty percent success rate with children. Such a significant affect upon the mental health and emotional well-being of children should prompt an enormous production of music based research involving children, but also adults and seniors.

Music used therapeutically has also been noted to benefit rehabilitation patients, with the help of MT techniques like Rhythmic Auditory Stimulation, Melodic Intonation Therapy, and Musical Speech Stimulation, have displayed increased gait, speech and cognitive abilities (Roth & Wisser, 2004; Street, 2012). Patients with a Traumatic Brain Injury (TBI), within the previous study, showed great improvement from previous levels

of gait and speech abilities. Guided Music Imagery plays a critical role in the emotional regulation and mental progress gained in many music based sessions for rehabilitating individuals as well as “researcher defined” normal adults (Roth & Wisser, 2004; Maack & Nolan, 1999).

Another tremendous area of therapeutic music aids is with pre and post operational patients. MT clients showed diminished need for opioids and painkillers (Wakim et al., 2010). Other patients undergoing major surgery or chemotherapy displayed better physiological statistics (heart rate, blood pressure and respiration rates) and reduced anxiety levels in effect create a better, more stable recovery from surgery (Li, Zhou, Yan, Wang, & Zhang, 2012; Lin, Hsieh, Hsu, Fetzer, & Hsu, 2010; Lin et al., 2011). Clark et al. (2006) discovered through the use of music that patients undergoing radiation therapy, who were able to select and listen to preferred music pre operation, displayed lower anxiety and treatment related distress. Patients, who undergo surgery or medically operative treatments, could show greatly reduced physiological strain, treatment related distress and need for post operation medications, all of which have been expressed as medical model goals for centuries. The newest sector of music used therapeutically and its treatment foci have been for overall well-being and stress reduction in the recent two decades.

Many things are defined as good for an individual or what things help an individual best within the therapeutic environment. Symptoms and problems like anxiety, depression, stress, pain are all common complaints from clients within any therapy setting. Music used therapeutically has the unique opportunity to relieve or greatly reduce those symptoms in a flexible and dynamic way. In one study, depression and loneliness

were almost completely eliminated for seniors in a Taiwanese treatment center (Leow et al, 2010). Another study increased communication between parent and child dyads that were suffering from poor behavioral patterns and non-responsive interactions (Pasiali, 2012). There are a couple of areas that music used therapeutically assists in stress reduction, most recently: pain relief, anxiety reduction and relaxation.

Mitchell and Macdonald developed an implementation of therapeutic music that significantly reduced the pain sensation when listening to music while holding a hand in ice water and increased control over pain perception for both men and women. The efficacy was even greater when participants selected their music that would be played during the experiment (Mitchell & Macdonald, 2006). An additional study revealed that the use of music could create greater ability over reconstruction of a person's life experiences and interpretation of those experiences, which gives great plausibility to the idea of reducing pain for suffering clients (Barcellos, 2012). Anxiety is a tremendous component for music used therapeutically and the mental health field's focus.

Music used therapeutically was found to reduce or alter anxiety in a beneficial way to participants in at least five studies in the last eight years. One of those studies used a steady beat to relax participants (Gadberry, 2011), while another study stated that with the correct and meaningful music traits being used in therapy, such as melody, tempo, beat and harmony, participant anxiety was greatly reduced from previous levels (Elliot, Polman, & McGregor, 2011). In a different study during a two-week time period, music used therapeutically assisted in reducing fatigue and overall anxiety for family caregivers in hospice programs (Choi, 2010). Walworth revealed that if the participant selected the music, genre or specific song, a significant change in anxiety resulted after treatment

(Walworth, 2003). With the ability of music to assist individuals, even when not a specific or meaningful song, there is a great change available to therapists, in both MT and MFT. Even an MFT primary technique, reframing, was benefited from musical involvement during a study. Kerr, Walsh & Marshall (2001) discovered that music increased the effectiveness of reframing around anxiety reducing, affective modification and imagery techniques. It should be clear that music used therapeutically is an excellent therapeutic tool for fighting anxiety in a majority of clients.

Finally, music used therapeutically is used quite often for relaxation within the general public and now within the mental health profession. The usage of Mozart compositions helped create large physiological change and greater relaxation as a result from “said” change (Smith & Joyce, 2004). The previous study employed classical music during its more significant musical trials, but it was apparent that multiple relaxation states could be reached with new age and classical music. Another study, by Burns et al. (2002), displayed large reductions in cognitive stress levels and the increase in participant relaxation over any non-music condition.

It should also be mentioned that music used therapeutically has benefited individuals in multiple others areas that are not as greatly researched as the three previous topics. Social interaction, personality trait assignment, subjective and physical experience based off ethnic background, falling asleep when desired and identity creation were all significantly assisted by the use of music or MT interventions (Iwaki, Tanaka, & Hori, 2003; Lastinger, 2011; McIntyre, 2009; Smeijsters & Hurk, 1999; Werner, Swope, & Heide, 2009). MT has experienced success and growth, just as MFT has; yet the inclusion of MFT and music used therapeutically has been close to non-existent.

MFT and Music used therapeutically combination with alternative musical usages

It has already been stated in the statement of the problem that there is a shear lack of collaboration between music used therapeutically and MFT after acknowledging the two studies by McIntyre (2009) and Nicholson et al. (2008). However, it seems highly important to continue the trend set by those two researching teams in identifying the efforts, using music, many researchers have already made around common techniques used in MFT as well as newer, more integrative forms of music and MFT.

The noted success from the previous two studies involving music therapy and families gives possibility to ideation that music is a viable tool for a Marriage and Family Therapist (McIntyre, 2009; Nicholson et al., 2008). Each of those studies incorporated the use of active musical activities and instrumental involvement. The success of music used therapeutically and MFT involvement can also be linked to with client preferred or selected music (Burns et al., 2002; Clark et al., 2006; 2012; Iwaki et al., 2003; Lesiuk, 2010; Mitchell, 2006; Tan et al., 2012; Walworth, 2003). The importance of the musical selection for clients is highly significant as seen in multiple studies targeting pain perception, emotional stress created from radiation therapy and performance in high-cognitive demand occupations (Nicholson et al., 2008; Roth & Wisser, 2004; Ruud, 2008).

The significant effect of preferred or client selected music holds the potential to benefit clients struggling during the course of therapy and offer therapists a new intervention to offer during treatment planning. Therapeutic interventions offer direct and standardized methods of offering clients new insight or behavioral/ mental modification to client reported patterns. This possibility for a musical intervention creates flexibility of

therapeutic model and overall wellness of the client's outcome from therapy where as few other interventions and therapeutic tools, other than common factors to therapy, have been offered in MFT.

Jensen suggests that through musical inclusion, mostly background, that clients were able to produce more cognitive interpretations involving greater cognitive suggestion about issues, a bettering or greater closeness of the therapist-client alliance and a greater degree of self-disclosure for the client (Jensen, 2001). What a client is willing or not willing to tell the therapist is an integral piece of a successful therapeutic venture. By assisting the client in disclosing more in a therapy session and allowing the client to feel more safe and protected, therapy will, thusly, be more efficacious and beneficial to the client. A previously mentioned study, Kerr et al. (2001), stated that the use of music increased reframing interventions and eventually assisted clients in feeling less anxiety, affective modification and imagery vividness. The ability to reframe a narrative, story or general comment by clients is a fundamental piece of MFT and with the noted possibility of music to benefit MFT reframing interventions, clients understandings of therapy will be greater, the therapeutic alliance will be as such and therapy may last for shortened, more effective time periods.

