

**The Tavistock and Portman Foundation
and
the University of East London**

**An exploratory study of the processes of
Supportive Music and Imagery therapy
conducted in South Korea**

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ABSTRACT

This thesis is a qualitative study of Supportive Music and Imagery (SMI) cases that I supervised in South Korea between 2007 and 2011 with the aim of exploring the SMI process and the impact of supervision on it. SMI is a brief music psychotherapy with a prescriptive structure that works with a client's supportive resources (the supportive imagery) and uses one simple recorded piece of music, arts and verbal dialogue.

The investigation applies grounded theory to analyse data, i.e. session verbatim, reports, expressive media, supervision content etc. and uses case studies to present the findings. There are two sets of cases analysed. The first consists of cases conducted by SMI trainees, the second of cases conducted by SMI graduates, both supervised by me. Through a matrix of eight grounded theory categories and the interactions between the categories: *supportive imagery*, *difficulty*, *intervention*, *relationship*, *expressive media*, *affect*, *learning*, *change*, an interaction model of the SMI process has been generated.

The study finds that the process of SMI is an ego enhancing process by internalizing the client's good object (*supportive imagery*) through *expressive media*. In SMI, the whole process of focusing and enhancing the experience of the *supportive imagery* can be understood as a reparative process of 'symbol formation' of the good part of the self. Overall *changes* were brought about by the way the *supportive imagery* was facilitated by use of *expressive media* and *intervention*; by how *difficulties* were taken care of, i.e. resistance was addressed and anxieties were contained; how *affect* was promoted and nurtured; how much insight the client gained and how much *learning* the therapist integrated and by the level of therapeutic/supervisory alliance (*relationship*). Learning from supervision and clinical skills as well as understanding the countertransference through reflexivity has a considerable impact on the SMI therapy process. Cultural differences need to be taken into account; here therapeutic relationships resembled hierarchical Korean parent-child relationships.

SMI is a new method and, to date, no research on SMI has been published. This thesis contributes a critically evaluative analysis of SMI, with special attention to the role of the supervisor, and identifies directions for future research, including a potentially wider applicability of brief SMI therapy. The thesis concludes that SMI justifies further research and development.

DECLARATION

This work has not previously been submitted for any degree and is not being concurrently submitted in candidature for any degree. This thesis is the result of my own research and other sources are explicitly acknowledged.



Signature.....

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INTRODUCTION

Supportive Music and Imagery (SMI) is a brief music psychotherapy that works with a clients' resources (the supportive imagery) in order to enhance their sense of wellbeing. SMI was introduced as an entry training level of Guided Music and Imagery (GIM) therapy and its formal training was started in Seoul in 2006 by Lisa Summer who developed the method.

I came to learn about the SMI method when I was invited to assist Lisa Summer in GIM training in 2005 and, after several years of supervising SMI since 2007, I became very impressed by the changes made by the clients in the six session training model. I became very curious how such an apparently simple method could have a positive impact on the clients and this motivated me to embark on a PhD study to explore the SMI method further.

Parameters of SMI for this study

This thesis is a qualitative study of the six session training model of Supportive Music and Imagery (SMI) using cases conducted in South Korea that I supervised between 2007 and 2011. It explores the SMI process as a brief therapy and the impact of supervision on the SMI therapy. The study is based on two groups of cases conducted by trainee therapists (the first group) and by graduate therapists (the second group) who had one to two years of experience practicing SMI respectively.

The clients in this study were all South Korean female adults without any severe psychiatric illness. For the purpose of training, the clients in the trainee group (the first group) were selected from relatively well adjusted adults who did not have serious problems. The clients of the graduate therapists had more challenging and difficult personal problems compared to the clients of the trainee therapists. As the therapists in the study were among the pioneering SMI therapists in Korea as well as worldwide (Summer, 2015, p. 342), the pool of therapist participants was extremely limited. As I was the only Korean supervisor available for the SMI method, the dual relationship of supervisor and researcher could not be avoided and needed to be treated with extra care.

SMI was developed by Lisa Summer as a result of her continuous adaptations of the Bonny Method of Guided Imagery and Music (The Bonny Method GIM) since 1979 (Summer, 1981). SMI therapy focuses on the positive experience of a supportive resource (supportive imagery) of the client in the here-and-now and uses one piece of simple recorded music and expressive arts. (Summer, 2002, 2005, 2006, 2007, 2008a, 2011a, 2015). SMI has a prescriptive structure and combines dialogue, music and arts.

SMI therapy in this study is a six session training model. The sessions were conducted every three to four weeks on average because of extra time needed for supervision, for written feedback on the report and for on-site supervision. The SMI session starts with a verbal section in which the therapist briefly checks with the client on her current life and guides the client to find and choose a supportive resource. The client then chooses a piece of simple music that matches the feeling of the chosen imagery. After a brief relaxation induction, the client draws (or uses expressive arts to represent) the experience of the chosen supportive imagery while listening to the music being played repeatedly (music and imagery section). After that, the client verbally shares her experience of the music and imagery section and connects the experience to her life.

Background leading to the study

In January 2005, Lisa Summer and Fran Goldberg were invited to teach GIM by the Music Therapy Graduate Programme at Ewha Woman's University in conjunction with the HiFamily Clinic. The training began under the auspices of Goldberg's Therapeutic Arts Institute, and continued under Summer's Anna Maria College Institute for Music and Consciousness in 2006.

Summer invited me to assist her and Goldberg in the entry-level GIM seminars in 2005. It was very stimulating to learn from Goldberg and Summer's flexible, student-oriented teaching style. Even though the formal SMI training started in 2006, by July 2005, Summer had started implementing the SMI method in Seoul, replacing the first level of traditional GIM training with Music and Imagery (MI) training. This was my first introduction to the bold changes that Summer had made to the conventional GIM training in order to teach the MI method and I felt the changes were sensible for training entry level students of GIM. I agreed with Summer's concept of giving entry level trainees a simplified adaptation of GIM instead of teaching the Bonny Method

since the latter required advanced clinical skills and theoretical knowledge. In addition, I already understood that MI could be applied to a wider clientele.

The SMI method's basic frame is similar to the GIM method. Even though the method was new, I could relate to the method from my previous clinical experience as a music therapist working with psychodynamic approaches and as a GIM therapist using the format of pre-recorded music and imagery. I learned the specific aspects of the SMI method from assisting Summer closely during her seminar teaching and her supervisions and from applying the SMI method in my private practice. I had received supervision in the SMI method from Summer since 2005 for my clinical practice and then, in 2007, I began to supervise SMI regularly for a few years.

The trainees were professional music therapists, but personally and professionally inexperienced in psychotherapy and unused to working with adults without psychiatric illnesses. Compared to the in-depth Bonny method GIM, I felt at the time that SMI was only a simple, "shallow" method and I did not see its merits other than as an entry training method. Surprisingly, despite the inexperience of the therapists in the method, they were able to conduct the sessions competently and the clients made meaningful therapeutic gains. I was puzzled and wondered how such a simple method could be effective within such a short time and with trainee SMI therapists. This challenged my prejudiced attitude towards SMI and initiated my research to better understand the SMI method.

Soon after I started to supervise the SMI method in 2007, I began to acknowledge the educational and clinical value of the SMI method. Compared to the in-depth GIM method, which would be too demanding for beginning therapists, it was relatively easy for them to acquire the skills for SMI and apply SMI effectively. Compared to GIM which is limited to clients who can tolerate the intensity of the method, SMI can be applied to a much wider clientele with various problems.

What motivated me to research SMI?

I recognized a great potential for SMI, which could be widely applied in the music therapy/ GIM field. For such a new paradigm to be accepted and respected in the field, I realized that SMI needed to be researched systematically and scholastically on an

academic level. For me to prepare to teach SMI at university, I thought I needed a PhD degree.

There is a great need for research and published literature on the SMI method. I wanted to carry out research to meet this demand. I hoped my study would be an important input into the SMI training as well as to the music therapy field in general. I hoped my research in SMI would consolidate the method and contribute to the field of music therapy and the GIM community. In addition, SMI could meet the current demands for brief therapy.

My involvement in the SMI training program in Korea allowed me to gather data about the practice of SMI in two groups. I hoped that analysing these data could enable me to answer some of the questions I had about SMI, its practice, efficacy and theoretical basis and thereby strengthen its practice and foundations.

Despite there being a coherent rationale for SMI there are unknowns and conflicts/tensions, which it would be important for future practice to assess. Among these are the relationship between music and psychotherapy, questions around short-term structured work and a developmental approach on the one hand and psychotherapy on the other. What is the role of the therapist's emotions? What is the role of music and imagery versus dialogue? How do therapists use these elements? What is the role of the supervision?

Therefore, by undertaking well-conducted research at this stage in SMI's development, I can help to assess the strengths and limitations of this approach and its applications. I therefore developed the following research questions:

Research questions

I have identified one main research question and five subsidiary questions. The main overarching research question explores the SMI process. This exploratory study aims to identify key components of the therapy and their characteristics. The overall question recognises the specific setting for the study, i.e. in South Korea.

The subsidiary questions all relate to the specific aim of exploring the SMI therapeutic processes, namely: comparing differences in therapeutic processes between clients and

the problems/difficulties they present and work with in their therapy; how the different aspects of SMI therapy impact on the clients suggesting how therapeutic change occurs; the role of supervision as impacting on the therapeutic processes and the development of the therapists; the development of grounded theorisations of the model to articulate how therapeutic change takes place.

The main research question is:

What are the processes of SMI for clients and their therapists undertaking SMI in Korea and how can these be characterised?

The subsidiary questions are:

- i. What differences can be identified and characterised between processes of SMI for different clients, including differences between clients with more and less severe problems?
- ii. What appears to be the impact of short-term SMI and how does this appear to differ between different clients?
- iii. How do processes of clinical supervision impact on the SMI therapy?
- iv. How do therapists in supervision experience the process of undertaking SMI therapy and how do they experience learning through supervision?
- v. In what ways can the processes of SMI be theorised through an analysis of the interaction between therapist and client and the identification of changes made in the sessions?

Organisation of the study

To answer the above research questions, the study is organized into four principal parts:

1. Chapter one lays out the background of the study: music and therapy; SMI; literature review; Korea and my relationship with Korea; summary.
2. Chapter two focuses on methodology, it explains the philosophical background of the study, approaches and procedures undertaken and the grounded theory data analysis.
3. Chapters three-eight contain the case studies. The first group of three case studies (Ch.3-5) are from the SMI trainee group and the second group of three cases (Ch. 6-8) are from the SMI graduate group. These are rich and detailed accounts of the SMI cases and their supervision.

4. The final chapter discusses the findings of the study, recognises its limitations, strengths and implications and makes recommendations for further research.

Special note:

*Korean translation: the quotations from the sessions and written reports by the supervisees are translated from Korean. I have tried to preserve the spirit of the language.

*All the participants in this study happened to be female. Thus I will use "she" instead of "he" throughout this thesis.

*Use of tense: The case study description and my reflective notes as a supervisor are written in the past tense. My reflective thoughts and notes as a researcher in the later parts of the case studies are written in the present tense.

*In verbatim notes --- refers to silence, ... refers to an omission.

*Categories: Categories from the grounded theory analysis are in *italics*. A footnote will be inserted where this usage occurs for the first time.

CHAPTER 1: BACKGROUND TO THE STUDY

In this chapter I will explore the role of music therapy and psychotherapy in relation to SMI, how and why music therapy works and is important, and how it relates to other forms of psychotherapy. I will then discuss the development of SMI up until the start of this research, focussing on the method as described by Summer (Summer, 2007, 2008a) and I will provide a literature review and the cultural context of the study in Korea.

1.1 Music and therapy

1.1.1 Music

Like the use of words, the use of music is one of the most natural and innate abilities and needs for the human race. Here, I use “music” not only as an artistic, aesthetic entity but as an organized pattern of sound (or silence) that is meaningful to an individual.

Our being, our existence, our simplest activities are filled with musical elements. Our breathing and heartbeat have pulse and tempo. Our voice has a variety of pitches and tones. Our speech has certain melodic contours and rhythms and its phrases are coloured with patterns. When we move, there is rhythm and dynamism. When we are silent, there is a silent pulse and interplay between calmness and intensity. These musical elements make us musical beings. In music therapy, a person is understood as a musical being; as an expression of ourselves, music resonates in us and moves us deeply. In music therapy, this power of music over us is facilitated and is used as a tool to heal us.

The power of music over human beings has been acknowledged throughout history. The ancient Greek philosophers Plato and Aristotle examined the effects of music, such as the Dorian and Phrygian musical modes, on the human mind (Storr, 1992, p. 41; Grocke and Wigram, 2007, p. 13; Wigram, Pedersen & Bonde, 2002, p. 27). Pythagoras theorised on the relationship of musical intervals and human consciousness (Wigram, Pedersen & Bonde, 2002, p. 21). Propriety and music were important virtues in Confucius' teaching. Confucius thought that one “completes” oneself with music (Steben, 2010), that music “harmonizes the world” (Yun, no date, p. 2) and effects

“people being affectionate towards each other” (p. 3). As a folk remedy, music and dance were used in shamanistic healing rituals found in various countries (Rhi, 2012, p. 281).

1.1.2 Music therapy

The World Federation of Music Therapy (2011) defines music therapy as follows:

“Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts.”

Bruscia (1998a, p. 29) distinguishes between four different types of musical experiences: improvising, recreating, composing and listening. The first three use music actively whereas listening is receptive.

For the receptive use of music in music therapy, “the client listens to music [live or recorded] and responds to the experience silently, verbally or in another modality.” (Bruscia, 1998a, p. 120). Frohne-Hagemann (2007, p. 16) writes that “receptive music therapy demands a culture of listening ... Listening is the process of becoming active, consciously perceiving and consciously experiencing”. Among the many variations of the receptive method that Bruscia (1998a, p. 124-125) lists, “Projective Listening” and “Imaginal Listening” most closely relate to the Bonny Method of GIM and SMI.

Bruscia (1998a, p. 124) lists a variety of techniques in “Projective Listening”: while the client listens to music, the client “speaks or writes whatever comes to mind” [“Free Association”]; “makes up a story” [“Projective Storytelling”]; “acts out what s/he hears in music” [“Music Dramatization”]; “selects and listens to favorite or preferred songs, or song with which s/he has a strong identification or connection” [“Song Choice”]; “extemporizes expressive movement” [“Projective Movement”]; “draws” [“Projective Drawing”]. SMI uses most of the above techniques.

Bruscia (1998a, p. 125) explains that the “Imaginal Listening” method is “listening to evoke and support imaginal processes or inner experiences, while in a nonordinary state of consciousness”. The Bonny Method of GIM uses Imaginal Listening techniques.

1.1.3 Influence of music on people

Whether it be pleasant or unpleasant, whether it be mild or strong, music moves us. Great music evokes powerful emotional and psychological responses in us. Its effect is sometimes spiritual and sometimes physical. There is considerable research on the various effects of music.

There is research on the influence of music on emotional and psychological states. Some studies have found that music and/or music therapy reduces anxiety in patients “undergoing cardiac catheterization” (Ghetti, 2013, p. 93), and in “organ transplant recipients” (Madson and Silverman, 2010, p. 220). Music listening intervention on premature infants had a “significant reduction in the frequency and duration of episodes of inconsolable crying ... as well as improved physiological measures” (Keith, Russell and Weaver, 2009, p. 191).

There are studies on music and social skills and behaviour. One study showed that music therapy improved “emotional communication” and “interaction between the parents and children ... for families at risk and families with emotionally neglected children.” (Jacobson, McKinney & Holck, 2014, p. 310). Background music was effective in improving the emotional understanding of children with autism (Katagiri, 2009, p. 15). It also generated “a significant increase in positive social behaviors and a significant decrease in negative behaviours related to agitation ... in elderly patients with dementia.” (Ziv et al., 2007, p. 329). GIM treatment for psychiatric patients has shown to produce “a significant decrease in interpersonal problems” and a “significant increase in the experience of life as more meaningful and manageable.” (Wrangsjö, 1995, p. 79-92)

There is research that connects music to our body and its physical responses. Music significantly improved the “measures of anxiety, fear, fatigue, relation, and diastolic blood pressure” in patients undergoing chemotherapy treatment (Ferrer, 2007, p. 242). Rhythmic Auditory Stimulation (RAS) can influence gait performance in children with spastic cerebral palsy (Kwak, 2007, p. 198). Singing may be used for the emotional

expression of clients with a degenerative illness as well as to monitor the process of their physical disease (Magee and Davidson, 2004a, p. 65).

Studies on the use of familiar and preferred music appear to show that music influences us on various levels. While listening to their preferred music, participants tolerated a painful stimulus significantly longer and reported feeling significantly more in control (Mitchell and MacDonald, 2006, p. 295). In another study, participants showed “significant improvement in both state-mood and cognitive performance scores” (Lesiuk, 2010, p. 137). “Desired [neural] activation patterns” implicated in emotional regulation occurred when listening to preferred and familiar music, singing and music improvisation whereas “undesired activation patterns arose when introducing complexity, dissonance and unexpected musical events.” (Moore, 2013, p. 198). Songs from the past, especially related to social and national identity, elicited memories and encouraged conversation for people with Alzheimer's disease (Dassa & Amir, 2014, p. 131).