Maack and Nolan (1999) detailed how guided music imagery might benefit individuals who are suffering from high state anxiety and low self-esteem. Guided music Imagery resulted in that study with greater emotional awareness, problem insight, spiritual growth and relaxation ability. Each of those positive gains in self and social awareness can assist a large majority of clients seeking MFT, which is another reason for the inclusion of both therapies into one therapeutic style. Callender (2005) expresses in

his article that psychotherapy, just like music, is an aesthetic judgment. Both MFT and MT are aesthetic styles of judgment and require the same therapeutic ability, conscientious care, and concern for bettering a client's life.

In addition to the advancements made by combining MFT and music, there are gains to be made for couple and family systems. Musical techniques used in couples counseling provided positive effects on the couple's distress and conflict management abilities, while fostering a healthier relationship. In other settings, group therapy has been assisted by music to create greater understanding of one's place within that group and reducing individually based traits that might interfere with group therapy effectiveness (Duba & Roseman, 2012). Other research points to music benefiting distressed couples and families that have a parental member suffering from traumatic injury or dementia (Clair, 2002). The research and positive therapy practices previously mentioned, and all the other advances that have been gained over the history of MFT and MT should not be used separately, anymore.

Physiological factors between MFT and Music creating overall change

The powerful influences of music on the physiological experience for individuals, couples and families are undeniable as seen in the previously used literature. Work by Krumhansl (1997), Lin et al. (2011), Trappe (2012) and many others have provided significant insight into the specifics of musical influence on the human physiological state. Other studies such as, more specific to MT, Li et al. (2012), Lin et al. (2010) and Smith & Joyce (2004) show medical and psychological benefit from the physiological change created during musical listening. It is presumable to most researchers after seeing

this body of research that music is a strong factor upon physiological change, but a biopsychosocial approach to MFT could possibly be as important.

A biopsychosocial approach to therapy within the MFT field holds possible inclusion for the physiological effects that MFT yields. The biopsychosocial approach features a holistic application of biological, psychological and social factors within an individual, couple or family system (Harvey & Wenzel, 2002; Sperry, 1999). A recent lack of biological involvement within the MFT field provides great concerns since not all issues are of psychological or social nature. Often, a strong biological influence is integral to the process that clients undergo within MFT (Launer, 2001). For others, the biopsychosocial approach in therapy provides an opportunity to treat possible stressors within a struggling family system.

Biological issues of infertility, depression and somatoform disorders have been document within the therapeutic process (MacFarlane, 2003; Mullins, Olson & Chaney, 1992; Williams, Bischoff & Ludes, 1992). Positive gains were made when addressing the biological factors that are created from infertility and depression, even the somatoform disorders. These gains allowed for greater therapeutic advancement and systemic change in the psychological and social functioning of clients. What is significant to those biological factors is that common MFT techniques lack the focus for comprehensive influence and integration within the family system and individuals in therapy without any medical intervention. The biopsychosocial approach could be a joining bridge to the physiological change created during therapy and biological systemic involvement of music within MFT.

Music creates physiological change in biological functioning for any client, MFT techniques, models and interventions protect the psychological element of the client's well being, leaving the social component remaining to complete the holistic approach. Creating the full biopsychosocial model in therapy could be possible if the sociocultural element of music is addressed during the therapeutic process. Many tribes in other countries utilize music as a bonding agent during rituals and ceremonies. Other cultures, ranging from Western Europe to Central and South America, view music as a form of unique expression and experience. Even in a western, modernized and individualistic culture, such as the United States of America, the involvement of music at social gatherings, tragic events and joyous occasions is consistent with a sociocultural usage mode.

Music is undeniable element of the human experience, as seen in the literature and research results. This connection to the social, as well as biological, factor of therapy that music provides is highly important for the functioning of a biopsychosocial model within MFT. With music completing this systemic circle of therapeutic change for clients, therapy should be able to be a systemic and collaborative process between one or more caring persons and their therapist.

The purpose of this study is to better understand the connection of music and therapy within the field of Marriage and Family Therapy.

Statement of Hypotheses

Hypothesis 1: The provided-music condition will create a significant positive change in relational satisfaction and general therapeutic outcome for clients receiving MFT in comparison to MFT with no musical component.

Hypothesis 2: The provided-music condition within MFT sessions will result in reduced overall time in therapy and/ or reduced average sessions for both music groups compared to a non-music condition in MFT.

Hypothesis 3: Through the use of provided-music inclusion, environmental stressors will be reduced enough to significantly limit the production of disease/ disorder based off the diathesis stress model as evidenced by therapeutic gains on the posttest RDAS.

CHAPTER 3

METHODOLOGY

Sample

Participants for this research study will be selected from individuals, couples and families that present themselves for therapy at the Center for Individual, Couple and Family Counseling (CICFC) at the University of Nevada, Las Vegas. Participants will be given an option to participate or refrain from taking part in the study, while classification for couple or family arrangement in terms of male/ female couples or father/ mother/ child (ren) was not required for participation, both being in accordance with AAMFT ethical guidelines (AAMFT, 2012).

Procedure

A mixed group procedure is a result of the nature of music itself and related research showing client-selected music can produce significantly different results. Two major groups of musically involved study were generated: Non-Music and Provided Music. While all groups of this research study received informed consent documents for therapy at the CICFC and for this research study, the difference in testing procedures resulted from what group each set of clients are given at the beginning of therapy. The Non-Music group received informed consent, a demographic questionnaire, Outcome Questionnaire -45 (OQ-45) measures and a pre/ posttest Revised Dyadic Adjustment Scale (RDAS). The Provided Music group received informed consent, a demographic questionnaire, OQ-45 measures, a pre/ posttest RDAS and a music listening response questionnaire. Specifics of when and how these procedures will be implemented shall be mentioned later in the procedure section.

After approval was received from the Institutional Review Board (IRB) to conduct human subject involved research, Clients were offered an opportunity to participate in this study during the intake session of therapy by method of a flyer given by the receptionist of the CICFC and intake therapists. Informed Consent, including possible benefits, risks and help if harm is experienced, was given to the participants by the receptionist and signed during the course of the intake session. Clients were then randomly assigned to one of the two groups: Non-Music or Provided Music. A mixed integer generator will produce participant group selections, provided by random.org, where by each column was generated with forty random numbers creating each group's participant designation.

Following signed consent, the client(s) were given the demographic questionnaire, OQ-45 measure and the pretest RDAS. The intake session of therapy was considered the first week of participation with the following eight weeks of therapy being for Non-Music or Provided Music group application. The clients completed this process of questionnaire/scale completion before session in order to not interfere with treatment or CICFC policy. Once each client had completed the Demographic Questionnaire, OQ-45 and RDAS, the client returned the questionnaires/ scales to the receptionist and began therapy with their intake therapist. No other components of this study were implemented during the intake session of therapy.

During the eight-week musical section of the study, the participant(s) attended therapy where prior to the beginning of each therapy session the presenting group of clients proceeded with their assigned research group's protocol. Depending on what group each client was assigned to decided how their beginning five minutes of therapy

proceeded. If clients are assigned to the Non-Music group, the clients completed the OQ-45 then began therapy immediately rather than listening to any musical selections. Clients in the Provided Music group completed the OQ-45 and then were given five minutes, prior to the start of therapy, to listen to one musical track on a provided Compact Disc (CD) in a provided portable CD player by the CICFC receptionist. A list of track selections displaying what each track was called and which artist created that track was given to the participants before each therapy session. Clients in this particular group were then asked about their musical selection that was documented by themselves on a formatted slip of paper, and then started the beginning of their scheduled therapy session.

Upon completion of the eighth music involved therapy session, Posttest RDAS, OQ-45 and a music listening response questionnaire were given to clients in the Provided Music group by the CICFC receptionist. Clients within the Provided Music group, who have completed the eight week testing period, were then offered a chance to participate in a 45 minute to an one hour semi-structured interview involving questions related to their experience of the musical inclusion into the therapy process. Clients, who chose to participate, were given refreshments of their choice (one for each member of the couple system) and confidentiality of client interviews were maintained by conducting the interviews at the CICFC where the rest of the study already had taken place. Multiple recording devices were utilized to guarantee capturing all participant phrasing and vocal responses to the fellow investigator's questions.

Clients in the Non-Music group received only a Posttest RDAS and OQ-45 from the CICFC receptionist. Clients were allowed to continue therapy following this nine-week research study, if desired or necessitated by the client. However, therapy and

participation was available for termination at any point by the participants, due to AAMFT ethical guidelines and the CICFCs regulations. Referral of any participant, due to therapeutic need, resulted in termination from the study and the participant(s) were informed of such.

All records pertaining to participant identification were kept with the client/ participant files in a locked file cabinet in a locked room and were never moved outside the CICFC throughout the length of the study, in accordance with AAMFT and CICFC guidelines. It is the CICFCs protocol that client files not be taken outside the complex of the CICFC. With that protocol and the presence of Dr. Colleen Peterson, multiple supervising professors of the Marriage and Family Therapy Graduate Program at University of Nevada, Las Vegas, and the graduate assistants/ students of the CICFC, the integrity of client confidentiality and privacy will be able to be maintained during the duration of the study.

In addition to client records, the data and papers relating to client questionnaires (Demographic, RDAS, OQ-45 and Music Listening) were stored in a filing folder by the Fellow Investigator (i.e. the author of this study), and then, kept in a locked file cabinet in a locked room of the CICFC. Data collection, done by the therapist of each client participant, was compiled during the duration of the research study by the Fellow Investigator as each client completes each portion of the study to create greater maintenance of the study's data.

Musical Selections

Diversity of clientele at the CICFC is significant, which creates the need for a diverse selection of previously generated musical songs. To encompass such a great

diversity of clientele and not exclude as many clients as possible, the selections of music for the Provided-Music group CD will be taken from a variety of different musical artists, genres and musical entities. It is also the objective of this study to enhance the therapeutic process, so in effort to promote that dynamic, the usage of calming, relaxing and/ or physiologically easing music will be targeted for selection. Five musical selections will be the allotted amount of pieces given to participants in the Provided Music group on a provided CD.

In another and equally important facet of this study, the use of “client selected music” was clearly defined as clients having a choice among already chosen selections that the researcher have established. Considering variations of meaning about what client-selected music has meant in other studies, this study acknowledged the extensive music library that is available to the general public, which could have created numerous variables not attend able within this study. Due to this factor, the researcher chose to select a range of musical pieces that would allow for variation of choice, while not giving into the massive musical library in the public sector. How the researcher selected the five musical pieces for this study, a thorough explanation, is given in this section.

Music has many qualifiers that constitute a truly good piece of art. Therefore, music in this study will be the aforementioned calming style of music as well as being non-vocal or non-lyrically based music. The most often non-lyrically based music available to the public is classical music, which will be one of the selected genres. Other genres to be selected from include electronica, jazz and ambient tone music. All of those genres assist the listener in creating a calming or lighter physiological state than before.

A study done by Radox Spa, assisted by Mindlab International, focusing on the most relaxing tune possible comparative to a body massage found a listing of fifteen tunes that are greatly relaxing for individual participants (Shortlist.com, 2012). The study also found a dosing effect of about five minutes for music to be considered relaxing suggesting direction for music selection length in this study. A specific tune created for this study by the musical artist, Marconi Union, was deemed the most relaxing tune over all the others upon compilation of the results. This study assisted the author in choosing two of the five tunes selected for this study, the other three will be chosen from previously known databases and commonly attributed relaxing musical selections.

Another study assisted in narrowing down the possible musical selections from other musical databases. Tan, Yowler, Super, and Fratianne (2012) identified that the evaluation of relaxing music in a group of professional Music Therapists was most accurately correlated to tempo, instrumental complexity and dynamic variation. The identifiers of tempo and dynamic variation assisted in choosing the final three selections. The five selections for this study were:

“Weighless” by Marchoni Union, “Electra” by Airstream, “Clair de Lune” by Claude Debussy, “Summertime” by Goerge Gershwin and played by Duke Jordan, and “Pachabel’s Canon in D” by Pachabel.

Measurement Scales

RDAS

The Revised Dyadic Adjustment Scale (RDAS) was altered from the Dyadic Adjustment Scale (DAS) by a group of four researchers trying to improve the construct hierarchy while increasing construct validity form the previous scale (Busby,

Christensen, Crane, & Larson, 1995). The RDAS is designed to assess marital satisfaction under three major components: consensus, satisfaction and cohesion. This scale features 14 items in Likert response format relating to the quality of consensus, satisfaction and cohesion. The ease of completion, response calculation and result computation are all relatively small compared to other marital satisfaction scales making the implementation of the RDAS in this study purposeful and efficient.

The RDAS shows high construct validity across multiple studies. Busby et al. found the RDAS to have a Cronbach alpha of .90 and Guttman and Spearman-Brown Split half scores of .94 and .95 (1995). Assari, Lankarani, & Tavallaii found internal consistency of the RDAS in Iranian medical patients to have a Cronbach's alpha of .898 and .683, .779, and .836 for the consensus, satisfaction and cohesion components (2009). Finally, Ward, Lundberg, Zabriskie, and Berrett discovered the total RDAS to have a Cronbach alpha of .943 in comparison with another marital satisfaction scale (2009). Overall, the RDAS shows high construct validity for usage with marital and partnered couples in treatment.

The importance of using a relational satisfaction scale is vital to the efficacious nature of MFT and to the conceptualization of family system problems. The end result of therapy is often hard to define for clients and is better stated in terms of overall benefit and well-being. Music also has multitudes of defining factors to ascertain during treatment and overall effectiveness, thus presenting the need for overall benefit and well-being as the best assessment terminology. It was then conceptualized to use an overall satisfaction scale for assessment.

Music Listening Response Questionnaire

The music listening response questionnaire was generated, by the author, to assist in defining qualitative effectiveness of the musical element to this study. Research validity for music-based studies is very challenging to define, which constituted the need for another measurement scale pertaining to music's inclusion within the study. The questionnaire presents five progressive questions relating to the musical involvement in the study and usage at the CICFC. Each question offers each participant the opportunity to individualistically express their emotional and psychological experience relating to the chosen music selections. Qualitative analysis of the participant responses will be examined and further explained in the data analysis, results sections.

Other than the typical procedure of questioning, these particular questions will produce results in correlation with the data of scale measurement that may show specific populations of musical efficacy and, a more accurate mode of musical implementation for future studies involving MFT and MT. As shown from Werner et al. (2009) that music and ethnic background can result in highly positive and potentially negative affects in subjective/ physical recognition. It is, thus, highly important that statistical demographic data be correlated with potential results from measurement assessment post data collection.

OQ-45

The final scale for measurement is the Outcome Questionnaire – 45. This scale focuses on a 45-item scale involving a 5-point Likert response for each item. The OQ-45 is commonly used as a repeatable outcome/ tracking measure for progress in therapy, while three subscales of treatment: symptom distress, interpersonal relationships, and social role. This test measure allows this study to track changes in internal states of

partners from each couple dyad in treatment, while possibly offering greater internal validity to the effectiveness of the musical component.

Data Analysis

Statistical Product and Service Solutions 22 (SPSS 22) was used to analyze data from the RDAS and OQ-45 responses utilizing multiple test parameters. Descriptive statistical analysis was used to determine equal distribution of participants within each sampling groups along with determining if there were any outliers to the data that might create irregularities within testing/ non-Gaussian distributions. Cronbach alpha's test was used to also determine reliability for the RDAS and OQ-45 to this data sample. A paired sample T-test was used to identify any statistical differences between and within the music and non-music groups. Multiple regressions of individualized parts in the data were extrapolated to explain specific music track usage by some of the participants within the music group.