The psychology of music tries to explain the effects of music. Thaut (2005, p. 91-92) writes of three arousal/affect-inducing attributes of music: psychophysical, collative and ecological properties. “Loudness, timbre, rate of change and tempo of music” are related to “psychological experiences of activation, energy and excitement” (psychophysical). “Melody, harmony, rhythm, and musical form” are “usually associated with experiences called novelty, surprise, clarity, comprehension or ambiguity” (collative). “Ecological properties [are] related to learned extramusical associations with the musical work, (e.g. memories, image, designed moods, and connotative associations).” (p.91). He further explains that the listener's pre-existing conditions influence his response to music. Among the extra-musical variables are the listener's familiarity, taste and preference in music perception (Davis & Thaut, 1989), the listener's existing arousal needs such as existing moods and energy levels (Berlyne, 1971) and a listener's belief system and her anticipation (Meyer, 1956; Seashore, 1941; Kretler and Kretler, 1972).

1.1.4 SMI as music psychotherapy

Bruscia (1998a) writes about the challenges of defining music therapy because of its “transdisciplinary” nature, the principal disciplines being music and therapy (p.6), thus “music therapy is at once an art, a science, and an interpersonal process. ... Being both

art and science practiced within an interpersonal context requires the integration of many seemingly contradictory elements.” (p.10).

Because of its diverse nature, music therapy is applied to very wide populations with diverse clinical approaches. Music psychotherapy is part of this vast landscape of music therapy practice.

Bruscia (1998b, p. 2-4) defines music psychotherapy as “the use of music experiences to facilitate the interpersonal process of therapist and client as well as the therapeutic change process itself.” In SMI, this interactive process also occurs between the client on one side and music, supportive imagery and projected arts on the other. Bruscia categorizes music psychotherapy by the function of music in the therapy process: music as psychotherapy, music-centred psychotherapy, music in psychotherapy and verbal psychotherapy with music. The first three of these are categorized as “experiential therapies” and the first two as “transformative” music psychotherapies in contrast to the last two, which are classified as “insight” therapies.

According to Bruscia's (1998b, p.2-3) definition, GIM and the SMI method are music psychotherapies and fall into the category of “music-centred psychotherapy” as the therapy process works through creating or listening to music and “verbal discourse is used to guide, interpret, or enhance the music experience and its relevance to the client and therapeutic process” (p.2-3). GIM and SMI are experiential therapies as they use experiences (music, imagery and visual arts) as a therapeutic medium to help the client achieve his or her goals. They both fall into the category of “transformative” music psychotherapy as it is the “music experience itself that leads to change” (p.3).

1.1.5 SMI and psychotherapy, development psychology, psychoanalysis

Molnos (1995, p. 39-40) declares that “'psychodynamic' ... is based on the conceptual frame of reference established by Freud ... [It] means that psychic phenomena are the result of a combination of different forces ... They exert pressure on each other, creating intrapsychic or internal conflict.”

SMI, by its design, is not a psychodynamic psychotherapy as it does not directly work with intrapsychic or internal conflicts, nor with transference and countertransference issues. As described above, in SMI, the change / transformation is expected to occur through the experience of therapeutic agents: the therapist, music, imagery and visual

arts. Use of these therapeutic agents and the dynamic between them in SMI carries some similarities to the intricate interactions in psychodynamic therapy.

When Summer developed SMI, she was influenced by the ideas of theoreticians in the psychoanalytic tradition, especially in the area of how a child is nurtured and protected in the early stage of its life (see 1.2.2. Development of SMI by Lisa Summer). Thus I will briefly examine the theories of child development and of psychodynamic/analytic therapies and their relation to music therapy and SMI.

Noy (1966, 1967a, 1967b, 1967c) examines the literature on the psychodynamic meaning of music. He writes that music penetrates and influences us emotionally, spiritually and physically but we often cannot explain what it is about music that moves us. It feels irrational, instinctive, primitive and regressive. Because of these qualities of music, many psychoanalysts in the first half of the 20th century tried to connect music to libido theory (Noy, 1966). Freud (1927, p. 65) considered artistic expression as sublimation of “erotic libido into ego libido” and Klein (1936, p. 153) (cited in Noy, 1966, p. 131) viewed this sublimation as “the attempts to save the loved object, to repair and restore it.” There are others who view musical activity as a rational, intellectual phenomenon. Ego-psychologists credit the function of ego in artistic activity (Noy, 1967c, p. 84).

Referring to the Freudian term “participation of the ego (par. 3)”, Kohut and Levarie (1950) explain that listening to music is not a mere passive activity but involves an active ego participating and mastering the early fearful experience of unorganized sound. By repeating this traumatic experience with a playful “musical ego” (Kohut, 1957, p. 392), the experience can be turned to enjoyment. Kohut (1957, p. 392) explains that:

“the adult musical ego is ... distinguished from the infantile psyche by being capable of understanding orderliness of form and content in musical sounds. The adult ego can cope ... by perceiving that the composition has a beginning and an end and that music is made up of an organized system of tones and has a recognizable rhythm. Repetition of passages that have already occurred, the familiarity of form and style of compositions, and the use of familiar instruments aid the ego in its task of mastery. With this

background of security the musical ego can now playfully repeat the original traumatic threat and enjoy it.”

Nass (1971, p. 306) shares this view of the ego as a means of adapting to and mastering the outside world.

Ruud (1978, p. 27) connects psychoanalysis and music therapy. He theorizes that music provides a means of sublimation and a way of resolving disabling conflicts through catharsis, that it can strengthen the ego structure and that it leads to increased insight by bypassing the ego and “reaching directly into the unconscious mind”.

Many theories in child development connect the development of an infant to its relationship with its primary care giver (its object). The supportive and protective approach of SMI is astonishingly similar to a mother's relationship to her infant in its very early development.

Stern (1985) analyses the intersubjective exchange of affect between mother and infant. This leads him to introduce the idea of affect attunement, in which the mother's behaviour matches the infant's behaviour in a different modality that, nevertheless, reflects the infant's affect. “What is being matched is not the other person's behaviour *per se*, but rather some aspect of the behaviour that reflects the person's feeling state.” (p.142) The music therapist, in a similar way, needs to play music that matches the client's affect or inner state, i.e. to achieve affect attunement through music, be it in an improvisational setting or by playing a set piece (Summer, 1994).

Trevarthen and Mallock (2000) argue that the intuitive and sympathetic nonverbal communication between infant and mother is essential for the healthy development of the infant. They call the strong “bodily and vocal expression” between the infant and the mother, “Communicative Musicality (CM)” (Malloch, 1999; Stevens et al., 2000). CM is a way for “the infant's and the parent's desire to 'attune' with each other (Stern et al., 1985). ... to form vocal narratives of shared emotion and experience” (Trevarthen and Mallock, 2000, p. 6). Trevarthen and Mallock (2000, p. 11) connect “parent-infant musicality” and “sympathy generated in music therapy” and they consider that “music ... offers a direct way of engaging the human need to be sympathised with.” More generally, Winnicott (1960, p. 48-49) writes about the importance of holding. The mother creates a reliable “holding” environment for her infant by being empathetic,

providing constant and devoted care, being attentive to changes and protecting her infant from “physiological insults”.

Using Bion's (1962, 1970) model of the container-contained relationship, Briggs (1992) suggests three types of contained experiences by the infant: “flat containment”, “where she [the mother] holds herself unavailable for the projections and communications of the infant”; (p.3); “convex containment” which has an “anti-containing element”: “something is put intrusively into the infant” (p.4); “concave containment”:

“There is an experience of what Bion called 'reverie', where the mother is receptive to the infant's communications and through attention ... she is able to mediate and modulate the extreme communications of the infant, make sense of his experience through this attention ... and give names to the emotional experiences that are otherwise unknown to the infant. The purpose of this relationship is both mediating and integrating. Because the mother holds herself available for the infant, as it were, to 'put into her'...it follows that she is the container for the infant. This kind of containment, I have called 'concave'.” (p.3)

Klein (1946) coins the term projective identifications, whereby some bad parts of the self are projected onto the mother, an aggressive object-relation, but some good parts of the self are also projected onto the mother, thereby developing a good object-relation. She also emphasises that introjection is important for developing object-relations and indeed necessary for normal development. Good objects tend to be idealized and serve as points of escape from fear and anxiety and as a source of gratification. Segal (1964) then links projective identification to the formation of empathy and to symbol formation. The process of projecting and introjecting one's supportive imagery in SMI parallels projective and introjective identification.

1.1.6 SMI as a brief dynamic psychotherapy

Each brief dynamic psychotherapy has its varied techniques and approach but they share generally accepted (but not universally agreed) characteristics. Rawson (2002, p. 25) lists the basic characteristics of focal and short term psychotherapy as being “active, focused, the importance of first session, early establishment of the therapeutic

alliance, ... time limited, flexible therapist, ... teaching, enabling the client to become their own therapist, incisiveness, sensitivity”.

Bauer and Kobos (1987, p. 6-9) list characteristics of intervention in brief therapy: highly interactive with a great degree of emotional involvement by both therapist and patient, a focus on treatment, an early establishment of a strong therapeutic alliance, a persistent analysis of resistance, an early and vigorous use of transference feelings, an emphasis on learning how to solve emotional problems, careful attention to the time limit and the process of termination. Many authors in brief therapy, such as Alexander, Ferenczi and Rank, and Brief Dynamic Interpersonal Therapy, make the focus of the session the current “here and now” (Messer and Warren, 1995; Bauer and Kobos, 1987; Lemma, Target and Fonagy, 2011b). These characteristics are designed to ensure the effectiveness of the therapy course within a short period of time.

a. Similarities

SMI shares many aspects with the above approaches of brief dynamic psychotherapy: having a clinical focus, use of affect [emotional involvement] as an important therapeutic tool, active therapeutic engagement between the therapist and the client, empowering the client, focus on the present.

SMI tempts the client to pay attention to their positive and supportive resources, breaking away from the conflicts and negativity most of them are engulfed in in their lives. Ferenczi introduced intervention to change the patient's habitual thinking process and behavioural pattern (Messer and Warren, 1995, p. 16). Cognitive and behaviour therapies apply similar ways to interrupt the vicious circle of a patient's problems (Beck & Greenberg, 1979; Wender, 1971). Describing the single-session model, Rosenbaum et al., (1990, p. 170) (cited in Stadter 1996) believe that changes may occur through sudden discontinuous shifts of being. Stadter (1996) mentions that Winnicott (1962, 1971) had a similar view (p.226). Budman and Gurman (1988, p. 13) point in a similar direction with their idea of “ripple effects”. Systemic brief family therapy also shares the view that a small change leads to other changes in the client (George, Iveson and Ratner, 1990).

SMI believes in the healthy resources of the client and their autonomy to employ these resources. The client actively involves herself in making choices in the session.

Many brief therapies try to empower the client and to encourage their active involvement in the treatment. Otto Rank had high regard for human nature and respected the patient's will to change and grow (Messer and Warren, 1995, p. 13-15). Winnicott (1971b, 1972), Wolberg (1971) and systemic brief therapy (George, Iveson and Ratner, 1990) show a similar attitude.

b. Unique nature of SMI as a brief therapy

On the other hand, there are aspects of SMI that are unique and are not found in other brief therapies. Many of the brief therapies I have mentioned above are psychodynamically oriented and work through transference to deal with intrapsychic or internal conflicts (Molnos, 1995). SMI is not a psychodynamic therapy as it is not designed to deal with these conflicts by working through transference. SMI is a “transformative therapy” (Bruscia, 1998b, p. 3) as “listening to music ... is itself the process of therapeutic change” (Bruscia, 1998a, p. 141).

1.2 Supportive Music and Imagery Therapy

1.2.1 The Bonny Method of Guided Imagery and Music

SMI is derived from the Bonny Method of Guided Imagery and Music (BMGIM). The Bonny Method of Guided Imagery and Music (refer to as GIM or the Bonny Method) is a form of psychotherapy that uses music and imagery. GIM has been developed by Helen Bonny since the late 1960s and uses music and imagery as a vehicle to acquire spiritual development and reach one's inner core in a non-ordinary and heightened state of consciousness (Bonny, 1978a/2002, 1978b, 1980). The Association for Music and Imagery (2015) defines the Bonny Method as “a music-oriented exploration of consciousness. It offers persons the opportunity to integrate mental, emotional, physical and spiritual aspects of wellbeing, as well as awaken to a greater transcendent identification.”

In GIM, a “music-assisted psychotherapy” (Bonny 1978a, p. 272), the client listens to a pre-designed program of recorded classical music in a deep state of relaxation and then verbally shares his/her imagery evoked by the music with the therapist in a dialogue during the music. During the music, the therapist guides the client to engage in the experience as fully as possible and, afterwards, helps the client to work through and integrate the various imageries that reflect the client's state of being. A GIM session is one and a half to two hours long and is psychologically and physically demanding for

the client. Thus it requires a client who can endure the psychological and physical challenges that arise in the form of intense imagery.

Because of its intensity, GIM could be “contraindicated” for some client groups (Summer, 2015, p. 341). Summer began to adapt the GIM method as early as 1978 (Summer, 1981) and Goldberg did so in the 1980s (Goldberg, 1988, 1989; Summer, 2015). Their adapted GIM methods had been taught as alternative methods at the Bonny Foundation and by 1999 the training adopted Wolberg’s (1977) three psychotherapy models: “supportive”, “re-educative” and “reconstructive” as it “fit for the continuum practice” model that Goldberg, Summer and Bonny had developed (Summer, 2015, p.342).

1.2.2 Development of SMI by Lisa Summer

SMI in this study was developed over many years by Lisa Summer. Summer began to adapt GIM by simplifying and shortening each GIM component to contain the patient’s experience to “a single, simple image” (Summer, 2015, p. 341). She used this adaptation for institutionalized dementia patients in 1978 (Summer, 1981) and for in-patient psychiatric patients with mood and anxiety disorders and substance dependence in 1980 (Summer, 1988, 2002, 2006, 2015). She also began to apply the concept of supportive imagery, “positive aspects of the self”, by encouraging the patient to imagine what they give and take in the community (Summer, 1988, p. 11).

In the early 1990s, Summer began to shape her theoretical framework for SMI. Summer (1992) writes that the therapeutic relationship should be built on the music therapist’s role as a “good-enough mother” (Winnicott, 1962, cited in Summer, 1992) by supporting “the client’s experience of himself through the aesthetic domain of music” (p.45). She began to illustrate the idea of ‘supportive music’. When the therapist provides music that matches the client’s inner expression, the ‘me’ (Winnicott, 1962) experience, and provides musical structure that holds the client’s projected inner experience, the client could feel comfortable and safe (Summer, p. 45). Referring to Goldberg’s (1988) idea, Summer characterizes the holding music as being of short duration and limited dynamics and being repetitive. She suggests that the familiar music and preferred music by the client could also provide the ‘me’ experience.

This idea of supporting and matching the inner state of the client continued to develop.

Using Stern's (1985) "affect attunement" theory, Summer (1994) explains that when music attunes to the client's inner state, the client feels safe and understood and this process then will be a vital part of the development of healthy interpersonal relationships (p.131-132). Summer (2011a, p. 489) later explained that "when you can match a client's in-the-moment state with music, they feel 'understood' and 'heard' on an emotional level using the music to experience its healthful processes."

Summer (1999, 2005) also provides the communicative/relational functions of imagery: her use of the term 'imagery' below does not distinguish between the imagery and drawing (or imagery expressed in arts form):

- i. the client develops a relationship with his internal world through imagery. Images serve as projective containers for internal experiences as the imagery gives feedback about his internal state.
- ii. the client learns about his internal world through the contained and more tangible aspects of images.
- iii. the client shares his internal world with the therapist through his images. By doing this, the images are re-visited and developed. The feelings of constancy of the internal world are increased and the relationship with the internal world is strengthened.
- iv. the client learns that his internal world impacts his external world. Images that are stimulated are related to situations in the external world.

In the paper, 'The pure music transference in guided imagery and music,' Summer (1998) theorizes this new perspective on the role of music and imagery. She defines music and imagery as important therapeutic agents in their own right, along with the therapist and client in the therapeutic relationship in GIM therapy. She writes that, while music in all music therapy creates "a triadic" therapeutic relationship between client, music and therapist (p.433), in GIM, music takes the primary therapist position as it is "the primary mover of the therapeutic process" and "evokes transference" (p.434). "The imagery, not the music, serves the function of transitional object" as the images are the vessel for the expression of the transference relationship and the primary containers of the internal experience in GIM (Summer, 1998, p.442).