Due to sample size and length of time that the study was undertaken, an insufficient amount of participants were gained during the course of the study. In order to fix this momentary issue and move towards greater understanding of the musical inclusion, a change to a qualitative model was chosen. The method of data collection was changed to a semi-structured interview along with limiting the timeline of musical inclusion in the therapy process to four weeks instead of eight. Examples of the questions used during the semi-structured interview can be found in the Appendices. Participants of the Provided-Music group were contacted in order to gain phenomenological data within the interviews. Data coding switched from a statistical based focus to an axial coding of the participants experience, also explained further in the analysis section.

The principal researcher following the completion of all music listening questionnaires completed phenomenological coding of music listening response questionnaires. An axial coding system was established from taking data analysis procedures from Moustakas (1994) within the Creswell book about qualitative methodology (2007). Considering transcendental phenomenology and its data analysis procedures, the responses from these questions, number two and three, on the music listening response questionnaire were chosen for their focus and effectiveness around phenomenological analysis. Significant statements and meaningful descriptions of data from those two responses were selected out of the overall response to questions two and three, which provided an essence of how the participants experienced the study.

This initial part of the process is described as horizontilization of the data, which assisted the principal investigator with creating clusters of meaning and multiple themes of experience. Textual descriptions of what each participant experienced during the course of the study were made from the clusters of meaning and themes described before. A structural description of the context and experience that all participants received a chance to participate in was taken from the textual descriptions and themes, which assisted in describing influence of the musical experience that this study presented. Also found in the discussion section, the experience and context of the principal investigator and his time operating within this study. The data collection/ analysis from the principal investigator provided insight into potential qualitative generalizability and credibility for the study.

Finally, the principal investigator formulated a complete and essential experience to both the structural and textual descriptions previously mentioned. This final analysis of

the music listening responses was combined into a composite description of the overall essence that was stated as a global experience of the musically selected group of participants. The overall essence, or essential, invariant structure, was generated to assist in other researchers reviewing this work and creating a functioning outcome of what the participants experienced, otherwise seen as gaining a feeling that the researcher “understands better what it is like for someone to experience that [protocol]” (Moustakas, 1994). Further understanding of this phenomenological data analysis and quantitative testing was described in the results and discussion sections.

Achieving Rigor

In order to better attain a quality based research study and maintain proper levels of credibility, transferability, dependability, and confirmability, the principal researcher used Anfara, Brown, and Mangione’s (2002) study on assessing research quality and rigor. Criteria for attaining rigor within qualitative research based off Anfara et al.’s research were common qualitative practices such as triangulation, investigator reflexivity, purposive sampling, and providing thick description. However, Anfara et al. attempt to show that openness of investigation and the public’s insight to what really happened can be lacking within a majority of today’s qualitative research.

The researcher hoped to follow the lead of Anfara et al. on how to conduct greater transparency of investigation and provide greater clarity of qualitative investigation. Credibility was attained through the use of triangulation of qualitative themes as well as quantitative results from the Provided Music group participants. While results from the quantitative portion of testing did not reach reasonable level to create valid results, simplistic gains seen on the RDAS questionnaire showing relational satisfaction

increased for both partners during the time of testing, along with matching reports from the semi-structured interview and assigned therapist produce possible triangulation. A matching trio of reports on the relational satisfaction gains from participants in the Provided Music group supported the credibility of this study's rigor and quality.

Transferability was seen from the purposive sampling of the researcher. All participants, music group or non, were selected from a clinical sample at the CICFC and beyond that participants who participated in the semi-structured interview were only from the Provided Music group. Purposive sampling was then used at two different levels within this qualitative investigation creating a strong presence of transferability should any other researcher attempt this type of study in the future. Dependability mirrored the same method of rigor as Credibility when using triangulation of relational satisfaction gains for participants within the Provided Music group.

Confirmability was reached through practicing reflexivity of the fellow investigator. The fellow investigator, as well as the principle investigator, continued to examine affective states within themselves during the course of testing and realignment of the study's methodology to include semi-structured interviewing. A section on the fellow investigator's experience during this study's duration and how perceptions of the study's data matured within the investigator. Thick description of the fellow investigator's experience gave the confirmability of this study to the public looking to understand what type of process took place. The investigators of this study achieved rigor as high as possible a level considering participant involvement rates.

CHAPTER 4

FINDINGS

Although due to a limited sample size of participants, a diverse sampling pool of participants offered new ideas and discoveries. The participant pool consisted of six couples and one individual completing the full length of time requested for musical inclusion (eight weeks; four weeks for the individual). Of the six couples, gender was equally split between a control group, Non-Music group, and a testing group, or Provided Music group. Average age of each individual participant of the couple systems was $M = 33.667$ ($SD = 5.086$) with a range between 26 and 39. Just within the Provided-Music group, there were three White/ Caucasians partners, one African American/ Black partner, one Hispanic/ Latino partner, and one Mixed/ Other racial partner. Of the three Provided-Music group couples, two selected the same sexual orientation and relationship status as their partner, however, one couple selected different sexual orientations and relationship statuses (straight versus other and in a relationship versus divorced/ separated).

It should be noted that out of the three participant couple systems that were in the Non-Music group, only one couple started therapy services after enrolling in the study. Due to sampling pools and rights to not participate in the study or therapy, the Non-Music group's data was undeterminable due to an almost entire loss of participants following enrollment and placement into the Non-Music group. Soon after the study was shortened to four weeks of musical inclusion and interviews were added to the protocol, only one individual participated in the study. This one participant was a White/ Caucasian female in her late forties who was in a marriage or domestic partnership.

Theme generation was initiated through a thorough reading of the interview and developing clusters of meaning for the experience of listening to music before entering therapy. Coding of each theme was used to create a textual description that would then assist in illuminating what the participants felt and remembered during the process of listening to music of their choosing before undergoing the therapeutic process with their therapist. Structural meanings from within the 11 different themes were found after reducing all of them into more concise groups representing the experience of the music in the therapeutic process.

A positive belief about or positive perception towards therapy, stabilizing of outside thoughts and emotions when entering the therapy room, and an experience of process readiness for examining and developing the therapeutic goals created between them and their therapist were the three structural descriptions found when examining the participants' lived experience of music in the therapeutic process. Overall, a singular, quintessential experience of having client selected music in the therapeutic process could be stated as: Music allows a person to stabilize outside factors that might hinder or slow their progress, while producing a feeling of positive belief towards the experience of therapy and a readiness to engage in therapeutic change and dialogue.

Themes

The themes were discovered during axial coding support music used in a therapeutic manner, while contributing to the therapeutic process that MFT has developed over time. With each theme, major and sub based, the quintessential experience of music being included with their therapy process can be ascertained. Each major theme presents a list of possibilities for therapists to use with any of their clients based on the effects

music was shown to create, but a thorough understanding of what each means would allow for better integration for this and other studies that might follow. Each major theme is supported by its specific sub-themes, while being cross-supported from additional sub-themes in at least one of the other major themes.

Stabilization

Reflective. Participants repeatedly described the feeling of being reflective in session and prior to initiating therapy when music was used before session. The musical inclusion allowed them to notice and process possible events as they perceived them in their memory. This reflection also allowed one member of the couple system to create understanding on what had transpired in an event that had happened in the very recent past. Reflection on various events created multiple opportunities for both participants of the that couple system to find ways to exit from any turmoil created in their outside lives, and focus inward to their therapeutic journey at hand.

Comfort. Stabilization requires a release from outside stressors, but one result or indicator of that stress being released was comfort in the therapeutic process. Both members of the couple system reported the experience of comfort and relaxation towards their partner, themselves and the process at hand. Comfort was found to be the most strongly indicated sub-theme that both individuals of the couple system experienced throughout the process of this study. Comfort provides the easing of the defenses when engaging them in session, allows for depth of conversation that is only reached with few individuals by that participant's social environment, and created a easy-going stance that could allow for greater effectiveness of the therapist working in that couple system.