In 2006, Summer introduced the Music and Imagery (MI) method in writings on how she adapted the GIM method to develop Music and Imagery therapy (Summer and Chong, 2006). She wrote that she felt the need to adapt the GIM method was apparent when she was faced with difficult/disappointing sessions applying the method. Her first insight came as she conducted her first group GIM with a group of 12 alcoholics and drug addicts using a Debussy piece in 1980. She found that 11 out of 12 patients were resistant and negative about the experience (Summer, 1988). Summer writes “Dancing to Debussy in a meadow was not an especially useful way to help an addict cope with the decision to drink or not to drink” (Summer and Chong, 2006, p. 310). This experience made her change her use of music and imagery radically. Inductions were goal orientated with a common denominator that helped group members to share and empathize with each other. She used very simple music with short, simple melodies, simple structures, rhythms and dynamics, “to stimulate singular, simple images” (Summer and Chong, 2006, p. 309).

The method further developed from treating an individual patient, Kyle, who was diagnosed with obsessive-compulsive disorder and major depression (Summer and Chong, 2006; Summer, 2011a). The imagery experience from a regular BMGIM session was too overwhelming for him. As a child, Kyle had been severely psychologically abused by his parents, so he did not have any positive internal resource available to help him face imageries that reflected his symptoms. Summer redirected the sessions with an approach to music and imagery that was lighter, more structured and more directive than GIM. After one breakthrough session in which Kyle was able to find one positive imagery and have a good experience, he began to internalize the positive experience from each session and eventually extend that experience to the external world. “Kyle's weekly ‘immersion’ in a positive, healthy state with music began to free his psyche from psychologically debilitating defenses” (Summer, 2011a, p. 494). The repeated use of positive music and imagery helped Kyle to develop “a constant positive internal object, the beginning of a healthy ego” and to change his attitude to himself and his life (Summer, 2011a, p. 494). After having established a healthy ego, Kyle was introduced to re-educative MI. In her 2006 and 2011a writings, Summer illustrates in detailed case studies how to apply the three levels of MI in a continuum of treatment. Figure 1.1 illustrates the three different levels of MI developed by Summer.

Figure 1.1 The three levels of MI

	Supportive Music and Imagery	Re-educative Music and Imagery	Reconstructive Music and Imagery / BMGIM
Prelude	Supportive/positive experience, here and now	Conflicts, problems here and now	Conflict, issues connected to past
Transition	Choose one supportive imagery (resource)	Choose one conflicting imagery (Issue)	No transition, no particular chosen imagery
Induction	Supportive, focus on positive experience	Unease, focus on conflict	Conditioning to deep physical, psychological state (altered state of consciousness)
Music and Imagery	One piece of music repeated. Simple, contained, no/little tension *** Working on imagery through expressive arts while listening to music in awake state	One piece of music repeated. Contained but slightly complex music with tension *** Working on imagery through expressive arts while listening to music in awake state	Several pieces of music. Containing various levels of music, but mostly complex, provocative. *** Fully engaging and interactive with imageries while dialoguing with therapist in altered states of consciousness
Postlude	Deepen the positive experience. Integrate and personalize the supportive imagery.	Hold on and experience the tension. Explore the conflict	Return to awake state. Integrate the imagery experience with current and past life experience.

After many years of teaching MI and GIM, Summer (2015) was convinced that “music and imagery was the perfect pedagogical preparation for learning GIM” and established a new paradigm of training that included the entire MI/GIM continuum of practice. The training was initiated at the Institute for Music and Consciousness at Anna Maria College and Ewha Woman’s University in Seoul, South Korea in 2006 (Summer, 2015).

1.2.3 The settings and structure of the SMI session (SMI practicum manual) (Summer, 2007, 2008a)

I will now introduce the SMI therapy model developed by Summer (2007,2008a), which I inherited and used in my supervisions between 2007 and 2008. The instruction below is based on the SMI training material, and the content of seminars and supervisions by Summer between 2005 and 2008.

As explained earlier, SMI is a music psychotherapy that focuses on the client's supportive/positive resources. The SMI therapy works with the “here and now” rather

than the past material of the client. It is designed to be highly structured and step-by-step, with a focus on one supportive imagery in each session. In SMI the purpose of the therapy is to find and develop one's supportive resources, which will then promote one's self care. Thus the focus of the session is to find a supportive resource, re-experience it and internalize it. This supportive resource is any positive experience, feeling or thought the client has (or had). (Summer, 2005, 2007, 2008a)

In the real world of clinical practice, SMI is utilized within the larger context of MI or music therapy methods, i.e. there is no requirement or recommendation to stick to a six session short-term format (Summer, 2015). However, for the manual/practice guidance developed by Summer for the Level 1 practicum, SMI is usually conducted as a short term therapy and our SMI training programme is limited to six sessions: one interview SMI session, four working/regular SMI sessions and the final SMI session.

The SMI structure is designed to guide the client to focus and deepen the experience of her resource one step at a time. The SMI structure aims at holding the client's attention on her supportive resource and deepening the supportive experience it provides. The following sections detail the SMI structure designed by Summer (Practicum manual 2007, 2008a).

a. Prelude

In the prelude, the therapist is advised to help the client share her current life situation and the “here and now” of her inner life, such as her general feelings or issues. Then the client's positive/internal resources are explored, including the previous session's resource and any impact it had on the client's daily life. If the client discusses any tension or issue, the therapist is advised to acknowledge and contain it. Then the therapist is advised to gently redirect her client to positive or supportive imagery that may have helped her to cope with stressful situations.

Supportive imagery

To explore the supportive imagery, it is advised to guide the client to select the two or three most supportive experiences that come to her mind or are meaningful to her. For example, clients are encouraged to recall any experiences that made them feel satisfied, good, proud, okay, happy, calm, comfortable or free. Summer has often advised that focusing on the internal, introspective aspects of the experience is preferred.

b. Transition

Of the two or three images selected in the prelude, the client chooses the image that is most meaningful to her. She decides what medium to use to express herself, whether drawing, writing or any other expressive medium and she selects music that matches the supportive feeling she gained from the chosen imagery.

Choosing the supportive music

Before the session, the therapist has prepared a number of short, simple pieces as a supportive music pool and the client is guided to choose the piece that best matches her chosen supportive experience using the following procedure:

- 1) The therapist selects a piece from the music pool that seems to express the qualities of the client's supportive experience.
- 2) The client listens to a short excerpt of the piece.
- 3) At the end of the excerpt, the therapist asks the client how the music matches the imagery.
- 4) The client's feedback is used as a guide whether the therapist chooses the next piece for consideration.

This process is repeated about three times. The music may not match the mood of the client's imagery perfectly but should be "good enough". Each piece should have different characteristics such as varying styles or genres.

Criteria of supportive music

Supportive music should be short, simple and free of tension; harmony, melody and rhythms should be simple; metre, dynamics, instrumentation should have minimal changes; the form should be repetitive with no true musical development. Most of the supportive music is non-classical but very simple pieces of classical music can also be used.

c. Induction

The induction prepares the client to deeply experience the music and the chosen supportive imagery. It has three parts: centring, imaging and the bridge to the music.

Centring

The client closes her eyes. Often using a simple breathing technique, the therapist guides the client to focus her attention on her inner world. The breathing technique is not necessarily done to make the client relax but rather to ready her mind and body to attend more closely to the feeling and qualities of the image. A few breaths are usually enough to help the client to centre. If the client is uncomfortable or in a fragile psychological state, she should not close her eyes.

Imaging

The therapist instructs the client to bring her image to mind. The therapist uses the exact descriptive wording that the client gave in the transition, speaking naturally, clearly and reflecting the energy level of the image.

Bridge to the music

A few short phrases of instruction are given to introduce and engage the client in the music.

d. Music and Imagery

The music follows immediately after the induction. Shortly after the music starts, the client is asked to open her eyes and express her experience, feelings and imagery in any expressive medium such as drawing, movement or dance. Drawings are often done on paper that already has a large circle drawn on it as a focal frame. This expression can reflect any emotional, physical and spiritual sensations or visual images the client experiences. The music and imagery experience aims to provide an aesthetic experience and access the internal world; it stimulates, enriches, and deepens supportive inner resources.

e. Postlude

After the music and imagery section has ended, the client is asked to describe the experience of the music and the imagery verbally. By doing so, her supportive experiences are even more fully engaged and digested. The music can be played once more while the client closes her eyes or looks at her drawing to deepen the supportive experience. In this way the client's experience may be internalized further.

The session ends with a discussion of how to utilize this experience in everyday life. The client is encouraged to use her own supportive music actively to re-experience the supportive feeling from the session and thus establish a strong relationship between music and supportive feelings in everyday life.

1.3 Related Literature Review

1.3.1 Contribution to MI by Fran Goldberg

Fran Goldberg has also contributed to the development of Music and Imagery methods by adapting the GIM method very creatively. In her writing on music and imagery as psychotherapy (Goldberg, 1988), she had already begun to use one piece of non-classical music, usually new age, relaxing and atmospheric. In addition, she applied “creative story telling” (p.42) and the music provided a container for her patient's affect and anxiety, and structure for her patient's images and thoughts (p.44). She found that strong support, direction and supportive images were necessary to apply the therapeutic process to hospitalized patients (Goldberg, 1988).

Goldberg (1989, p. 41) wrote about the role that music plays in music psychotherapy. She argues that “the concept that music symbolizes and reflects ... inner-life of feelings and images is the core of music as psychotherapy”. Goldberg (1992) further expanded her theory that music is a superior method of evoking affectively laden imagery through the autonomous nervous system (ANS). She developed a “Music Field Theory” that explains how music, imagery and emotion relate/influence each other.

With this close link between emotion, music and the image established, Goldberg developed a theory of the “defensive maneuver” (Goldberg, 1992, p.12; 1994). The “defensive maneuver” is the process of the psyche modifying or avoiding overwhelming affect stimulated by music. Goldberg suggests that for patients who cannot form the “defensive maneuver” naturally, the therapist needs to help the patients establish their defences by “providing structure, support and encouragement and direction” (Goldberg, 1994, p. 22). Using supportive music with a shorter music phase and active (directive) guiding helps the client use the music as a transitional object and control (contain) her anxiety at a manageable level. This idea is in sync with the basic concept of the SMI method.

1.3.2 Literature on Adapted GIM and Music and Imagery

Over the years, many therapists have acknowledged the need to adapt the GIM method and have applied this adaptation with various clientele and therapy situations. “Bonny [1980] noted that her clients with borderline diagnoses needed more structure and direction than her healthier clients ...” (Goldberg, 1994, p.22). Summer simplified and shortened the GIM method to the use of a short and simple piece of classical music, use of one supportive image and specified focused guidance for group and individual sessions for institutional and severely neurotic patients (Summer, 1981, 1988, 1994, 2006, 2011a). Goldberg (1988, 1994) applied simple non-classical music, supportive images and strong support and direction. Vaux (1993) applied an adapted 50 minute GIM session, followed by verbal sessions. Blake and Bishop (1994, p. 128) shortened the process and used creative arts for PTSD patients. They worked with “... specificity of image and goal ... emphasis on safety, validation ...”. Booth (2005, 2006) used a shorter GIM program with added drawing. All these therapists shortened and simplified the process of the GIM method and used other arts as an auxiliary medium. They applied focused guidance with clear direction in their adapted GIM methods. These are just a few examples of adaptation used by many GIM practitioners. The Bonny Method of GIM appears to have been widely adapted by practitioners.

Current GIM practitioners apply some form of adapted GIM for a wider clientele. Muller (2010) found that 84% of the 80% of GIM fellows (practitioners) that responded to his survey use some form of adaptation (cited in Grocke, 2010). Some GIM adaptations have been recognised as methods with their own merit. A panel presentation on “Music and Imagery: Roundtable on Current Practice and Training” was held at the AMI conference in 2005 (Summer et al., 2005).

Most recently, a number of practitioners and educators have adapted the GIM method more systematically and creatively in their GIM training (Frohne-Hagemann, 2010; Summer, 2010b; Wärja, 2010). At the European GIM conference in 2010, the need to organize these emerging adapted methods was discussed further. At the European GIM conference in 2014, many adapted GIM methods or music and imagery methods were presented (Schock-Corall, 2014; Smyrnioti, 2014; Paik-Maier, 2014; Wärja and Bonde, 2014; Grocke and Moe (Chairs) et al., 2014).

The SMI and Re-educative MI methods have been presented at various conferences (Goldberg et al., 2009; Paik-Maier et al., 2009; Summer, 2012; Kim, 2012; Paik-Maier, 2012; Su, 2012; Kim, 2014a; Kim, 2014b; Kim, 2014c; Su, 2014; Paik-Maier, 2014a; Paik-Maier, 2014b). These were short case illustrations of SMI/re-educative MI, experiential workshop or a brief introduction of SMI/re-educative methods. For instance, our training therapists and I presented how to work on countertransference and therapeutic issues through a reflective music and imagery process (Paik-Maier et al., 2009).

SMI and Re-educative MI were introduced in publications as well. Summer (2006, 2011a) presented the first cases of SMI/Re-educative MI and introduced her training model that reflects a continuum of clinical practice (Summer, 2015). Abbot introduced the training model of SMI/Re-educative MI integrated with GIM training (Abbot, 2010). A short introduction of SMI was given by presenting a few case examples conducted by Korean MI/GIM graduates and trainees who were supervised by me (Paik-Maier, 2010b). Use of music and imagery as a reflective tool used in the clinical supervision process was introduced (Paik-Maier, 2013). These presentations and publications were mostly introductions and illustrations of sample SMI/Re-educative MI cases and supervision but without a full development of theory or analysis of the method. The adapted methods are still in the process of evolving.

1.3.3 Literature that relates to the idea of supportive resources

Rolvjord (2007) conducted a study on “resource-oriented music therapy”. In her study resource-oriented music therapy is influenced by “theoretical perspectives from the salutogenic orientation ... the philosophy of empowerment, current musicology and positive psychology” (p.iv). She values a salutogenic orientation, i.e. “a focus upon promotion of good health, coping and development” (p.63), and the empowerment of the client in the process of the treatment. She adds the idea from contemporary musicology of valuing the process of making music rather than the product. Valuing the positive resource of the client and the client's involvement in the treatment to a certain degree is a similarity between the resource-oriented therapy and Supportive Music and Imagery. However, unlike this study, Rolvjord does not connect the resource-oriented music therapy with developmental and analytical psychotherapy, nor does she focus on the therapeutic intervention by the therapist.

There are two research articles that use therapy methods that seem to have similarities to SMI. One of them is on resource oriented therapy, “Resource-oriented Bonny Method of GIM (R-oGIM) as a creative health resource for musicians” (Trondalen, 2015). The other study is on the classification of music in GIM into three categories (Wärja and Bonde, 2014), with a focus on KMR-Brief Music Journeys therapy as one of its therapy methods. The focus on the client resource (R-oGIM), and the use of a simple supportive music and contained focus (KMR-Brief Music Journeys) are similar to SMI, however, these are adapted GIM therapy methods and, hence, quite distinct from the SMI method.

1.3.4 Positive psychology

On the surface it might appear as if SMI and positive psychology share the same philosophy and outlook. Positive psychology believes in people's ability to change through adapting optimistic views and positive thinking. Like SMI, positive psychology focuses on the strength of the person and the belief that a change of behaviour/attitude occurs through a change to one's way of thinking (Seligman, 1990, 1993, 2002; Peale, 1952). However, positive psychology falls short of an in-depth psychological explanation of why the positive approach works. Furthermore, the core focal points of positive psychology and of SMI are different. “Positive” in SMI does not necessarily mean happiness or optimism but refers to the sense of one's wellbeing. “Strength” does not mean “power” but containment and groundedness of the self. In this, the fundamental belief and goal of SMI is closer to the psychodynamic/psychoanalytic approaches to strengthening the ego function and enhancing the inner self.

1.4 Korea, its culture and people

Bourdieu (1977) (cited in Krause, 2012, p. xxvii) argues that there are more cultural “imprints” in us than we can acknowledge consciously. These cultural imprints influence the way we behave, think and feel throughout our lives. If cultural imprints shape who we are these would be displayed in the clinical setting.

The data on which I base this study were collected in Korea from Korean participants and I myself am Korean. It is, therefore, important to give some background on Korea, its people and culture and to review this in reference to the study.

1.4.1 My relationship with Korea

I was born and raised in Korea but I left to study piano at a music conservatory in New York. I have now lived outside Korea for about 30 years, however, I have visited regularly as the rest of my family live there. During these 30 years, I have observed an enormous transformation in the nation, not only in the physical aspects of modernization but also in the psychological attitude and mannerisms. As a native Korean who has lived in the west for a long time, I have a particular understanding of Korean people and society as both an insider and outsider. This dual position may have influenced my behaviour as a supervisor and as a researcher.

1.4.2 A brief history of Korea

Korea has had a long history as an independent nation since the mythical beginning of its first state, Gojoseon, in 2333 BC (Tudor, D. 2012) and has maintained its unique culture, language and food. It is regarded as “one of the oldest continuously unified states” and “one of the most homogeneous societies” (Seth, 2006, p. 1) in the world.

With the fall of the last dynasty, Joseon, in 1910, Korea's reclusive feudal society collapsed and the country experienced a series of severe traumas: Japanese occupation (1910-1945), division of the country between South and North (1945 onwards) and the Korean War (1950-1953).

South Korea survived these catastrophes and rebuilt itself remarkably well, transforming itself from one of the poorest countries in the 1950s into the 14th-largest economy by GDP in the world in 2011 (Worldbank, 2014) and from military control into a firmly established democracy (Hwang, 2010, p. 261-269; Tudor, 2012, p. 88-90). I believe these rapid transformations in the economy and also in the society left deep scars and a certain neurosis in the Korean society and nation. Very sadly, since 2003, the suicide rate in Korea has been the highest among OECD nations (OECD Health Data, 2015).

1.4.3 Tradition

The high value Confucianism places on social order has shaped Korean society to be highly hierarchical and bureaucratic. Koreans are taught to be obedient to their parents and the authorities (Seth, 2006; Tudor, 2012). In return, it is expected that the parents provide for and devote themselves to their children and that the authorities protect their

citizens. Age is another way of determining the hierarchy, which is reflected in the hierarchical levels/use of speech, e.g. respectable form for an older person or a person in a higher position, lower form for a younger person or a person in a lower position etc. This may create challenges in setting a professional boundary, for example, when the therapist is younger than the client.

1.4.4 Group-oriented society

The Korean social structure is tightly interwoven and there is a strong cultural pressure on individuals to harmonize within society. Individuality often has to be sacrificed for the sake of the group to which one belongs and one's individual needs are often repressed. This leads to many conflicts among modern Koreans some of which were brought up in the sessions of this study.

Perhaps because there is such little regard for individuality, the sense of personal boundaries is rather blurred, especially among family members and people close to each other. This creates many problems, particularly between parents and their children. Mothers not having their separate identities or not accepting their children's separate identities is one of the most common dynamics I have seen in therapy settings. These fused boundaries may appear in the therapeutic relationship and I will explore how this effects the therapy dynamic and process.

1.4.5 Contemporary family life

Koreans work long hours, often until midnight and on Saturdays, and take hardly any holidays. I believe that the pressure to succeed without much time to rest threatens physical and mental health and causes problems in personal and family life. Husbands are under huge pressure to provide financial security in an extremely competitive work environment with poor job security. As a consequence, fathers are often hardly present in family life. Korean women often work while also being expected to carry out the traditional role as housewives, taking care of their children and doing housework mostly by themselves. This creates much stress and conflict among Korean couples, leading to one of the highest divorce rates in the world (Hwang, 2010, p. 275).

1.4.6 Support systems

The Ministry of Health and Welfare (2015) and the Ministry of Gender Equality and Family (2015) offer various types of systemic support. There are federal and local

welfare and mental service centres as well as private community centres that provide various programmes and services to support families and individuals. These centres and organizations offer advice in all areas, including finance, personal care, childcare and psychological support.

Taking counselling or psychotherapy has become more widely accepted recently. Joo (2003, p. 435) reports that the majority of Korean psychotherapists work in hospitals or public settings rather than in private practice (10.8 %). She argues that this may indicate that psychotherapy is not yet widely integrated into people's lives.

Music therapy has developed considerably in Korea over the last 20 years and many certified music therapists work in hospitals and at private clinics. However, because their certificates are not yet acknowledged by National Insurance, public access is limited.

Often, Korean people turn to religion in stressful situations. In modern South Korea, half of the population actively practices religion. Among this group, over 50% are Christians (35% Protestant, 21% Catholic), and 43% are Buddhists (Facts about Korea, 2008, p. 188). Many churches have various self-help classes and many Buddhist temples offer meditation classes. For many Koreans, religion has taken a role as a surrogate family and protective traditional authority.

1.4.7 Culture and psychotherapy

Modern Koreans face intense pressure to adjust to the ever changing environment and experience pressure to succeed. The tightly woven family and community is the source of support as well as of conflicts. The individual identity is constantly challenged in the group oriented society. The value system has rapidly changed from the old tradition to a modern attitude. How do these cultural aspects exhibit themselves in the SMI therapy and impact the therapeutic dynamic?

Recently many psychotherapists and other clinicians acknowledged the cultural influence on the therapy process and emphasise cultural sensitivity in conducting therapy (Yi, 1995; Lin and Cheung, 1999; Tseng, 2004; Eleftheriadou, 2010; Krause, 2012; Yama, 2013; Marita and Krause, 2015). Yi (1995, p. 308) argues that “Psychoanalytic concepts ...are Western-culture bound and can cause gross misattunement when applied indiscriminately to Asian clients.” Yi (1995) and Tseng

(2004) caution that therapists need to consider cultural aspects when assessing their clients, for instance, the relatively prolonged stage of puberty and adolescence for Asian children (Tseng, 2004, p. 157), the parent's influence on one's adulthood (Tseng, 2004, p. 157), East Asians being subtle, not being assertive and favouring interdependence (Yi, 1995). Lack of assertiveness and group orientation led to the idea that Asians might prefer the therapist to be active and offer guidance and that they might respond better to structured therapy such as behavioural therapy or cognitive therapy, and to family therapy (Yi, 1995; Lin and Cheung, 1999; Tseng, 2004).

1.5 Supervision

I will now examine how this parent-child like dynamic extends to the supervision. I will explore how boundaries in supervision are conceptualised and maintained and describe some of the challenges to maintaining boundaries within the small music therapy community in Korea, and the implications of these challenges.

Tseng (2004, p. 155) points out that East Asians' "interpersonal dependency...extends into therapist-patient relations, as well". It would also extend to supervisor-supervisee relationships in Korea. Traditionally teachers are regarded as important as one's parents and "are idealized as moral exemplars and counsellors". (Lin and Cheung, 1999). Supervisors and therapists would be regarded as trusted teachers or parental figures by most Koreans.

Yi (1995, p. 311) explains:

"The Asian person's relationship to an authority figure involves positive benign idealization of the authority figure's power and wisdom, trust in that person's benevolence, and expectations that the figure will guide them, protect them, or otherwise take care of them.... However, when either or both in the dyad cannot fulfil the expected role or responsibility, the mutual idealizing cannot be maintained, resulting in loss of face, shame, disappointment, and resentment. In fact, ruptures of this kind may be the Asian client's presenting problem."

The supervisor-supervisee pair naturally form an authority and subordinate relationship because of the imbalance of power. The nature of this relationship tends to be more complex and potentially more difficult in culturally hierarchical Korean supervisor and

supervisee relationships. The Korean view of a supervisor (teacher) as an idealized parental figure tends to put too much power in the supervisor and it may blur the professional boundaries. A study that explored supervisees' negative experience in South Korea found that a hierarchical relationship is inherent in supervision in Korea's Confucian-influenced society (Bang and Goodyear, 2014, p. 353). The indirect communication and difficulties in expressing their dissatisfaction directly towards a supervisor, an authority figure, create distress in supervisees as well as supervisors. A supervisee also feels shame, losing her face, when she feels she does not meet the expectation of her supervisor. Manathunga (2007) argues that the power plays in supervision need to be acknowledged and one needs to be aware of any complexities found in the supervisor-supervisee relationship. She especially cautions against blurring boundaries by interfering in the supervisee's personal life during the supervision. Heru et al. (2004, p. 76) found that maintaining good boundaries between the supervisor and supervisee is essential to the integrity of the supervisory relationship.

Marshall (1997) studies the complex interwoven dynamic in the "triadic system of supervisor, supervisee, and patient" (par. 1). He sees that the supervisor is "an integral part of the system wherein s/he is influenced not only by the therapist, patient, and his/her own promptings, but is a prime source of feedback to the patient through the supervisee" (par. 1). Crick (1991) compared the role of a supervisor to that of a father who protects the mother-baby couple [supervisee therapist-client] so that they are free to know each other (par. 29).

Meissner (2007) and Watkins Jr. (2011) consider three components of the psychotherapeutic relationship: the 'real relationship', the therapeutic/working alliance and transference-countertransference. The real relationship is characterized by two components according to Greenson (1967), "realism", "the transference-free or undistorted element of the analyst-patient relationship", and "genuineness", authentic relatedness between analyst and patient (Watkins, 2011, p. 102).

Watkins (2011, p. 113) brings attention to 'the real relationship' in supervision and he argues the real relationship is "a central, eminently significant component of the psychotherapy supervision relationship". He understands that the real relationship is silently present yet substantively contributing to the relationship and utilizes and unfolds the transference-countertransference configuration.

Like the real and genuine ‘real relationship’ that is a basic foundation for the therapeutic relationship, I think the social relationship norm influenced by culture impacts the therapeutic relationship between the therapist and the client and the therapist and the supervisor. Thus I believe understanding the cultural norm present in the therapeutic relationship as well as in supervision is important.

As the world has become more multicultural than ever, the cultural sensitivity in the psychotherapy treatment seems to be greatly increased. Hook et al. (2016, p. 149-164) consider that “cultural humility” needs to be incorporated in supervision and “culture must be located at the centre of all work with supervisees”. Watkins Jr. and Hook (2016, p. 488) emphasise a culturally informed and culturally humble approach in supervision and argue that the supervisor creates ‘a cultural third’ in the supervision space. They explain the cultural third as “a unique space where cultural meanings and experiences are welcomed, respected and privileged and can be openly explored and examined for their treatment/supervision significance.”

In an acknowledgement of their importance, cultural aspects have been integrated in treatment and diagnosis recently. The Outline for Cultural Formulation (OCF) in DSM-IV has provided “a framework for clinicians to organize cultural information relevant to diagnostic assessment and treatment planning” (Lewis-Fernández et al., 2014, p. 130).

1.5.1 Use of reflexivity

Henderson (2009) refers to the process of doing the self-reflective practice of monitoring one’s experience during the sessions and developing sensitivity in the therapist’s work as “internal supervisor” (Casement, 1985 cited by Henderson, 2009, p. 89). She writes that the supervisor assists the “supervisee to develop, with awareness, an internal encouraging voice that is also disciplined and rigorous about looking at practice” (p.89).

Summer (2001, p. 70) writes that her first objective of supervision for the beginning therapist is “to reinforce the therapeutic qualities inherent in each student’s character”. She differentiates between the supervision approaches for the undergraduate training and the graduate training. While the graduate level students are mature enough to learn

from imitating the supervisor [twinning] without being dependent as suggested by Feiner (1999) (Summer, 2001, p.71) undergraduate students who are used to “an authoritarian type of teaching” may end up simply mimicking their supervisor without developing their own professional identities. For such an undergraduate student, Summer aims at creating “a reflective, independent student” to become a music therapist with her own individual style independent from her teachers and supervisors (Summer, 2001, p. 71).

Based on Summer’s belief in learning through a reflective process, our MI/GIM training in Korea encourages our trainees to carry on personal reflective work, “Personal Music and Imagery (PMI)” (Summer, 2008, 2009, 2010, 2011b, 2012) and a therapist’s reflective work, “Therapist Reflection Music and Imagery (TRMI)” (Paik-Maier, 2008, 2009, 2010) using a music and imagery process. The therapist uses TRMI before and/or after the session to reflect and work on her feelings stirred by the session and/or the client by using music and other expressive media, for example, drawing, body movement, writing or music improvisation. The process is similar to SMI except this is done by the therapist alone to understand her issues and countertransference (Paik-Maier, 2014). The therapist shares her understanding from the TRMI during the supervision without revealing her personal details. This has been an integral part of my supervision since 2008.

1.5.2 Roles and boundaries

Supervisor roles vary from being a teacher to being a sympathetic listener and often there are no set boundaries between these roles (Paik-Maier, 2014). Watkins Jr. and Scaturro (2013) explained various functions in supervision by proposing a “three-stage supervision structure,” (p.78): “Supervision Alliance-Building and Maintenance”; “Educational Interventions”; “Learning/Re-learning” (p.78). One of the educational interventions, “stimulus questions”, is reflective questioning “to stimulate and expand the supervisee’s critical thought process” (p.83). I use reflective questioning heavily in my supervision with a similar intention.

Instead of telling the supervisee what to do or invading her personal boundary, she becomes aware of her feelings and issues raised from the session, which leads her to understand her countertransference. For Korean students who were used to an

‘authoritarian’ style of didactic teaching, I find that such a self-directed reflective learning process is a very effective way of nurturing the students to grow as therapists.

As the boundary between the therapist and the client needs to be clear and professional, the boundary between the supervisor and the supervisee should be protected (Thomas, 2010; Heru et al., 2004). This boundary is not only a physical but also a psychic boundary (Goren, 2013, p. 737).

Because the music therapy community in Korea is small, I ensured that the supervision relationship was kept within the supervision context and personal involvement was avoided outside of the professional realm. As Thomas (2010) suggests, I advised the supervisees to seek personal therapy to deal with their issues that cannot be dealt with during the supervision. I believe the use of reflexivity, “Therapist Reflection Music and Imagery (TRMI)” (Paik-Maier, 2008, 2009, 2010), is a valuable approach to promote the supervisee’s independence, protect her privacy and maintain her boundary.

1.6 Summary

I have now introduced the background of this study: music, music therapy, the BMGIM method, the theoretical understanding that led to the development of SMI by Summer, the literature review that relates to this study, my involvement in SMI training in South Korea and an introduction of the SMI model and the Korean cultural background of the participants in the study.

This introductory chapter has shown that no research into SMI has been conducted and no research articles on SMI have been published, but, on the other hand, there is a coherent rationale for SMI. There is, hence, importance and need for research into SMI. As not much has been written on SMI, an exploratory study is called for, using qualitative methods to explore cases in depth. In my practice, I have encountered a number of cases that can be used for this purpose and these are Korean cases where I was the supervisor. The methodologies used to analyse these cases will be discussed in the next chapter.

CHAPTER 2: METHODOLOGY

To investigate the main research question, “What are the processes of SMI for a sample of clients and their therapists undertaking SMI in Korea and how can these be characterised?” and its subsidiary questions, the method used needs to be exploratory and needs to be able to make sense of nuances and details of the collected data. Therefore, a qualitative study would be most suitable and the design and methods need to be suitable for analysing clinical data.

In this chapter, I will explain the methodology of the study and I will start with the philosophical foundation of the study: the ontological view and epistemology of the study. Following that, I will discuss trustworthiness, ethical considerations, the method applied, after which I will provide detailed information on the participants, data collection and data analysis.

2.1 Ontological view

My overall belief and stance on ontology is resonant with, and indeed based on, the naturalistic paradigm stated by Lincoln and Guba (1985). The naturalistic paradigm holds that there are multiple realities constructed by persons (constructed reality) or created by participants (created reality) (Lincoln and Guba, 1985, p. 83-87). These realities are not only different from person to person but might vary over time within a person.

The therapy process and music are both time-processed phenomena. The truth/reality is what one experiences in the moment that is created instantly and continually as time passes. What one experienced in the moment is only truthful in the moment. What the client experiences is no longer duplicable, even a few seconds later. What one feels from the same piece of music cannot be exactly the same, seconds, hours, or even months later. Tangible records of what one said and of what happened, and of composed manuscripts of music and recorded music albums (CD, LP, MP3) exist. However, in therapy, the reality - the experience and meaning - is how those entities (events and music manuscripts and albums) are experienced and constructed/created by client and therapist (and supervisor in the background) in the moments and process of

the session.

I believe that music and psychotherapy affects a person as a whole: the holistic entity of psyche and physique. There are countless music therapy studies on music's holistic effect (Amir, 1996; Bonny, 1986; Godley, 1987; Magee and Davidson, 2004b; Norman, 2012; Wall and Duffy, 2010) and I shall present and examine the holistic experiences of the client, therapist and supervisor during SMI therapy in this study.

2.2 Epistemology of the study

Social research is often text based but this can be biased and limiting when studying phenomena that involve arts and human experience, which are more expressive than words of a verbal exchange. Examining the raw audio/video data of sessions, I found that much was said between the words. The voice, tone of voice, how the sentence was delivered, how it was phrased, silence, laughter, various ways of saying "yes", mixed meanings, physical presence, facial expression and body language etc. When studying SMI, I faced more than these problems as music and arts media are added to the verbal and non-verbal exchanges. How should I faithfully note the clients' and therapists' experience of music and arts? How should I note their non-verbal expressions? How should I describe, reflect and communicate these phenomena? How should I understand them?

To choose methodologies for my study, I needed to consider the uniqueness of SMI and the way I understand it. SMI is multidimensional with five therapeutic agents: client, therapist, imagery, music and arts. It works on the direct relational interchange between the client and music and imagery. In addition, SMI works on the indirect relational interchange (response) between the client and the therapist and the therapist and the supervisor. It values the subjective and reflective experience of the client and above all, SMI is evolving.

To understand and analyse the complexity of the above characteristics, I have considered a range of possible methods. I will explain my choices as I continue (see 1.2.6). To reflect the complexity, diversity of media and multidimensional aspects of this study closely, I applied mixed media of text, music and visual media in these methodologies.