Presence. Both participants of the couple system stated that their in-the-moment presence with therapy and therapeutic based issues was much stronger than compared to other situations. With a sense of presence, greater understanding from the participants' perspective to the therapist's wording of interventions and techniques was gained. Presence offered an in session opportunity of experiencing change and stabilization that created for new and discoverable elements of their therapy process.

Table 1

Major Themes	Sub-Themes	
Stabilization	<ul style="list-style-type: none"> • Reflective • Comfort 	<ul style="list-style-type: none"> • Presence
Process Readiness	<ul style="list-style-type: none"> • Readiness • Openness 	<ul style="list-style-type: none"> • Awareness • Connective
Positive Beliefs towards the Therapeutic Process	<ul style="list-style-type: none"> • Effectiveness • Enjoyable 	<ul style="list-style-type: none"> • Thoughtful • Collaborative

Process Readiness

This major theme was found around four difference sub-themes that promoted a willingness and readiness to engage in the therapeutic process, whether that be for minor day to day changes or major life changes that could benefit the participant's social, personal, and spiritual systems. Loss of time in therapy can often be a danger for therapists due to content and discussions that might take away from the focus of their therapeutic work, but with an increased process readiness by the participants, the amount of time taken to address and process, as one participant put it "major issues." The digging up of emotional memories occurred during one session for the participants and was

experienced as helping them be more ready to deal with whatever was occurring for the emotional “present” partner. Engagement and perceived willingness to engage in what the participants’ therapist was trying to help them with was viewed and experienced as more capable for both individuals in that couple system. The benefit of process readiness in these participants’ therapeutic experience was not made from one or two strong sub-themes, but rather a collection of four experiences for both individuals of this couple.

Readiness. This sub-theme mirrored the aspect of process readiness, but was more founded in each individual’s experience of discussion, therapy topics, and reflection of the aspects of previous therapy sessions. Both individuals of this couple expressed the same experience of willingness to engage in the thinking and emotional expression process that therapy often necessitates.

Openness. While it was more often the male partner of the couple system that expressed an experience of openness during musical inclusion, both individuals stated that at one point or another their willingness to open up about issues, and problems in their life was made easier by the music played before session. Important factors of therapy are often centered on creating a joined space, therapeutic alliance, and attending to deep, emotional issues within the clients. This sub-theme pointed to the couple’s ability to upheaval deep and emotional issues that usually require lengthy amounts of time with normal therapeutic ventures. Without the factor of musical inclusion, the depth and strength of issues and problems attended to in the therapy sessions might have taken a much greater amount of sessions to achieve, as well as possibly not have been as great or meaningful for the treatment model used by their therapist. This sub-theme also seemed to connect to levels of comfort and enjoyableness of their therapeutic process.

Awareness. Experience by both individuals around feeling more aware in their process and setting was found. The thought provoking nature of therapy was felt in a stronger sense than what might be more common for other participants in the Non-Music group due to what the participants described as being aware of what they felt, thought, and said. Even the awareness for reaching a desired state was known by each individual. This awareness seemed to lead to more focused choice making in their therapeutic process, and the readiness to engage in more detailed and deep therapeutic practices.

Connective. The experience of feeling connective to what was undergoing in the therapeutic process by both individuals of this couple system was communicated during the interview. An experience of understanding or connectedness between what the participants were feeling inside themselves and what was transpiring outside of their internal worlds became much more richly described. A presence and clarity to how the participants connected their inner emotional state to their cognitive awareness was described as more noticeable and experienced.

Positive Belief towards the Therapeutic Process

A major theme that ran throughout the process of this study was the positive belief about the therapeutic process by the participants in this study. Relief, joy, positive benefit, and retrospective gains were experienced by the participants of the Provide-Music group and described by the participants interviewed in this study. Overall, the aspect of enjoyment in therapy is a strong factor for therapeutic success, MFT or not. The process of examining psychological, social, and other systems in a client's life goes into the idea of therapy being completely about the client and their process. With the main focus to therapy as being the client and how they experience this process, it would seem

paramount that the client find a positive aspect or belief system in their experiences with therapy. This does not mean that major life changes must be reached or crises be fixed (other than danger to self and others), but the benefit of the client coming to a therapist should involve a positive result in that client's system. The experience of positive beliefs towards the therapeutic process sits neatly within that concept of this process being about the client and creating an effective and successful experience for that client. The sub-themes found in this section would echo that sentiment thoroughly.

Effective. The participant's experience of how effective the therapy was and especially how effective the music was created one of the first indicators towards a positive belief in their therapeutic process. Direct comments and recollections of the experience for effective treatment and effective processing in their journey through therapy were found in the data. Perspectives about the therapist's effectiveness and an overall experience of therapy increased for the participants when listening to music before sessions. Additional effectiveness was associated with the comfort and enjoyableness of their sessions.

Enjoyable. A common and repeated experience for both individuals of the couple system was enjoyment and the enjoyable nature of therapy. Music played a dynamic role for the enjoyable feelings and perception that both partners expressed during the interview. Almost every factor, therapist, setting of therapy, and type of issues addressed in therapy, was felt to be more enjoyable to the participants while musical inclusion was present.

Thoughtful. The participants experienced a thoughtful and focused aspect to their actions and behaviors within the therapeutic process after adding music to the treatment

process. How thoughtful each individual in the couple system was to one another was increased and experienced as a result of musical inclusion.

Collaborative. Both individuals found the therapeutic process to be very collaborative, which was expressed as an increase to the positive belief towards this very process. While this sub-theme appeared to be more linked with therapist style of interaction and therapy modality, both individuals of couple system stated that their experience of therapy with music was very collaborative compared to previously experienced models. All of this perception still increased a positive belief in the therapeutic process regardless of where it actually came from.

CHAPTER 5

DISCUSSION

Two important factors occurred during testing, which were also evidenced by emerging themes within the transcripts of the participants interviewed: Stabilization and Process readiness. While both factors represent initial indications to what data could be a part of the whole phenomenological experience of this study, the importance of these factors creates dialogue, between clinicians, much richer than before an investigation into the effects of client selected music on the therapy process had been conducted. A definition created from this experience of each term and subsequent discussion around how it might influence the practice of MFT, MT, and psychotherapy en general were found through the process of theme generation and axial coding.

Stabilization

Stabilization was defined as a clearing of mental fatigue and emotional build up that occurs in between sessions of MFT sessions. This theme of stabilization within the therapeutic process created a possibility of influencing this certainty of change within clients between sessions. The participants stated that the musical inclusion allowed them to stabilize themselves before session and enter into their therapeutic hours as much more cognitively productive and emotionally sound. Suzanne, female partner of the couple, stated “I was able to get my thoughts in order before going in and I felt much more calm than I did before we ever thought of using it.” With the added benefit of removing cognitive stressors and emotional weights that may have burdened the clients, musical inclusion could have created a stabilization factor that freed up the clients to do greater

work. This stabilization of client's cognitive abilities and emotional states could also provide a greater possibility of furthering client's progress towards a new, and improved, homeostasis set point.

Improved functioning is a common denominator for any therapist, especially, marriage and family therapists. These functions range greatly between presenting problems by clients across the country and into other countries over seas. A few important examples are maintaining a clear and rational emotional state when presented with trigger based or historically continued behaviors by others, often by those involved in that client's system. This results in anger, rage, and regretful actions for those that describe anger management issues and physically aggressive behaviors as their primary issue outside of therapy sessions. Clinically focused concern about improving functions extends to less visible and important functions for family systems, such as intimacy felt with another member of their system, communication between those family members, and sometimes, emotional safety for comfort and support in the family system. These functions, clinical or not, create opportunity for clients to reach greater points in their lives, reestablish homeostasis in their families, and achieve closeness that provides them the support necessary to challenge the often difficult world everyone lives in.