Music therapy research has applied “a larger conception of research” adapted to music and music therapy specifics (Wheeler, 2005, p. 4). A quantitative research trend has dominated since the 1960s under the influence of the biological/behavioural models of the USA. Since about 1985, the number of qualitative research and clinical articles has begun to increase significantly (Brooks, 2003, p. 158-159). Starting in the 1980s, many new groups of music therapists - Kenny (1982, 1989), Aigen (1991) and Smeijsters and Hurk (1993) - raised questions about the suitability of quantitative research being applied to music therapy in the clinical setting (Wheeler, 2005, p. 8). In the UK, "published research in music therapy can be broadly categorized into process and outcome studies" (Gilroy and Lee, 1995, p. 5). Bunt and Hoskyns (1987) suggest a synthesis of 'outcome' and 'process' oriented research may strengthen music therapy research (Lee, 1995, p. 36).

I investigated research trends in GIM as it is the music psychotherapy discipline most similar to SMI. There are a diversity of quantitative, qualitative, mixed methods and music analysis studies in GIM research (Grocke, 2010). Grocke (2002, 2010) reports that qualitative GIM studies are mostly found in case studies on psychological and medical health, transpersonal experience, cultural experience, on modification of the method, on supervision and new theories. Methodologies/methods used are hermeneutic study, transpersonal study, phenomenological analysis and description study, structural analysis and grounded theory, heuristic study and Lem-EEG study on GIM session experience, music experience, music, the therapist's experience and the client's perspectives (Grocke, 2002, 2010).

I will use qualitative research methods used in music psychotherapy, particularly in GIM, with special attention given to the specific characteristics of SMI, namely its use of music and imagery.

2.2.1 Reflect multidimensional aspects

a. Therapeutic multidimensionality

In verbal psychotherapy, there is a client and therapist. In SMI, music and imagery are added as active 'therapeutic agents' (Altshuler, 2000). The addition of music and imagery as therapy tools creates five therapeutic dimensions: client, therapist, imagery, music and arts. With this study, I, as a supervisor and researcher, add even more complexity resulting in seven dimensions. These five (or seven) therapeutic dimensions

are interwoven and work closely as a whole.

b. Multidimensional use of media (see below)

Use of music (sound) and arts (visual, movement) means the phenomena in SMI are no longer linear. The expression and therapy tools used in SMI work in the expanded space of the visual (art, movement) and time (sound); text cannot possibly dictate this multidimensional expansion. Thus, I need to employ these visual and oral dimensions as well as text to explore and explain the phenomena in SMI.

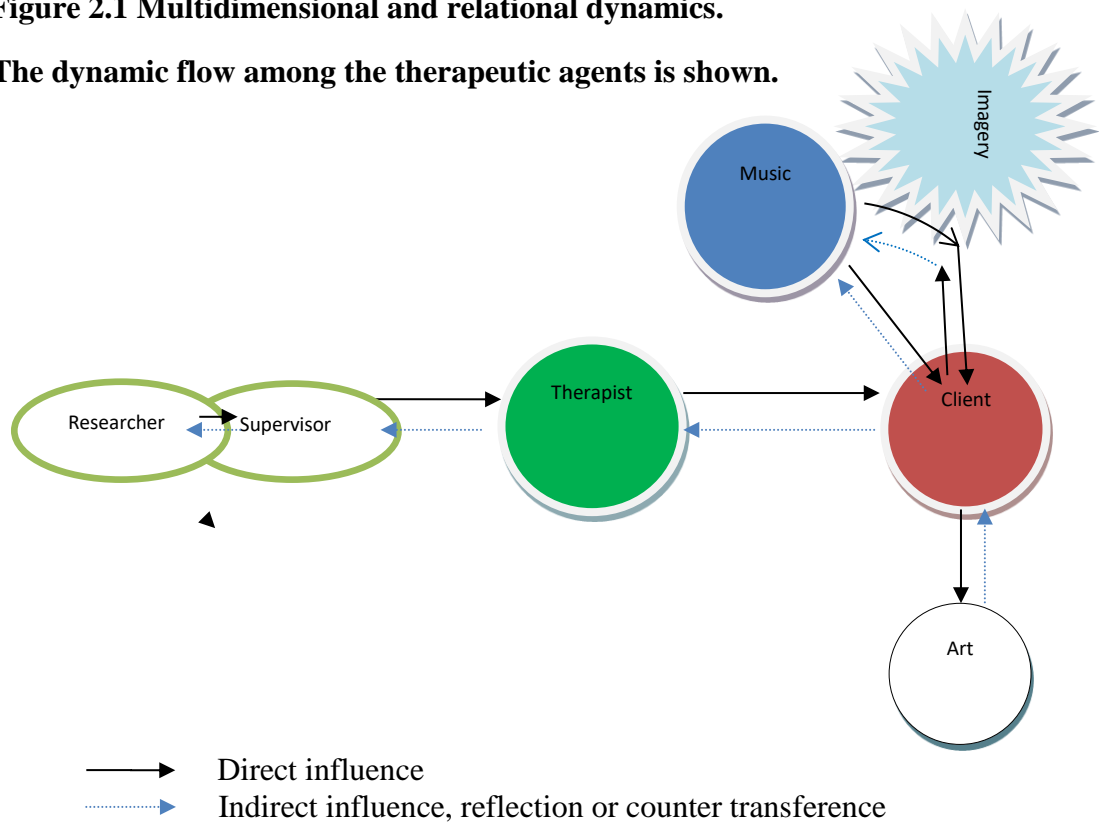
2.2.2 Relational dynamics

Multidimensional aspects of SMI closely link with a new concept of "Relational Aesthetics". Bourriaud (2002, p. 11-18) uses the term "relational aesthetics" and explains "the essence of humankind is purely trans-individual made up of bonds that link individuals together in social forms, which are invariably historical". Jones (2006, p. 72) views Relational Aesthetics as a "performative" social science with "emphasis on collaborations with our research participant co-authors, co-producers or co-performers themselves". This concept is similar to "known and knowers are interactive" (Lincoln and Guba, 1985, p. 37).

SMI works on direct relational interchanges between the client and the therapist, the client and music and the client and imagery. Furthermore, indirect relational interchanges occur between the supervisor and the client and between the researcher and the therapist (supervisee). All the direct therapeutic agents (client, therapist, music and art) and indirect agents (supervisor, researcher) share relationships. Each agent does not stand by itself but is influenced by and responds to any other. These relationships connect the process as a whole in its continuum. The dynamic among these agents is in sequential flow, changing one after another in a continuous feedback loop (Figure 2.1). These relational dynamics are examined and analysed in this study.

Figure 2.1 Multidimensional and relational dynamics.

The dynamic flow among the therapeutic agents is shown.



a. Relational dynamics

Each relationship has two sides, which are influencing and being influenced by each other.

For example, Therapist ↔ Client: Therapist directly influences (intervenes with) client and therapist is influenced by client (countertransference).

b. Multidimensional dynamic flow

Client reflects/identifies with supportive imagery identified through music enhances (enhanced) supportive imagery back to client projects on /expresses through arts solidifies supportive experience
 therapist supports client to integrate the experience of supportive imagery, music and arts into her life (postlude).

c. The consequential dynamic flow among client, therapist, supervisor and researcher

researcher > supervisor > therapist > client > therapist > supervisor > researcher

d. Imagery circulation experienced by the client

client > imagery > music > client

2.2.3 SMI is a reflective process and a subjective experience

a. Reflective process

SMI requires a reflective process. The client reflects on the supportive images and introjects them back to herself. The therapist is required to reflect her rational and emotional response to the session and the client each time she practices and writes a report. I, as a supervisor, use this reflective process throughout the supervision and, as a researcher, the reflective understanding influences my way of supervising trainee therapists and conducting GIM & SMI therapy.

b. Subjective meaning

The interpretation and understanding of any form of art is a very subjective practice. It varies tremendously in the eyes (and indeed ears) of the beholders. As music is one of the most abstract forms of art, this understanding/interpretation process is even more personal and subjective.

To deliver this reflective process and the personal understanding of the client and the therapist fairly, an audio/video recording of the session was produced and a written account was provided by the therapist. To maintain the study's trustworthiness, constant self-enquiry was requested by the supervisor/researcher, who had to write detailed reflective and process notes (see more under reflexivity).

2.2.4 Use of multi-media

As I described above, the process and study of SMI is complex and multidimensional and the therapy media are diverse ranging from verbal dialogue to arts to sound. The way these therapy media have been recorded and communicated is varied, employing multiple recording media: text files, audio/video recordings, pictures, emails, telephone and Skype.

Conventional research previously had to rely on text because of the difficulty of accessing other forms of media. Modern technology has made it possible to access various media easily, research does not need to depend solely on text describing the complex and colourful phenomena of this study. This research thus uses various media to represent and communicate visual and auditory processes faithfully and effectively.

2.3 Trustworthiness

As this exploratory study uses qualitative methods, established principles are applied to ascertain rigour and trustworthiness. To what extent can the results of such a study be considered "true", "real" and "certain"? Bruscia (1998c, p. 176) asks the question: "In the world of non-positivistic, qualitative inquiry, the dilemmas are epistemological ... without singularity of truth and reality, and little possibility of objectivity, how does one ever know anything with any certainty?" With the belief that reality is not tangible (elusive) and constantly changing, I designed my methods to bring validity and credibility to my study. I applied the naturalistic paradigm to enquire about credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985, p. 300-331) to enhance the trustworthiness of the study.

2.3.1 Credibility

Credibility in the naturalist paradigm enquiry is comparable to the conventional paradigm question of "truth value" and the criteria of "internal validity" (Lincoln and Guba, 1985, p. 290). To enhance credibility, this research applies the naturalistic activities of "prolonged engagement, persistent observation, and triangulation" (Lincoln and Guba, 1985, p. 301).

a. Prolonged engagement

The study is based on my experience of supervising SMI for more than five years and the data collected from the trainee and graduate groups span this time frame. I spent "enough time in becoming oriented to the situation" (Lincoln and Guba, 1985, p. 302). I applied grounded theory analysis and the case studies to the trainee and graduate groups over three years.

b. Persistent observation

The in-depth observation is done through audio/video material (raw data) and written records from six chosen sessions from the trainee group and three cases from the graduate group. In particular, the detailed case studies of the graduate group satisfy the criteria for persistent observation.

c. Triangulation

Triangulation (in social science research) means to employ multiple strategies in the analysis of the same empirical events, as no single method can ever completely capture

all the relevant features of that reality (Denzin, 1989, p. 13). Various data resources, multiple observers (investigators), more than one theoretical point of view and multiple strategies or methods are ways of employing triangulation, as suggested by Denzin (1989). As noted by Guba (1981a), "triangulation is typically undertaken to establish validity" (Lincoln and Guba, 1985, p. 317).

In this study, various data resources were collected from music and art files, audio/video recordings of sessions, written reports by the therapists and verbatim records of sessions by me. The study applied the grounded theory analysis and used case studies to illustrate the findings. These data sources and methodologies were not used to validate each other, rather they were used in a cumulative fashion to achieve a deeper analysis. Some triangulation was achieved by including therapists' comments and by interrogation of the variety of data available.

2.3.2 Transferability

Transferability in the naturalist paradigm is comparable to the conventional paradigm question of "applicability" (Lincoln and Guba, 1985, p. 290) and the criteria of "external validity" (Lincoln and Guba, 1985, p. 291). Lincoln and Guba (1985, p. 316) write "The naturalist cannot specify the external validity ... can provide only the thick description necessary to enable someone interested in making a transfer to research a conclusion about whether transfer can be contemplated as a possibility." The data for the study provide a "thick description" (Geertz, 1973) of the research process for transferability.

2.3.3 Dependability

Dependability in the naturalist paradigm can be compared to the conventional paradigm question of "consistency" (Lincoln and Guba, 1985, p. 290) and the criteria of "reliability" (Lincoln and Guba, 1985, p. 292). By demonstrating transferability and credibility, a study establishes dependability (Lincoln and Guba, 1985, p. 316-317). This study demonstrates transferability and credibility, as described above, and thus establishes dependability.

2.3.4 Confirmability

It is possible to compare confirmability in the naturalist paradigm to the conventional paradigm question of "neutrality" (Lincoln and Guba, 1985, p. 290) and the criteria of

"objectivity" (Lincoln and Guba, 1985, p. 292). The confirmability audit, triangulation and the maintenance of reflexivity are the major techniques for establishing confirmability (Lincoln and Guba, 1985, p. 318-319). The use of raw data, coding, categorising and process notes in this study are similar to the audit trail categories suggested by Halpern for confirmability (Lincoln and Guba, 1985, p. 319). I also stick to the grounded theory methodological rule in "delaying the literature review to avoid seeing the world through the lens of extant ideas" (Charmaz, 2006, p. 6).

2.3.5 Reflexivity on researcher's bias

For a researcher it is important to be aware of one's biases so that one can take them into account and work on eliminating their potential effect on one's research. The following is a list of biases that could affect this study.

a. Bias from having multiple cultural identities

Being born and raised in Korea but having lived in the west (USA and the UK) for about 30 years, I have multiple cultural viewpoints. Thus, I should be aware of which cultural point of view I am taking in each comment and analysis.

b. Bias towards Korean society

I am aware that I have ambivalent feelings about the ultra-modern Korea. I am rather critical of this radically changed society yet I have a sense of awe and pride in the country's outstanding achievements.

c. Bias towards Korean people

I have changed dramatically, having lived in the West for more than half of my life. There are conflicts within me between the old traditional Korean person still preserved from 30 years ago, before I left, and the modern, westernized person I am now. I realize I often project myself on other Koreans who also have changed dramatically in their way of thinking, their behaviour and their mannerisms.

d. Bias against some Korean (Protestant) churches and churchgoers

I am aware that I am very critical of some Korean Protestant churches which are overly dogmatic, aggressive and business-oriented. As a supervisor and researcher, I have to be aware of this strong bias, which may affect my view of people who are very religious.

e. Bias towards music therapy and mental health in Korea

I used to be prejudiced towards Korean music therapy and therapists when I began supervising them. Even though I have gained great respect for them over the years, I must remain vigilant against my bias.

f. Bias in music

I have a strong preference in music because of my classically [Western] trained background. I am aware that this may constrain my ability to understand the musical taste of people who come from a different musical background.

g. Insider bias

As I have conducted research on the cases I supervised, I may have a biased view of the cases, the participants and of myself as a supervisor. As an insider I must look out for this bias.

h. Clinical bias

I am a music psychotherapist, using music as the main therapy tool. Thus I am biased as I have a strong belief in the healing power of music and the process of psychotherapy.

i. Theoretical bias

SMI was created based on several theoretical assumptions:

- A belief that there are healing powers (resources) in each of us.
- A belief in the healing power of music.
- A humanistic and transpersonal psychology with an understanding of psychodynamic theory.

I have supervised and provided guidelines on SMI based on the validity of these theoretical views.

j. Former bias against short-term based and structured therapy

I used to be prejudiced against short-term and structured therapy before I learnt about SMI. I am aware of my changed perspectives about this.

2.4 Ethical consideration

Any research involving humans must consider ethical issues vigorously to safeguard the wellbeing of the participants. However, the ethical issues are convoluted as there are many variables and unexpected situations occur in an uncontrollable research setting such as this.

To safeguard the participants, approval from the University of East London Research Ethics Committee (UREC)/Tavistock was required for this study. I submitted the ethics application in December 2009 to demonstrate the following ethical considerations I made for this study (see Appendix 1-2 for the application to UREC). These included: a detailed description of the procedures of how the participants were selected and informed about the research, the nature of the participants, how data would be collected, how data would be used, how the confidentiality of the participants would be protected and any concerns for the wellbeing of the participants in the process of the research. The application included research information sheets, consent forms and letters. Owing to administrative delays, I received approval from the UREC on 17th February 2011, via email, and the UREC letter was sent on 4th June 2014 (see Appendix 3).

2.4.1 The dual roles and dual relationships

As this study is about therapy processes with supervision, each participant had dual (or triple) roles and dual relationships. I was a supervisor as well as a researcher (dual role). The therapist was a supervisee as well as a participant (triple role) and the client was also a participant. My relationship with the therapist was as supervisor/supervisee and as researcher/participant. My relationship with the client was never direct but indirect as a researcher/participant.

The situation was more complicated in that all of the participant therapists joined the study during their training break between different levels of their MI/GIM training. The therapists had had relationships as supervisor/supervisee with me long before the research began and I would also be their supervisor in later training. I was very aware of how this dual role between us might have caused emotional and psychological discomfort for them. Thus, before the research began, I provided opportunities to discuss any concerns and any discomforts they may have had. I assured them that: 1) Participation was completely voluntary and that I would not treat them any differently

whether they participated or not. 2) They could withdraw from the research “at any time, without giving reasons” (Appendix 2a, Participant Consent Forms, English). 3) The research was not to test/study their "performance" nor the "effectiveness of their therapy" but to explore the process of SMI. In addition, whenever any concerns were raised regarding research, I offered to listen to the therapists to try and understand their concerns (see 6.2.6 Session six, f. Supervision; 7.2.5 Session five, f. Supervision).

Similarly, the clients were assured that their involvement was voluntary and they could withdraw their participation at any time. They were also informed that the research was not to test them nor the effectiveness of SMI thus they did not feel pressure to “do well”. When any issues were raised, their concerns were dealt with by their therapists and then the issues were explored during supervision (see 6.2.3 Session three, before a. Prelude; 8.2.6. Session five, a. Prelude/Transition, e. Supervision).