Alternate importance to stabilizing a client's cognitive and emotional states before session is to further structure, which in an established and consistent way can be an almost unstructurable practice. As Whitaker put it in his work and research, the therapist must win the battle for structure and the client must win the battle for initiative (Nicholas, 2010). Therapy is a rather unique process for everyone, which ultimately results in enormous ranges of diversity in clientele, therapists, and treatment centers; however, the

process always comes back to the same idea: what will help the client the most? This opens up the idea of multiple philosophies within MFT, as well as other psychotherapy fields, but with the idea in mind of Whitaker's battle for structure being won by the therapist, structure is everything. Clients will not come to every therapist looking, thinking or feeling the same, which would suggest structuring sessions effectively every time very difficult for many therapists.

Music holds unique aspects that have been in place for centuries that have benefited its structure from formation of a classical masterpiece to the collaboration of an electronic track. Musical structure has many forms, Strophic, Binary, Medley, and Sonata to name a few (Wikipedia, 2014). Each form holds specific format to how the listener would receive the melody, harmony, and more during the duration of the musical selection. To be more specific, the Sonata form created during the 17th century and develop for a couple centuries after that rests upon a simple three part form: Exposition, Development, and Recapitulation (Wikipedia, 2014). These three sections of that form establish distinct progressions of the musical piece that in subtle and other times obvious, ways when and where the piece would be changing.

To examine further, the Exposition establishes the tone of the musical piece with melodies, the primary rhythms, and harmonic layering for the listener to hold on to for later in the piece. The Development changes the harmony and melodic structures of the piece to where there might be instability and newness to what the musical piece was doing before. Finally, the Recapitulation would return the harmonic and melodic structure to its original form, with possible small twists to entice the listener, ending on a dominant structure for psychological and physical satisfaction of the listener. These three

sections of the Sonata form in musical composition, mirror a common therapeutic structure already utilized by many Marriage and Family Therapists.

MFT holds a presumed understanding that clients coming into treatment with their therapist hold a rational and stable emotional ability that helps those them carry out daily routines, tasks, and systemic functions essential for therapeutic success. However, the client under goes cognitive, physical, and emotional instability while analyzing their inner selves with the therapist; the client then is eased out of their cognitive and emotional turmoil prior to the end of each session, thereby returning the client to a hopefully similar state of stability. To extend this thought of stabilization, using music to stabilize the client's mood and cognitive processing before session could allow for numerous ideas to arise: greater chance of change in the client's system, less chance of outside distractions gaining foot hold in session, and higher probability that a therapist will be able to focus treatment in session for the client. With many therapists and Marriage and Family Therapists using this structure is tenuous and uncertain, a more consistent and evidence based procedure of musical intervention prior to the start of sessions (and possibly post session as well) could maintain positive growth for clients seeking the services of a Marriage and Family Therapist or any other psychotherapist.

Allowing for greater structure of the session without having to add great amounts of cost or discomfort in a therapist could support more beginning therapists, as well as therapists seeking greater improvement in their clients. Musical inclusion, especially client selected, provided a form of this structuring without having to involve additional elements or techniques. Therapists were able to maintain typical format of treatment within their own therapeutic model. The musical inclusion also was seen to be benefited

by the underlying structure of the Sonata form and any other to offer a structure of sound and experience in the therapy process. The human mind is primed to make sense of anything between music to scrambled letters in a word puzzle (Fyfe, Williams, Mason, and Pickup, 2008). It could be theorized that using music, a common structure for the mind to make sense of, assisted in the mental structuring of sessions and overall treatment for clients participating in studies similar to this one.

Stabilization extends to a previously stated area of interest in this research study, the current percentage of divorce in the United States. The easy one liner that the general population knows about marriage is that in America, there is a one in two chance that a marriage will end in divorce. Some choose to see this as a chance to bet the odds and challenge the commonly held belief with their own marriage. Others may have a more pessimistic view of their marriage that might suggest a thought process around being another statistic and not having a very good chance in this day and age of commitment. Either line of thought by persons looking to get married, or is currently married, produces thoughts from this data all within itself. Thoughts begin to arise about being another one of the marriages within that percentage, good or bad, or that a marriage did not have much of a chance in the being so why feel bad that it had to travel that direction.

A fallacy within this belief system about marriage success and failure appears to arise out of a statistician's twelve year research journey to find out what the actual percentage of divorces are in the United States. Shaunti Feldhahn and Tally Whitehead state in their book, *The Good News about Marriage*, that the divorce rate has never gotten close to 50 percent; they actually suggest that the real divorce rate is 20 to 25 percent for first time marriages (28 percent before removing widowed spouses) and 30.8 percent for

all marriages, which includes first, second, and third marriages. These researchers assert that not only is the marriage percentages in the United States lower than the previously believed 50 percent, but it has falling since hitting an all-time high in the 1980s. Feldhahn finds the startling realization that the 50 percent divorce rate has never actually been found within the numerous amount of studies, articles, and news reports given to the public. This magic number of 50 percent was all based on projections and the best-made assumptions of successful researchers across the country (2014).

With this concept of having only about half of the previous 50 percent divorce rate in play, marriage and family therapists are actually operating in a different playing field than previously believed. Couples that are still in a committed relationship or married could have a much better chance at repairing the bond of commitment and intimacy that they once started than those that have been dissolution and separated in their physical, mental, and literal lives. Stabilization presents one of the greatest opportunities of enhancing practicality in the therapeutic process based off current treatment modalities and an ethical addition to that treatment process. Pending alternative knowledge about the effects of music (client selected or not) on the therapeutic process, clients experiencing stress and hurt within their committed relationships could benefit from musical inclusion into their treatment process similar to this study's implementation and possibly stabilize the outside stressors of their environments, while allowing for gains in relational satisfaction and a return to their desired homeostasis. The potential for stabilization to benefit treatment in MFT can be fairly assumed through initial signals from this study, but the implications for implementation in other modalities of

psychotherapy are currently limitless with the current absence of investigation into this enhancement of the therapy process.

Stabilization created gains for those that participated in this study to experience relational satisfaction, as well as, opening new lanes of thought about how music can be used to benefit the client in their complex process of healing physical, mental, and spiritual wounds. The combination of music and MFT proved to be beneficial for the multiple processes that clients undergo in treatment. Client selected music not only offered a chance to stabilize a client from the outside world and waging emotions, but a new concept deemed, Process Readiness.

Process Readiness

As it could be felt in many other facets of the human experience, the feeling of being ready to start or complete a task in life is a known experience by many people across the globe. Multiple researchers have examined this area of well within the psychological and occupational sectors, however, one of the most popular to discuss the idea of willingness to initiate a task and in a sense, change their thoughts, behaviors, or spiritual perspectives, was DiClemente and Prochaska (2005). DiClemente and Prochaska produced a model of change for other researchers and clinicians to follow and integrate into their own work. These stages being: Precontemplation, Contemplation, Determination, Action, Maintenance, and Termination (or Relapse in other literature).

With these innovators work in place, the idea of readiness to change was opened wide for others to fill the missing voids with corroborating research. Some of examples that echoed the ideas of this study were Vakola (2013) and Kruglanski, Chernikova, Rosenzweig, & Kopetz (2014). Both studies focused on the idea of change, readiness,

and the operational definitions of an often complex series of things that occur in everyone over the course of their lifetimes. Kruglanski et al. points to the psychological experience of motivational readiness defined “as a psychological experience of willingness to attain a given state of affairs” (2014). The researchers go further into the idea of motivational readiness with creating a cross vector of Wants and Expectancies that anyone creating readiness within themselves would utilize during their own processes. The Wants tie to the desire of attaining that given state resulting in positive and negative impacts within the person experiencing the desire. The other vector of this construct, Expectancy, held similar possibilities of positive and negative impact upon the person desire a given state.