The clients and therapists in the graduate group also had previous relationships, as a client's child's therapist and clinical administrator. I was aware of these dual relationships and was very conscious of working out the issues during the supervision.

As a researcher, I used a more critical eye when analysing the session, thus I am much more aware of the process and dynamic in the session and saw more than I normally would when conducting routine supervision. I noticed that I became self-conscious of my supervision and the "performance" of my supervisees. At times, I felt considerably exposed. Even though I hardly thought about the research while I supervised the SMI graduate group, I became self-conscious while analysing the session material.

Regarding the dual relationship of therapist as researcher, Ansdell & Pavlicevic (2001, p. 103) write: "Each role can create different priorities at different times - and may interfere with the other in ways that are both enhancing and tricky for your project ... The dual relationship is also rich relational ground." Lee (1995, p. 41) cautions, "The research design should conform to the needs of the client and not the research project itself." I tried my best to ensure that the emotional/psychological well-being of the therapists and the clients as participants of this research indicated above was protected.

2.5 Participants

There are two groups in this study, the SMI Trainee Group and the SMI Graduate

Group. The first group consists of trainee therapists, who were my supervisees, and their clients for therapy given in Korea in 2007 and 2008. The second group consists of SMI graduate therapists and their clients who volunteered to participate in this study between 2009 and 2011.

2.5.1 2.5.1 Procedure for recruiting participants

Before starting the study in 2009, I met SMI graduate therapists who were in various stages of their training in MI/GIM in Korea and I informed them about the outline and purpose of my research.

I later sent an email to the Trainee Group and another to the Graduate Group, both with research information sheets and consent forms attached. For the trainee group, I asked for their permission to use their previous cases from their Supportive MI training. For the graduate group, I asked for volunteers who would conduct six SMI sessions for the purpose of this study. Participating therapists sent their agreement by email and consent forms either by electronic file or gave them to me in person when I met them in Korea.

When the trainee therapists started the SMI sessions their clients had already submitted consent forms to their therapists that allowed for educational use of the material (for supervision). Thus I did not need to approach them for separate consent for the research.

Figure 2.2 The SMI trainee and graduate groups. All names are anonymised.

The SMI Trainee Group January 2007 - December 2008				The SMI Graduate Group November 2009 - October 2011			
Therapist	Client	Chosen for grounded theory analysis /focused session for case study	Chosen for case study	Client	Chosen for case study	Chosen session for grounded theory analysis	All sessions for case study
Nami	Sue	S4	Yes	Ann	Yes	S4	Yes
Hana	Kim	S1	Yes	Sun			
Sera	Jade	S3	Yes	Lin	Yes	S7	Yes
Yuna	Min	S6		May	Yes	S3	Yes
Duri	Ria	S2		Bin			
Dahi	Ina	S5					

2.5.2 Participants in the Trainee Group

Six out of a total of eight SMI trainee therapists from 2007/2008 agreed to participate in this study by allowing me to use their case materials. Altogether these therapists had thirteen clients and six client cases, one from each of the six therapists, were included in the study. The main selection criterion for which client case to choose was the quality of the data/documentation. Figure 2.3 gives some basic background information about the clients in the trainee group.

Figure 2.3 Participants chart: Trainee Group

Information based on interview. Client/Therapist cases in bold were chosen for case study. F: female, M: male, S: single, M: married.

Client/ (Therapist)	Sex	Age	Single/ Married	Living with:	Occupation	Strength and supportive resource	Stressors/reason for the therapy
Sue/ (Nami)	F	29	S	Parents, a sister and a brother	Student	Active personality, God, mother	Busy schedule, stress, tiredness
Kim/ (Hana)	F	25	S	Parents, a sister	Student	Home, father, mother	Stress over her career choice
Jade/ (Sera)	F	37	M	Husband and two sons	Housewife	Father, sons, music	Conflict with her husband
Ria/ (Duri)	F	25	S	Alone	Student	Being positive, thoughtful, God, mother	Career prospects
Ina/ (Dahi)	F	37	M	Husband and a son	Housewife	God, prayer, reading	Disabled son
Min/ (Yuna)	F	28	S	Parents, a brother	Office work	Parents, a priest from her church	Adjusting to social life

2.5.3 Participants in the Graduate Group

This second group was selected to evaluate/investigate the effectiveness of SMI in its application to a more complex clientele compared to the first group.

The therapists in the graduate group were SMI therapists who had successfully finished their SMI training (Level 1, MI/GIM). All of them were former trainee-therapists from the trainee group, but now with one or two years' experience using the Music and Imagery method. Some of the graduate therapists were the same people as the trainee therapists.

The clients were more inclusive and clinically more challenging than the first group. To

limit the influences from interventions other than SMI, clients who were taking other therapeutic interventions and psychiatric medication were excluded. Figure 2.4 gives some basic background information about the clients in the graduate group.

Figure 2.4 Participants chart: Graduate Group

Information based on interview. Client/Therapist cases in bold were chosen for case study. F: female, M: male, S: single, M: married.

Client/ (Therapist)	Sex	Age	Single/ Married	Living with:	Occupation	Strength	Stressors/reason for therapy
May/ (Yuna) Chapter 6	F	42	M	Husband and a son	Housewife	Strong sense of responsibility, proud homemaker	Anxiety, marital problem, son with learning disorder, relationship with others
Lin/ (Sera) Chapter 7	F	37	M	Husband and a son	Housewife	Catholic faith, working hard, being consistent	Marital problem, son with severe allergy
Ann/ (Nami) Chapter 8	F	40	M	Husband and two sons	Housewife	Strong sense of responsibility, supportive mother/siblings	Depression, abnormal perceptual illusions, marital problem, two children with developmental disorders
Sun/ (Hana)	F	30	S	Parents and a sister	Student	"Simple mind, positive attitude"	Want to experience MI
Bin/ (Duri)	F	24	S	Parents and a sister	Musician	No fear of the new	Career perspectives

2.6 Data and data collection

The data for this study were recorded in routine clinical format for clinical supervision. For both trainee and graduate groups, each case had six supervised sessions. Session reports, audio/video recordings of the session, MP3 music files and art files were provided by the therapist. Characteristically, the data include:

- Written session reports with two sections: a descriptive account of the session and subjective reflections by the therapist regarding the session.
- A MP3 file of the chosen supportive music.
- The imagery expressed in drawing, playing an instrument, writing, and/or movement in appropriately recorded forms.
- A chronological verbatim account of the session prepared by me.
- The supervision interventions: my written feedback on the therapist's report and my memo on verbal feedback/intervention from the supervision by telephone or Skype.

- Email exchanges between the therapists and me.

The data also include my reflections as a supervisor and researcher analysing the impact of these interventions on the therapist's orientation towards the client. These accounts are therefore multi-layered and allow for reflection on both the therapist and myself, as supervisor.

The first set of data was gathered during my extensive teaching and clinical commitments in Korea, before I embarked on this study. The second set of data was gathered for the purpose of and as a part of this study. Hence the data consist of a retrospective sample (the trainee group) and a prospective sample (the graduate group).

2.6.1 First set of data

Figure 2.5 gives an overview of the data that were available from the Trainee Group for the selected cases. There are six cases and 37 sessions in total: five cases with six sessions per case, one with seven sessions.

Figure 2.5 Data chart: Trainee Group

Therapist	Client	No. of sessions	Session reports	Music files	Art files	Sessions (S) with recordings	No. of supervisions	Analysed for GT / focused session
Nami	Sue	6	5	5	5	S4 Audio	6	S4
Hana	Kim	6	6	6	6	S1, S3 & S4 Video	6	S1
Sera	Jade	7	6	6	6	S3 Video	6	S3
Duri	Ria	6	5	5	5	S2 & S4 Audio	6	S2
Dahi	Ina	6	5	5	5	S2 & S5 Audio	6	S5
Yuna	Min	6	5	5	5	S6 Audio	6	S6
<u>Total</u>	6	37	32	32	32	4 Video 6 Audio	36	6

2.6.2 Second set of data

Figure 2.6 gives an overview of the data that were available from the Graduate Group. There are five cases and 31 sessions in total: four cases of six sessions per case and one of seven sessions.

Figure 2.6 Data chart: Graduate Group

The data studied is from five cases: five therapists with one case each.

Therapist	Client	No. of sessions	Session reports	Verbatim session notes	Music	Art	No. of Audio files	No. of supervisions	Analysed for GT
Yuna	May	6	6	6	6	6	6	6	S3
Sera	Lin	7	6	7	6	6	7	6	S7
Nami	Ann	6	6	6	6	6	6	6	S4
Hana	Sun	6	6	0	6	6	6	6	
Duri	Bin	6	6	0	6	6	6	6	
<u>Total</u>	5	31	30	19	30	30	31	30	

2.7 Data analysis

SMI therapy is a new method in the music psychotherapy field. Therefore, one of the aims of this research is to theorise the processes of SMI. Initially I wanted to use grounded theory because it is designed for “the discovery of theory from data” (Glaser and Strauss, 1967,

p. 1). At first I tried the grounded theory analysis as a framework to explore case studies but I encountered problems because my grounded theory data analysis was underdeveloped. I then considered thematic analysis but this is not designed to generate theory (Braun and Clarke, 2006, p. 80) and it was difficult to follow the flexibility of it with “no clear agreement what thematic analysis is and how you go about it” (Braun and Clarke, 2006, p. 79). I therefore consulted the literature on grounded theory and, using Strauss and Corbin (1990), I conducted additional data analysis. They allow a more pragmatic approach to prior ideas and conceptualisations and allow practical and purposeful sampling of data rich cases, deductive as well as inductive coding, unlike Glaser and Strauss (1967). As mentioned earlier, I am more of a realist than Charmaz (2006).

2.7.1 Grounded theory literature

The ontological assumption of Corbin and Strauss (2008) regarding the fluidity of the universe suggests “nothing is strictly determined” (Strauss, 1993, p. 19). They state that their epistemology is based on Interactionism and Pragmatism inherited from John Dewey and George Mead (Corbin and Strauss, 2008, p. 2). They explain that pragmatism is concerned with ‘processes’ and it believes in a “cultural matrix” in which one is imbedded and “the accumulation of collective knowledge” (p. 3).

Symbolic interactionism suggests that our interaction is based on the meaning that we “interpret or “define” each other’s actions instead of merely reacting to each other’s actions” (Bluner, 1969 p. 19, cited by Corbin and Strauss, 2008, p. 2).

Cooney (2010, p. 20) writes that the systematic analytic procedures of grounded theory presented by Strauss and Corbin (1990) were criticised as 'programmatically and overformulaic' (Melia, 1996), too technical and limiting (Cowley, 2004; Kendall, 1999; Melia, 1996; Robrecht, 1995). Glaser (1992) sharply rejects Strauss and Corbin’s (1990) approach as being too restricting and it does not reflect the grounded theory he and Strauss designed originally (Urquhart, 2013, p. 19).

Responding to such criticism, Strauss and Corbin modified their approach in their second (1998) and third (2008) edition to be more flexible and emphasized that the procedures were to be taken as a guideline and were not to be taken too rigidly (Cooney, 2010). “Researchers are encouraged to use the procedures in their own way” as long as they are clear in their goal at the beginning of a study whether it is a descriptive study or one that develops theory (Strauss and Corbin, 2008).

Lepper and Riding (2006) explain that “grounded theory is based on the principle of comparative analysis ...[and] is a method for generating empirical generalizations, rather than universal facts” (p.119). They argue that because of its emphasis on “meaning in context” and on process (p.130), grounded theory has proved to be “a robust method of inquiry” of the psychotherapy process (p.136). They point out a concern raised by Barnes (1996, p. 130) and relevant to this study that because grounded theory relies on theoretical sensitivity, the researcher’s basic assumption may bias the “cultural variance in its subject”.

Anderson (2006) eloquently shows that the grounded theory method can clearly be applied to research in psychotherapy, and, one could argue, by extension in music psychotherapy. She points out that triangulation could be achieved by using different sources, for example, clinical reports, the therapist’s findings, the supervisor’s analysis and repeated investigation of original case material. Wakelin (2011) demonstrates how grounded theory analysis is applied effectively to study “the dynamics around the infant in foster care” (p.280) during the therapeutic observation. By using grounded theory analysis, she produces four thematic categories: Matrix, Tornado, Machine and Limbo,

to convey intense emotional experience of the observation (p.290).

Strauss and Corbin recognize complexity and multiple perspectives on events and phenomena. The process of understanding action and interaction as a response to consequence and contingency is an important aspect of their study (Corbin and Strauss, 2008). Strauss & Corbin's view of multiple conditions in actions and their consequences appeared to be reflected in the way they designed the grounded theory analysis procedures, especially how the categories interact with each other in the axial coding analysis (Strauss and Corbin, 1990).

2.7.2 Grounded theory applied in this study

The therapy process is a reflective process of understanding oneself and is about finding meaning through engaging complex therapeutic dynamics. Therefore, Strauss and Corbin's grounded theory method appeared well-suited for studying the psychotherapy process because of the balance between their systematic approach and their belief in the complexity and fluidity of the world. Strauss and Corbin's (1990, 1998) model of grounded theory is rooted heavily in observation and thick description. Their systematic rigour of the method is a good fit to examine and to organize the dynamics in psychotherapy. Their philosophical outlook, which accepts the multiple facets of phenomena, is well suited to study the process and complexity of the SMI therapy and the influence of supervision on its process: the interaction among participants, the interaction between the client and the expressive arts and imagery, multiple conditions and causes that affect the outcome of the therapy.

I used the grounded theory method to analyse selected data through purposeful sampling and to produce a grounded theorisation of SMI processes, thus addressing the overall research question and subsidiaries. Therefore, the analysis was partly deductive, starting from the questions I had in mind, and partly inductive, searching for meaning in the data, i.e. I applied grounded theory analysis to SMI processes, characteristics of therapist-client interactions, supervision and therapeutic changes.

a. Music

This study, which uses receptive music, seeks to understand the chosen music and how the music impacted the client. The chosen music represented the positive feeling from the supportive imagery. Thus, applying grounded theory analysis, I examined the

qualities of the music with respect to the criteria for supportive music (Summer, 2007, 2008a). I also examined how the client responded to and related to the music including her verbal feedback on the music. Mine and the therapist's comments on the chosen music were included.

b. Arts

The client expresses herself through any form of creative arts in SMI. In the trainee and the graduate groups, all clients used drawings with a few cases of added activities of music improvisation (Chapter 4, Hana & Kim, Session 4, Postlude), and movement (Chapter 7, Sera & Lin, Sessions 4, Postlude). Thus, I will principally focus on how drawings were used in this study.

The drawings of the client in SMI are a projection of the client's supportive imagery. They are a tangible product of the supportive imagery of the client. Using grounded theory analysis, I examined not the drawing itself but how the client experienced her drawing of her supportive imagery, expressed through her words.

2.7.3 Application of grounded theory to analyse the data

a. Outline of grounded theory analysis

The data in this study consist of detailed, descriptive accounts of therapy sessions and reflective discussions on the therapy, music and arts files and audio/video files. This is rich, fine-grained data, a "thick description" (Geertz, 1973), which is suitable for analysis using qualitative methods.

In this research study, SMI was provided to two groups of clients who were healthy volunteers. The focus of this study is the clients and the trainee and graduate therapists who led these SMI sessions. Grounded theory, as explained and used in this study, was applied to organize the whole data set systematically to understand patterns of the SMI process and the dynamics between the participants in both groups. The overall purpose of the grounded theory analysis of these chosen nine sessions is to understand and establish a pattern of the therapy process and the interactive dynamics in SMI therapy within a session, throughout a case and across cases.

I analysed a purposeful sample of six chosen sessions from the trainee group. Once I had generated codes and categorised these, I then made a further purposeful sample of

three chosen sessions from the graduate group. The trainee group of data in this study had already been collected in the course of my supervisions before the beginning of the study. However, the ways and the order in which I chose to analyse the data were directed by the idea of ‘theoretical sampling’ (Glass and Strauss, 1967).

From this process, seven categories and a core category were generated. Finally, I present six cases to illustrate the grounded theory analysis, using the codes and categories generated from this process. I used case studies to present the findings of the grounded theory analysis as this helps to maintain the clinical integrity and coherence, and they allow for a more dynamic presentation of the grounded theory categories developed. I selected the specific cases as illustrative examples of the grounded theory data analysis, thus they best represent the data analysis and focus on the key findings from the analysis.

i. Trainee group

I examined a matrix of six SMI sessions in the trainee group from session one to six, each session from a different case and a different therapist (Figure 2.5) and establish a template frame for the case study by applying grounded theory.

One case from each therapist was chosen based on the quality of the data/documentation (Figure 2.5). Each of these chosen cases from six different therapists had audio/video recordings of between one and three sessions. Based on this, the availability of audio/video recordings, one session from each case was chosen. The chosen sessions were: the first session by Hana & Kim, the second session by Duri & Ria, the third session by Sera & Jade, the fourth session by Nami & Sue, the fifth session by Dahi & Ina, the sixth session by Yuna & Min (Figure 2.2)

To collect a greater variety for coding, I started with the analysis of sessions with unique and strong characteristics. Because the session from Hana & Kim’s case was a first session, I expected it would bring up a common anxiety, insecurity among all participants. The fourth session from Nami & Sue most faithfully followed the SMI manual, I thought it may bring up more commonly available categories for SMI cases. The third session by Sera & Jade, the most difficult and complex session among the trainee group, could bring up categories that would not be found in other cases and this would be a good sample template for more challenging cases in the second group.

The other three sessions were relatively similar in terms of the issues, difficulties and characteristics to the first three chosen. The second session from Duri & Ria's case was relatively similar to Hana & Kim's chosen session, the fifth session from Dahi & Ina was similar to Sera & Jade's chosen session, the sixth session from Yuna & Min was similar to Nami & Sue. Duri & Ria and Dahi & Ina's cases strengthened the categories that were already collected. By the time I studied Yuna & Min's sixth session, seven categories had been collected: supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning and one core category, change, had been identified.

ii. Graduate group

To find if any new concepts and categories could be identified and to evaluate how the findings from the trainee group would fit, I selected a further three sessions, one session each from the three selected cases in the graduate group (theoretical sampling) (Figure 2.2).

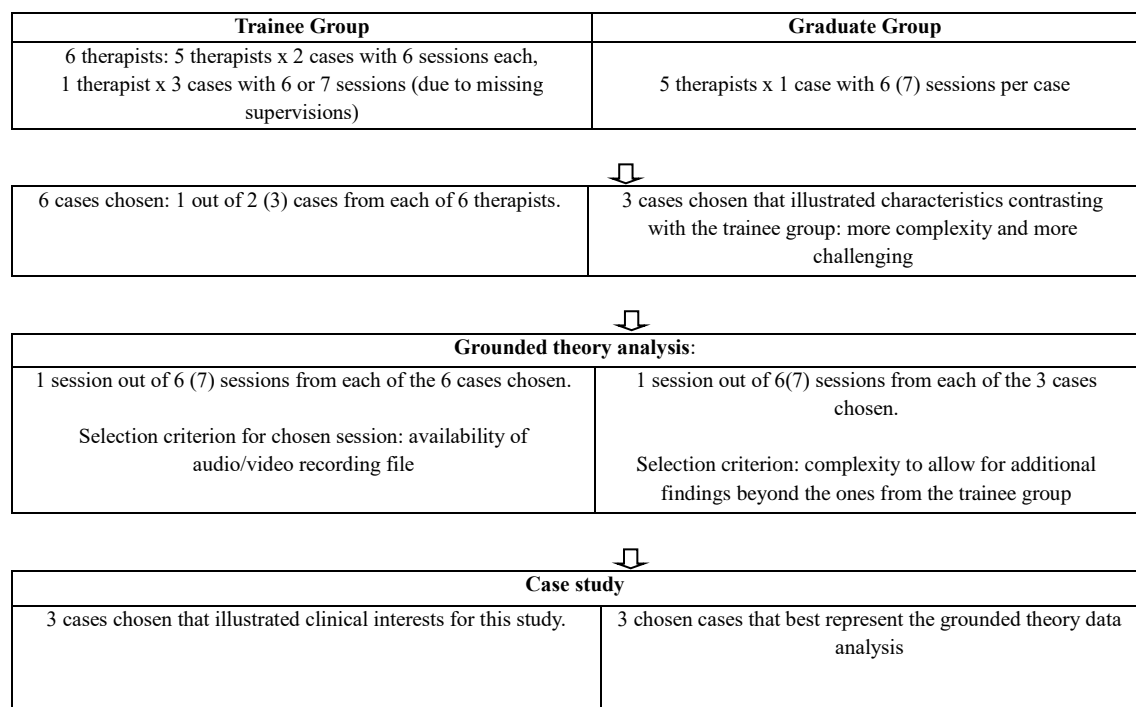
The three chosen sessions were: the third session by Yuna & May, the last (S.7) session by Sera & Lin, the fourth session by Nami & Ann. The third session by Yuna & May was chosen as it demonstrated unique dynamics about how resistance was resolved and how drawing was used to process supportive imagery. The last session (S.7) by Sera & Lin was chosen as it best represented how a client used words for cathartic purposes and to understand a therapist's countertransference most clearly. The fourth session by Nami & Ann was chosen as this best represented how a combination of expressive media was used to make changes in a client. The analysis from the graduate group confirmed the eight categories chosen for the trainee group but the characteristics within the categories were different, for example, greater degrees of difficulty, pronounced use of words compared to the trainee group, complexity in relationship. By the end of analysing these three sessions, I was certain that there was no new information or categories emerging.

Theoretical saturation is achieved when the categories are sufficiently developed so that "no new or relevant data seemed to emerge regarding a category" and "the relationships between categories are well established and validated" (Strauss and Corbin, 1990, p. 188). In an attempt to reach theoretical saturation, I first selected a sample of sessions from the trainee group that represented a) students' optimal delivery of the SMI protocol, and b) the broadest representation of participant characteristics.

Following open coding analysis of this data, I again used purposeful sampling to select sessions from the graduate group that provided both a) the best fit for the preliminary analysis of the trainee group's data and b) new concepts that had not yet emerged. In the event, towards the end of the analysis enough material had been collected to achieve theoretical saturation.

Applying an eight category matrix established through grounded theory, I wrote in-depth case studies. I used these to bring out the richness of the material and to explore the complex dynamics in the SMI cases and how supervision affected the process of the therapy. An analysis was written at the end of each session as well as at the end of each case. I found that using the eight category template provided a good way of organizing the material for each case. Figure 2.7 describes schematically the selection process for the chosen sessions.

Figure 2.7 Session selection process chart

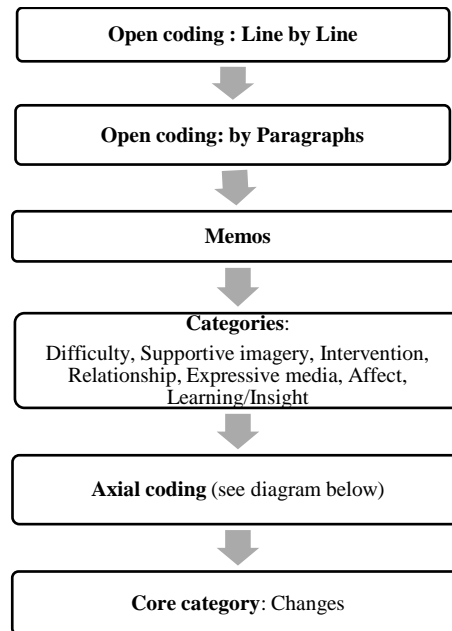


b. Process of grounded theory analysis

Each selected session described above was analysed following Strauss and Corbin's (1990, 1998, 2008) grounded theory method. I analysed the verbatim transcript of the session, the written session report by the therapist, my written feedback and email exchanges between me and the therapists. The analysis includes coding, memo taking

and categorizing, axial coding techniques of grounded theory to formulate the matrix to be used for the case study.

Figure 2.8 Analysis flow chart



i. Open coding

Open coding is a “process of breaking down, examining, comparing, conceptualizing, and categorizing data” (Strauss and Corbin, 1990, p. 61). I conducted open coding in two steps: line by line (Figure 2.9) and by paragraphs (Figure 2.10).

Figure 2.9 Line by line open coding

I analysed the data line by line collecting many codes.

Step 1: Line by line coding		
Sample excerpts from case Nami & Sue, Session four (C: Client, T: Therapist)		
Excerpt 1. from Transition	Excerpt 2. from Postlude	Excerpt 3. from Supervision
-Acknowledging C's difficulty	-Recollecting the positive feeling	Reflective process:
-Guide to focus on supportive resource	-Expressing feeling of imagery, quality of the imagery	-Awareness of self
-Loss of supportive resource-faith	-Reflect internal quality of the imagery	-Too demanding of self
-No supportive resource	-Exploring, expanding the positive feeling	-Being contained from supervision
-Asking for Clarification	-The positive feeling of the drawing, expressing the positive feeling in words	-T understanding about herself
-Difficulties, Conflict	-Appreciative of the resource, pleasant feeling, experience	-Too conscious, too ambitious
-Community collapsing	-Music bring up the pleasant moment	-Need to be patient
-Duty vs thinking of oneself meeting one's need. Taking care of oneself	-Music enhance the feeling	-Reflect on T's counter-transference
-Being defensive,	-Music help C engage with the feeling	Supervisor:
-Understanding	-Music deepens the feeling	-Compliment, positive feedback
-Felt being understood,	-Containing, summarizing the positive experience in words.	-Support, empathetic, containing
-Finds supportive resource	-Giving advice, explaining
-Matching the excitement emotionally charged,		-Provide instruction
-Satisfied, feeling a sense of achievement		-Provide an example
...		-Guiding T to reflect
		...

After the line by line coding, I carried out open coding of small sections of the sessions and reports with similar focus/issues following the chronological procedure of an SMI session. (step 2). This second step enabled me to see the whole chronological procedure and its dynamic in 18 simplified code stages. This allowed me to see the whole process. Some themes were repeated in many sections, such as supportive imagery, intervention, difficulty, feelings etc (Figure 2.10).

Figure 2.10 Open coding by paragraphs

Step 2: Open coding by sections		
Sample excerpts from case Nami & Sue, Session four (C: Client, T: Therapist)		
<p>...</p> <p>Code 3: Difficulty finding supportive imagery (resource): supportive & active guidance by therapist (intervention)</p> <ul style="list-style-type: none"> -C could not no longer rely on the church -External & internal conflicts -Venting out frustration & about difficulties -Change in support system -C finding support within C herself -C being aware of her need <p>-T's intervention</p> <ul style="list-style-type: none"> -Being attentive to Cs difficulties -Being empathetic -Clarifying <p>Code 4: Finding supportive imagery (resources)</p> <ul style="list-style-type: none"> -C. Finding external resource -T focusing on the quality of resource -C Finds the supportive imagery that was meaningful <p>-T's intervention</p> <ul style="list-style-type: none"> -Step by step, active focused guiding -Focus on the quality of resources -Direct yet sympathetic inquiry of supportive imagery <p>...</p>	<p>Code 12: Revisiting supportive imagery from the music and drawing process: processing, integrating the feeling the positive feelings of resource reflected in drawing</p> <ul style="list-style-type: none"> -Music bring up the pleasant moment -Music enhance the feeling -Music help C engage with the feeling music deepens the feeling <p>-Recollecting the positive feeling from the drawing</p> <ul style="list-style-type: none"> -Bring up feelings. -Expanding the pleasant feeling -Expanding the pleasant experience <p>-Expressing feeling of imagery, quality of the imagery</p> <ul style="list-style-type: none"> -Promote the internal experience of the imagery... 	<p>Code 16: Learning from reflection (supervision)</p> <ul style="list-style-type: none"> -Reflection -Insightful -Aware of personal issue -Too ambitious -Too demanding of self -Less confident -Need approval <p>Code 17: Intervention: (supervision)</p> <ul style="list-style-type: none"> -Teaching -Providing information, detailed feedback & example -Instruction, explaining <p>Supporting:</p> <ul style="list-style-type: none"> -Praise, positive feedback -Empathetic -Containing -Encouraging <p>Code 18: Therapeutic alliance</p> <ul style="list-style-type: none"> -Asking for advise -Sharing opinion, view -Answering

ii. Memos

Memos are “the researcher’s [informal] record of analysis, thoughts, interpretations, questions, and directions for further data collection” (Strauss and Corbin, 1998, p. 110).

After the open coding analysis, I wrote whatever thoughts and questions came into my mind to understand the process (Figure 2.11).

Figure 2.11 Memos

Sample excerpt from case Nami & Sue, Session four

Memos example

Code 3 and 4: This is the section in which the therapist led the client to find her supportive imagery.

Finding the supportive imagery was carried out in two steps: code 3 and 4

Code 3:

C having difficulty finding her supportive resource because C was too confused.

There was indication that C was changing her supportive system. C became more in touch with her needs rather than her duty. C relied more on herself rather than on her church, which used to be her supportive resource.

However, because C was not yet aware of such changes in her, this created internal conflict: C felt somewhat defensive and confused about her changes.

T showed great sensitivity attending to C's complaints and letting C express and vent her distress.

Note that T started guiding C to find her resource by saying, "Is there something that supported you when you had a hard time?" (verbatim transcript line no.40), i.e. Nami sensitively acknowledged C's difficulty while searching for her supportive imagery.

It took a while for C to find her supportive imagery. T was empathetic and was attentive to C's difficulties and helped C to clarify her conflicts. T's intervention held C.

Code 4:

It seems that after C vented her distress and being heard and understood by T (3), C suddenly was able to find her supportive imagery - her friend. **This was the first turning point (Changes/key moment).**

Then, T guided C to focus on the quality of the support from her friend. (T guided C to focus away from the external to internal qualities of the supportive resource.)

After focusing on the internal quality of the support from her friend, C suddenly remembered another supportive resource that meant much to her. **This was the second turning point (Change/key moment).**

So, how did these important changes/key moments come about? What prompted C to find her supportive imagery?

C was exhausted, had difficulty finding her supportive imageries at the beginning.

Did C need to vent her distress, express her pent up feelings, frustration? Cathartic clearance before finding her supportive imagery?

How about T's leading style?

T led the process actively yet sympathetically, attentive to C's condition and needs. T guided C to explore her resources in a step by step procedure, moving along with C's process. T was active and focused, guiding C throughout.

T led C to focus on the quality of resources. Did it lead to C remembering the supportive event suddenly?

Need to explore these aspects further:

iii. Categories

After the open coding and memos, I grouped collections of coding under various categories for each session. The categories were compared in their development over time, within each case and across the cases. The intent was to analyse the nine sessions in the way described. By coding all six selected sessions in the trainee group and three selected sessions in the graduate group, I reached saturation as no new categories were being generated.

I identified eight categories from this process.

Figure 2.12 Categories collected from Group 1 & Group II

<p>Supportive Imagery (resource)</p>	<p>The quality of the imagery: internal supportive imagery vs. external imagery</p> <p>Availability: found from the client's recent experience. accessible to the client</p> <p>Meaningful: felt precious, deeply felt meaningful experience</p> <p>Under a difficult (stressful) situation: moment made her feel OK person, time, place that C felt safe</p> <p>Alternative resources: From the past memory Music comfort and contain her Therapist, support from the SMI session etc....</p>
<p>Difficulty</p>	<p>Emotional/physical condition: Feeling fragile, too exhausted, too distracted, being evasive, too self-conscious</p> <p>Difficulties working with imagery: difficulties focusing on imagery difficulty being engaged in imagery cannot focus on herself, her feelings</p> <p>Therapist's difficulty: Following the manual Leading the procedure, to focus Difficult to be objective: too involved in the process, fused with C Dealing with C's anxiety Not being attentive to C Countertransference etc.</p>
<p>Expressive media:</p>	
<p>Music</p>	<p>Being understood by music Being supported: warm, embracing, comforting bringing up the pleasant moment enhancing/deepening the feeling Reflecting C's conflict, anxiety Provoking C's hidden anxiety, dilemma etc.</p>
<p>Arts</p>	<p>Expressing feeling of imagery, quality of the imagery Recollecting the positive feeling from the imagery Bring up feelings, promote the internal experience of the imagery</p>

Arts (continued)	Expanding the pleasant feeling Easy to reflect, grounding the experience etc.
Words	Articulating, processing, summarizing, grounding Containing Deepening the feeling Communicating, sharing, being understood Ventilating feelings Cathartic etc.
Intervention	Attitude Be open, genuine, supportive, empathetic, comforting, caring attentive, listening, Engaging, acknowledging, validating, encouraging ... Active intervention: Containing Holing Provide safe boundary, grounding Clarifying, articulating, Guiding, re-directing, instructing, initiating, Leading, focused, knowing the direction Deepening the experience Counter effective aspects: Not being flexible, Not being attentive Fused with boundary. Too overwhelmed, anxious, too self-conscious etc.
Affect	Pensive, thoughtful, felt being understood, accepted Engaged, being moved, being emotional Animated, excited Satisfied, confident, being proud, Conflictual feelings: Feeling regretful, being nervous, angry feeling unsupported, burden, stressful anxious, confused etc.
Learning	Learn about self Discovering her inner resource Recovering self-worth, esteem Readjusting, Changed view, healthy outlook Accepting, embracing her problem Being objective Awareness of self Aware of her issues Appreciating her life. Connecting her imagery to her life Learning from Supervision. Understanding her countertransference Learning from reflection Providing an example Instructions, clinical skills, feedback, teaching etc.
Relationship	Parent-child relationship Korean cultural influence Fused boundary, identity Good rapport Therapeutic alliance Parallel processes Counter-parallel processes Communicating, sharing, accepting, engaging, trusting Pre-existing relationship

	etc.
Change	<p>Aspects that may have triggered changes:</p> <ul style="list-style-type: none"> Effective intervention Active, focused guidance Being flexible Supportive attitude, being attentive, Containing anxiety Feeling deeply, immersed in feeling Expressing feeling Internalizing the positive feeling from supportive imagery ... <p>Changes made from the process of internalizing the supportive imagery:</p> <ul style="list-style-type: none"> Focus on the supportive imagery (resource) Focusing on the positive feeling Deepening the feeling by use of music, arts, words Appreciating her resource. Being proud, acknowledging her change, Gaining insight, emotional insight etc.

iv. Eight categories

Eight categories emerged from the six selected sessions of the trainee group cases and the three selected sessions from the graduate group cases (Figure 2.2). These are: supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning, change.