The other researcher, Vakola, presents a more occupational sector focused construct of readiness and change within individuals and groups. Vakola’s definition of readiness comes from another significant researcher’s study on readiness, Armenakis and Fredenberger (1997, p. 144), and is stated as such:

“cognitive precursor to the behavior of either resistance to, or support for, a change effort. [Readiness is] a mindset that exists among employees during the implementation of organizational changes. It comprises beliefs, attitudes and intentions of change target members regarding the need for and capability of implementing organizational change.”

Vakola goes into further detail about how change and the readiness to do so exists within the individual psyche, meso-psyche of those around, and even within macro-psyches of people in a given area or environment. The researcher finds with further study that certain factors need to be in place before creating readiness to change on an individual or group level or even between the individual and group. Trust, Fostering

Favourable Group Norms, Individual Readiness Profiles, and Diagnosing and Assessing Readiness to Change were the four factors of Vakola's definition to create the possibility of readiness for change (2013). It should be duly noted that all four of those factors are consistent and established factors within the therapy process for Marriage and Family Therapists and multiple other fields of psychotherapy.

Both researchers, Kruglanski et al. and Vakola, share a common denominator when it comes to readiness to change; the idea of readiness involves a psychological or cognitive element of willingness within an individual to initiate and carry out actions (mental or physical) that might assist in attaining a certain state or desired result. Those ideas assist in the creation of the operational definition of Process Readiness: the cognitive and emotional awareness of an individual to be ready or willing to engage in period of conscious and/or unconscious change within their own selves or environments. The idea of process readiness generates the possibility of pin pointing a treatment element within the therapeutic process that clients engage in to achieve the treatment goals create between them and their therapists. The treatment element of Process Readiness allows for a highly specific addition to common treatment models within MFT and multiple other psychotherapy fields.

The readiness to change and initiate movement in therapy by clients can be a unique and difficult process. Previously, resistance to therapists interventions and techniques was seen as a sign that clients might not be ready to commit to certain levels of change or anything at all. However, a move away from resistance and a push towards language around clients' experience of certain processes within therapy have been occurring within the MFT field. This movement to greater experience of clients'

processes within therapy aligns with this theme of Process Readiness. The possibilities of increasing Process Readiness in clients are not fully determinable at the moment.

Process Readiness could provide significant usage of therapy session time. With a somewhat typical standard of 50 minutes, a quicker commencement of treatment relevant content could be possible for therapists of any skill level. Other possibilities might be a stronger trust in the therapist to attend to content of their lives, willingness of clients to bring up crucial information for assessment or goal completion, and even less full length of time in treatment due to greater depths of processing between therapist and client. Client willingness to work harder and go farther into important aspects of their lives is something any therapist could enjoy when the object of MFT work is to improve clients well being (relational or individual) and to increase positive change for the client. One participant, Joseph, stated, “ the music actually helped me to be able to open up sooner. Because instead of getting in and then at like 30 minutes to [say my real issue is my father], I can just start out with the main thing.” The change possible for clients, while unique to that client and therapist combination, appears limitless with musical integration into the therapeutic process.

Process Readiness creates a rare client selected entrance into what might be holding back clients from larger levels of change and possible continued change in the clients’ system. Musical integration makes possible things not capable in standardized or minimal formats of MFT. While Process Readiness is promoted by musical inclusion into the therapeutic process, the change in willingness to initiate pertinent topics of therapy by clients is originated from what the client already feels connected to. Music’s reach into any client’s world is under researched as is, but could prove to be a necessity future

research cannot deny. Change is waiting to happen for many clients, but it could be asked how many clients have been denied this change due to a musical absence in their therapeutic process.

Researcher Reflexive Process

Understanding the impact music has upon the researcher holds a predominant importance for what themes might have been noticed along with the perceived efficacy of this study. Musical experience through education and personal ventures creates a cognitive perception of how music might work within an individual's life; however, the awareness towards the participants being separate and complete selves of their own assisted in the theme generating process. Overall, the axial coding of themes and reduction of themes was harder than initially considered due to personal passion for music based effects and growth of the self within therapy.

The fellow investigator felt strong links to what actually themes emerged within the findings along with how the participants expressed their points of view on musical inclusion into the therapy process. Repeated check ups with the treating therapists through data collection seemed to reveal a direction of assistance that the music served to most participants. Findings on the musical inclusion created excitement within the researcher due to long held beliefs about how music affects the human experience when useful and chosen by the listening persons. Excitement grew within the researcher with data filtering in as various participants completed quantitative data. Finally, the researcher found positive direction in the themes about the quintessential experience of music on the therapeutic process, which ignited greater feelings of encouragement and elation.

With the various emotions pointing toward positive indications and supporting findings to a few of the initial hypotheses, a subjective self-check was felt by the researcher. The need to remain objective and fair about findings and the understanding of what the interview actually held was taken into mind for the researcher. This led to re-examining data and themes from the participants' interview. Anticipation for what might come out of the re-examining process was very strong for the researcher. Emotional reaction was a strong element to the process of experience the entire process of this study, creation of the testing methodology to the generation of themes within the interview. The passion for such an emotional process was entirely necessary, while respecting the newness of creation within the themes of uncharted research such as this study attempted to do.

Limitations and Future Considerations

Limitations to this research endeavor appeared rather obvious when judging sample size and participant response rate. Other apparent factors that might reduce positive or significant results were the unknown factors of involving music into clinical treatment, testing reliability due to lacking examples in the literature, and significant amounts of persons involved to create a flowing dialogue of data ranging from clinic receptionists to client population specific to the clinic used. Each one of those detractors to the study compounded a reduced sample size of interviews and initial couples for examining relational satisfaction during treatment. Length of time given to recruit and gather data from participants within the sampling pools that the CICFC had to offer was another limiting factor for both sample size and collection of interviews. Larger sample sizes and greater saturation of themes could illuminate a different experience for this

study or strengthened the researcher's theoretical beliefs; however, issues present in this study provided too many barriers to an effective and reportable findings section.

Less present limitations to this study was the range of musical selection within the current society. Musical genres are created on a continual basis that fit the needs of the listeners and the structuring of the artists. Formerly popular genres, such as classical and jazz, do not hold the same prominence for the society at large as they used to. This shift in musical preference alters the understanding of musical research and for what would be effective genres to use with anyone seeking services at a mental health clinic. While the literature often presented with classical music as its main genre of choice, the diversity of clientele within mental health clinics has expanded with musical genres expanding at the same rate, if not faster. Another area of concern was therapist development due to the numerous amount of therapists involved in the CICFC. Over 20 therapists at different points in their development as Marriage and Family Therapists were available to treat participants as they came into the clinic and consented to participation in this study. This opened up a fluctuation of therapist effectiveness and treatment modalities that could provide a reduction in positive themes and relational satisfaction gains for participants.

Therapeutic Implications

The potential generated from this study open up multiple avenues of treatment and usage for therapists in the MFT field and all other psychotherapy fields. Of the effects witnessed during this study, clients feeling a greater amount of readiness around the therapy process could be greatly influential. Decreasing treatment length for clients could be theorized depending on therapist ability and treatment approach. Increased

readiness could also allow for core therapeutic factors, such as alliances, treatment elements, and comfort, would be enhanced for all therapists instituting this method.

The therapeutic element of musical inclusion and music being used in a therapeutic sense could still be examined at a greater level to increase these effects. Therapy involves many elements ranging from informed consent to therapist dynamics and music reaches almost all of them. Changes to how waiting rooms are for clients, usage of autonomy within the waiting room, experiential interventions, and stabilizing client's emotional and cognitive states for continued growth are all waiting for discovery and development. The effects of each genre on its listeners could be dynamic for treatment. On top of utilizing a positive and effective genre choice for participants, the range of musical tracks, songs and pieces not using linguistic lyrics is highly numerous. Musical track selection provides endless combinations and possibilities for treatment within any individual seeking mental health services.

One of the most important implications to this study was the triggering effect upon participants when listening to musical selections. Considering diversity of experience and ranges of musical expression in the genres chosen, an infinite number of reactions could have occurred during musical inclusion. One partner of the interviewed participant reported feeling emotional reactions to the music that spurred sadness and reflection of darker emotional times in her life. With many other outcomes such as anger, depression, and chronic anxiety from the presence of music in the treatment process, the researcher realized that musical inclusion could have startling effects upon the participants.

Future Considerations

Future considerations to this study point toward what music might actually stabilize in relation to clients' emotions between and before therapy sessions. With greater sample sizes, the full effect of client-selected music on the therapeutic process could be determined. Significance of process readiness in clients could be understood with greater saturation of themes from more interviews and in depth analysis of client experience. Other considerations around structure and stability of the therapy process might be better examined with correlational work towards mindfulness practices. Truly significant findings around the music creating a stabilized environment and increased client readiness to start the process of therapy would be better determined from seeing if other forms of mental stabilization such as Eye Movement Desensitization and Reprocessing (EMDR) or Mindfulness techniques for a rapid thought processes. With the absence of other research studies on this type of intervention on the therapeutic process, an increase in research and testable ideas has to be generated.

The field of neuroscience is becoming readily accessible to researchers increasing the possibilities for understanding the effects of music on the brain. Previous research attended to in the literature review pointed to important changes in the brain, neurochemically based and physical size based increases (Habib & Besson, 2009; Li et al., 2010). The changes in the brain affected by musical influence are only being scratched at this point. The potential for music to affect the human psyche, emotional state, and in many cases, human spirit is becoming better understood, yet neuroimaging is uncertain and uncharted. A burst into this sector of research could be even more illuminating for clinicians and MFTs everywhere when assisting clients.

The positive indications of this study promote a possible change in structuring for all levels of therapists, MFT or not. The musical inclusion that as eluded less musically trained therapists could now possibly bridge MFT and music used in a therapeutic manner with a usable, and effective method of music for all ranges of client presentation. This study has provided a stepping stone to the next combination of client selected music that will open doors for clients of all experience.

APPENDIX

Demographic Questionnaire

1. Identified Gender
 - a. Male
 - b. Female
 - c. Male/ Female, Female/ Male
 - d. Other, if so please specify what: _____

2. Age: _____

3. Ethnicity
 - a. African American/ Black
 - b. Hispanic/ Latino
 - c. Asian/ Pacific Islander
 - d. Caucasian/ White
 - e. Mixed
 - f. Other, if so please specify what: _____

4. Sexual Orientation
 - a. Gay/ Lesbian
 - b. Straight
 - c. Bisexual
 - d. Gender Queer
 - e. Other, if so please specify what: _____

5. Relationship status
 - a. Single
 - b. In a Relationship
 - c. Married or in a Domestic Partnership
 - d. Divorced/ Separated
 - e. Other, if so please specify what: _____

6. Highest level of Education
 - a. Education experienced, but no High School Diploma/ GED
 - b. High school Diploma/ GED
 - c. Some College Experience
 - d. Associates Degree or Bachelors Degree
 - e. Masters or Doctorate Degree

7. Employment (currently)
 - a. Employed Full Time
 - b. Employed Part Time

- c. Unemployed/ Looking for Work
- d. Student
- e. Stay at Home Parent/ Guardian
- f. Other, if so please specify what: _____

8. How often do you listen to music while doing other things?

- a. Never
- b. Occasionally
- c. Sometimes
- d. Most of the time
- e. All of the time

9. Housing

- a. Own a home (stationary or mobile)
- b. Rent a home or apartment
- c. Staying with family/ friends
- d. Homeless
- e. Other, if so please specify what: _____

10. Preferred Music Genre/ Type

- a. Classical
- b. Rock (Classic, Alternative or Metal)
- c. Jazz
- d. Hip Hop (Includes R&B, Rap and Soul)
- e. Pop
- f. Electronic (Includes Dance, Techno and Electronica)
- g. Ethnic/ Cultural
- h. Other, if so please specify what: _____

Selection of Questions in Semi-Structured Interview

1. How would you describe the therapy process at the CICFC?
2. What were some of the things you enjoyed the most about your time at the CICFC?
3. How did the music make you feel before sessions? After sessions?
 - a. if it was helpful, how so? if not, how so?
4. How would you describe the role music played in the process of therapy?
5. Has listening to music before session influenced any other areas of your life to either include or avoid music in? (Please describe why as well)
6. What did you notice about your self when using the music before sessions? (feelings, sensations, moods, etc.)
7. Did you have a favorite piece of music before session? What was the reason for choosing that piece of music over others?
8. In one sentence, what would your experience of this entire music/ therapy process be?
9. What was your experience of choosing or selecting from a pre-made list of musical tracks, if any effect was felt?

Track Selection List

- Track 1) Weightless (2012). Marconi Union. From the album: The Ambient Zone
Just Music Cafe Vol 4.
- Track 2) Electra (2009). Airstream. From the album: Space Fly, Vol. 1 - A Magic
Chill Trip (Presented By Frank Borell).
- Track 3) Clair de Lune (1890). Claude Debussy From the piano suite: *Suite
bergamasque*.
- Track 4) Summertime (2007). Duke Jordan. From the album: Most Relaxing Jazz
Piano In the Universe
- Track 5) Canon In D for Orchestra (The Original) [2009]. Walter Rinaldi. From the
album: 9+1 Ways of Pachelbel's Canon In D

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VITA

KEVIN SMITH

Education

M.S. in Marriage and Family Therapy expected December 2014: University of Nevada at Las Vegas (UNLV): 2012-Present

B.A. in Psychology and Music, December 2011, Texas State University, San Marcos, TX: 2007-2011

Work History

Renewing Life Center: 2014 Student Intern Therapist

Coordinate client sessions; provide therapy for clients; write and maintain progress notes; pursue greater levels of education and training in the field of Marriage and Family Therapy.

West Care Foundation: 2014 Student Intern Therapist

Schedule client sessions; provide therapy for clients; write and maintain progress notes; gain greater training in the area of substance abuse and addictions.

Greenspun College of Urban Affairs Academic Advising Center: 2012-2014 Student Academic Adviser

Assist and inform students about courses that will progress towards the completion of a bachelor's degree. Help perform front desk operations and organizational needs of the office. Sign petitions, forms and letters of reference for students needing specific help.

Research Experience

Fellow Investigator

University of Nevada, Las Vegas

January 2013-Present

Thesis: Client Selected Music Based Effects on Marital and Couples Therapy. This study was aimed investigating the effects of music on the therapeutic process for clients in Marital and Couples Therapy. Experiential effects of music are greatly misunderstood and a phenomenological examination was used to create a beginning understanding.

Thesis Examination Committee:

Chairperson, Katherine Hertlein, Ph.D.

Committee Member, Gerald Weeks, Ph.D.

Committee Member, Colleen Peterson, Ph.D.

Graduate Faculty Representative, Susan Mueller, M.Ed.

Presentations and Posters

Mendez, R. & Smith, K. (May 2012). Music, Emotions, and Trait Attributions in a Creative Writing Task. Poster presented at the annual convention of the association for psychological sciences, Chicago, IL.

Professional Memberships

American Association of Marriage and Family Therapists

Delta Kappa Zeta

Psi Chi Psychology Honor Society