At first, the categories ‘supportive imagery’, ‘difficulty’, ‘intervention’, ‘expressive media’, ‘affect’, ‘change’ were identified from the analysis of the selected session transcripts (Figure 2.2). The categories ‘learning’ and ‘relationship’ were identified from the data collection during the supervision process of these sessions, i.e. the therapists’ reports with supervision feedback and emails between myself and my supervisees. I included the subcategory ‘words’ in the ‘expressive media’ category during the later process when I studied the more complex cases of Sera and Jade and all cases in the graduate group.

By constant comparison across the data sources, it soon became apparent that codes within these eight categories were identified from both session transcripts and supervision sections, and the subcategory ‘words’ could be found in both groups. Thus all categories were identifiable in all data sources.

Supportive imagery (resource)

The category, ‘supportive imagery’ is exchangeable with ‘resource’ as the resource is the supportive imagery.

There was supportive imagery of different quality: external or internal. External imagery was a simple representation of an external object such as parents, friend, god, whereas the internal imagery was represented in an abstract form such as the positive feeling from the resourceful experience (Nami & Sue, S.4, verbatim transcript line 37: [satisfying experience from] “music play!”).

Availability and degree of meaningfulness of the supportive imagery seemed to be important factors. When the supportive imagery was found in an actual experience in her life, the client was able to gain access to the positive feeling from the imagery (Ch.8, S.4). The client could become emotionally engaged with her imagery when the experience was meaningful to her (Ch.6, S.3). When the client was too consumed with conflictual feelings, she had difficulties focusing on and engaging with her supportive imagery (Ch.5, S.3).

The SMI structure aimed to help the client to focus and deepen the positive experience of her supportive imagery. The positive feeling was brought to the present by recollecting the resource and then the satisfying feeling was deepened and extended by the use of matching music and by arts. When this process was done successfully, the client felt good and was appreciative of her resource and this often led to changes in her (Ch.3, S.4).

Difficulty

The clients came to the therapy because of difficulties they experienced, even though some did not clarify this fact during the interview. These difficulties were brought to the SMI sessions even though SMI focuses on the supportive resources instead of the conflicts. This clash, the difficulties the client felt and the focus of the SMI, created problems in processing and conducting the session.

Each case faced various difficulties, which were caused by the client’s internal conflicts (Ch.5, S.3) and/or physical exhaustion (Ch.3, S.4), and/or the therapist’s discomfort in conducting the session (Ch.4, S.1; Ch.5, S.3). These difficulties generated anxiety in the client and the therapist and they hindered the client experiencing her supportive imagery. Thus the therapist needed to be attentive to the client’s difficult feelings and contain her anxiety. The supervisor needed to help the therapist reflect on her emotional difficulties and support the therapist to contain her anxiety. An active yet

empathetic intervention appeared to be very important to deal with the difficulties manifested in the SMI sessions.

Intervention

Therapeutic intervention was to support the client to enable her to focus and work on her supportive imagery. Supervisory intervention was to support the therapist to work with her client most effectively. I found two different types of interventions made by the therapist or supervisor: the conditioning intervention and the active intervention. The conditioning intervention is to provide a supportive environment for the client or the therapist. A supportive, attentive and engaging attitude seemed to be an important intervention that had a positive impact on the client (Ch.6, S.3) or the therapist (Ch.4, S.1). Active intervention was more to do with clinical skills and the clinical application of the method. The active intervention was for the client to be able to work on the supportive imagery effectively, for example, containing the client's anxiety, focused and active guiding, effective application of the SMI method (Ch.3, S.4).

Expressive media: Music, Arts, Words

Expressive media in general were used for the client to revisit the positive experience of the supportive imagery and to extend and deepen the experience. This was the category that worked straightforwardly with the supportive imagery and helped to process and internalize it.

The expressive media shared common characteristics of expressing and reflecting the client's state, the current as well as the hidden. They all influenced the emotional experience of the client. At the same time, each one presented distinct characteristics and functions.

Music

Music matched the positive experience of the chosen supportive imagery and helped the client to remain immersed in the experience while drawing. In this sense, music became the supportive resource itself and supported the client in deepening her emotional experience.

Music seemed to facilitate the client becoming fully engaged with her emotion and seemed to touch the client's conscious and unconscious emotions. Music helped the client to deeply feel and to appreciate the good experience from the chosen imagery (Nami & Sue, S.4, verbatim transcript, line 191, lines 203-205). At the same time,

music sometimes stirred hidden conflicts and dilemma in the client: “[Music told me] to go ahead but I felt I couldn’t” (Sera & Jade, S.3, verbatim transcript, line 367).

Art (drawing)

The drawing allowed the positive experience from the imagery to become tangible to the client. The process of drawing helped the client to revisit, to expand and to express the pleasant experience from the imagery. Her experience from the imagery (resource) was transformed into the drawing, which was easy for the client to appreciate and to reflect.

Similar to music, drawing also brought the hidden feelings and thoughts to the surface: [Looking at her drawing, becoming anxious] “feeling being held and couldn’t move forward” (Sera & Jade, S.3, verbatim transcript, line 365). Because of the visible format that was easy to understand, the clients seemed to gain some insight and to learn about themselves from the drawings: “I feel happy [looking at the drawing]. I realize I am loved fully [becoming emotional]” (Duri & Ria, S.5, verbatim transcript, lines 174-176).

Words

Words had many distinctly different functions. In relation to the imagery, words helped the client to process the imagery by articulating the experience. By articulating the positive experience of the imagery, it may have felt grounded for the clients. The client could ventilate her pent up feelings or process her anxiety or confusion in words. Such cathartic expression in words seemed to be effective in preparing the client to work on her supportive imagery. It seemed that the client needed to express her pain and difficulties in words and be understood before she could focus on her supportive imagery (May in Ch.6, Prelude; Lin in Ch.7, Transition, expressed their feelings in words, in both spoken and written form).

Words were essential means for the therapeutic intervention. How the therapist used her words in supporting and guiding her client seemed to make a difference in the way the client responded. Because of these reasons, words affected the dynamics in the therapy process and were an effective tool to facilitate the therapeutic relationships.

Relationship

Personal traits of how the participants related to themselves and cultural traits seemed to affect the therapeutic relationship.

Most of the therapists in this study were self-critical and perfectionist to varying degrees. Especially before the therapeutic relationship was established, the client and the therapist tended to be self-conscious and could not fully engage in the process. The therapists were overly eager to see ‘a good result’ or changes in their clients, which may be seen as a good ‘performance’. This tendency also may be due to a fused boundary, similar to the one often seen between a child and her parents in Korea. The therapeutic alliances between the therapist and me and between the therapist and the client also appeared to have an impact on the therapy process. The therapeutic relationships were much influenced by the Korean hierarchical relationship between parent and child. The clients tended to be trusting and followed the therapist’s instructions readily. The therapists were empathetic and tried to be very supportive of their clients. The therapists were compliant, trying their best to follow the instructions.

Both Nami and Hana complained of feeling restricted by trying to execute exactly what they had learnt. When Sera did not follow the instructions, she was very critical of herself in her reflected report (S.3). Nevertheless, the ways they related to me were different. Nami was demanding of my attention, Hana was very trusting of my support. Sera seemed to fear me.

I was very protective of the therapists and paid good attention to them. At the same time, I was demanding and had high expectations of them, like a demanding Korean parent.

Affect

Affect proved to be significantly important in internalizing the good experience from the supportive imagery (resource). The analysis indicates that SMI is apparently designed to promote the client’s affective experience of a supportive imagery to the full. Positive emotions/feelings were stirred up by recollecting the supportive imagery here and now. The affect became alive and was heightened by the use of matching music and arts. By revisiting and processing the music and imagery experience in the postlude, the positive feeling from the resource appeared to be deepened and internalized (Nami & Ann, S.4, verbatim transcript, line 262, [after a cathartic experience from her drawing] Ann: “I feel freer and refreshed.”).

When the client immersed herself in the internalizing process with deepened emotions, she seemed to gain insight into herself. Such learning tended to lead to positive changes

in the client (Yuna and Min, verbatim transcript, lines 273-5, Min: “Happiness comes from something trivial in everyday life ... I feel happiness within me.”). However, when the client faced difficulties in the session, negative feelings/emotions stirred in the client. Such adverse feelings obstructed the SMI process. Jade felt too much emotional turmoil to focus on her supportive imagery (Sera and Jade, S.3). It appeared that such difficult feelings/emotions needed to be expressed and understood before the client was able to access her supportive imagery (Nami and Sue, S.4, Prelude).

Learning/insight

As mentioned above, the clients seemed to gain insight into themselves when they engaged with the supportive imagery deeply. When they felt the goodness of the imagery (resource) fully by using expressive media, they often changed their view and readjusted to a healthy outlook. Many of them discovered their inner resources, recovered self-worth and self-esteem (Yuna and May, S.3, verbatim transcript line 78, May: “I don’t look too bad!”) (Dahi and Ina, S5, lines 315-316, Ina: “At the beginning, this was a burden [to have my son] but now [I realize] it is a treasure.”).

The supervision process was predominantly about learning. During the supervision, clinical skills were taught and the therapist was helped to process and understand her difficulties from the session. The use of reflection was an important part of learning. The therapist also learnt by analysing the session and her client in a written report and by a self-reflective process. Each therapist had a different way to reflect and a different way of learning the clinical skills. Some were more eager to learn and/or more reflective than others. Some had difficulties integrating their learning due to strong countertransference. Nami (Ch.3, S.4 and Ch.8, S.4) and Hana (Ch.4, S.1) were very enthusiastic about learning and worked very hard, providing in-depth analysis and self-reflection. They were more faithful in following the instructions from the supervision and the SMI manual. Sera also showed a fairly good understanding of the therapy process with good insight. However, Sera ran into difficulties conducting the sessions as she had a tendency not to apply what she had learnt and not follow manuals due to personal issues (Ch.5, S.3).

v. Axial coding

After selecting categories, I moved on to axial coding.

Strauss and Corbin (1990, p. 96) explain axial coding as “a set of procedures whereby data are put back in new ways ... by making connections between categories”. Borgatti (2010, p. 4) explains, “To simplify this process ... grounded theorists emphasize causal relationships, and fit things into a basic frame of generic relationships.”

Strauss and Corbin (1990, p. 96-99) list six terms in the axial coding paradigm model that relate to each other in the process of: ‘causal conditions’-> ‘phenomenon’-> ‘context’-> ‘intervening conditions’-> ‘action strategies’-> ‘consequences’. Below, I list these elements explained by Strauss and Corbin (1990, 1998), Borgatti (2010) and connect them to my axial coding frame. (Axial coding terms are emboldened)

Phenomena are “the central ideas in the data represented as concepts” (Strauss and Corbin, 1998, p. 101). In my study, the category ‘Supportive Imagery’ is the phenomenon.

Causal conditions are the conditions “that lead to the occurrence or development of a phenomenon” (Strauss and Corbin, 1990, p. 96). The client came to take SMI therapy which uses supportive imagery because of the difficulties they experienced. Thus the category ‘Difficulty’ in my axial frame is the casual condition.

Context [conditions] are the “background variables” that influence the ‘action strategies’ (Borgatti, 2010, p. 4). The category ‘Relationship’ affected how the client was able to engage with her supportive imagery using expressive media.

Intervening conditions are “mediating variables” (Borgatti, 2010, p. 4) that “mitigate or otherwise alter the impact of causal conditions on phenomena” (Strauss and Corbin, 1998, p. 131). The category ‘Intervention’ in my study is the intervening condition that ensured that the client was able to use the supportive imagery effectively during the session by dealing with difficulties and by applying expressive media.

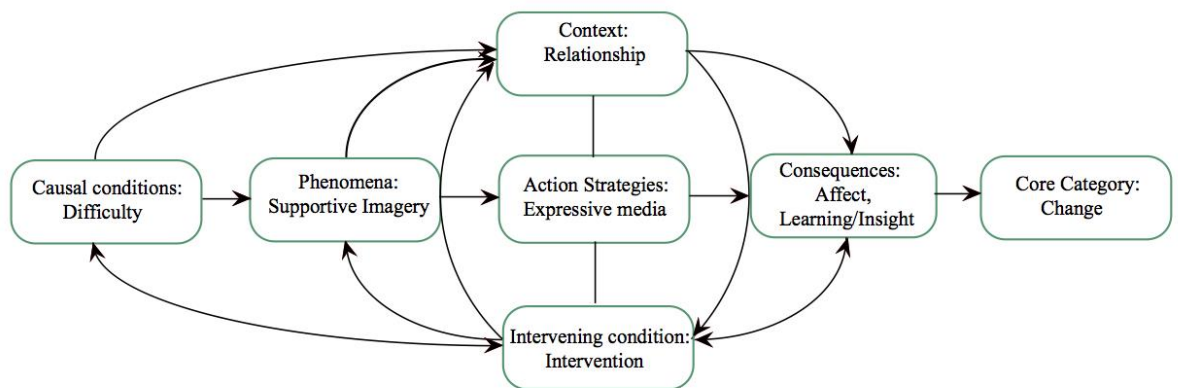
Action strategies are “purposeful or deliberate acts that are taken to resolve a problem and in so doing shape the phenomenon in some way” (Strauss and Corbin, 1998, p.

133). The category ‘Expressive media’ is the action strategy that facilitates supportive imagery and helps the client to integrate her supportive imagery.

Consequences are “outcome or result of action and intervention” (Strauss and Corbin, 1990, p. 135). The categories deepening ‘Affect’ and acquiring ‘Learning/insights’ are the consequences of the supportive imagery being facilitated.

The eight categories collected above were closely connected to each other and influenced the process of the SMI therapy. Thus I tried to correlate these eight categories by an axial coding matrix (Figure 2.13).

Figure 2.13 Axial coding



The client took SMI therapy because she had *difficulties*¹ in her life (causal condition). The client was encouraged to utilize her *supportive imagery* (phenomenon) by applying *expressive media* (action strategies). The *intervention* (intervening condition) was made to promote this process of the supportive imagery being utilized and integrated and to deal with difficulties that emerged in the sessions. The *relationship* (context) developed among participants during this process also had an effect on the process. When the supportive imagery was well utilized, the client was able to deeply feel (*affect*) the positive experience from the supportive imagery and was able to gain insights (*learning*) (consequences).

¹ Italics indicate categories.

As a result of the supportive imagery being integrated, desirable *changes* were found in the client. (core category)

vi. Core category: Changes made by the supportive imagery being internalized

The core category is “the central phenomenon around which all the other categories are integrated” (Strauss and Corbin, 1990, p. 116). The core category, in my study is the ‘changes’ in the client made by the supportive imagery being internalized.

At the end of the axial coding analysis, I found the whole process was about the changes made in the client as a result of the supportive imagery being integrated/internalized with the help of multiple conditions and strategies mentioned in the axial coding procedures above.

Overall *changes* were brought about by the way the *supportive imagery* was facilitated by use of *expressive media* and *intervention*; by the way the *difficulties* were taken care of; how *affect* was promoted and nurtured; how much the client gained insights and how the therapist integrated her *learning*; and by the level of therapeutic alliance (*relationship*). When the therapeutic process was relatively constructive, more desirable changes were made. When the process faced too many obstacles the changes were little or adverse.

2.8 Use of case study

To demonstrate findings from grounded theory analysis, I will present six SMI cases and explore how Summer's SMI model works in practice in the next six chapters. By applying the GT categories from the sample of sessions I analysed, I will aim to further demonstrate the robustness of the categories and the theoretical model. Three cases from the trainee group will be introduced in chapters three, four and five. Nami and Sue’s case (Ch.3), especially the fourth session, is an exemplary SMI case that followed the SMI manual (Summer, 2007, 2008a) most faithfully. Hana and Kim’s case (Ch.4) demonstrates how supervisory/therapeutic alliance impacted the SMI process. Sera and Lin's case illustrates what happens when the structure of SMI is not followed and how this impacts the client. Chapters six, seven and eight are cases from the graduate group. Yuna and May's case (Ch.6) exhibits how resistance can be understood and taken care of in SMI therapy. Sera and Lin's case (Ch.7) illustrates the importance of catharsis using expressive media, including words. Nami and Ann's case (Ch.8)

demonstrates reflecting on and finding supportive resources in daily life during SMI sessions.

CHAPTER 3: CASE STUDY NAMI & SUE

Through the grounded theory analysis, a total of eight categories were found: *Supportive imagery* (resource), *Difficulty*, *Intervention*, *Relationship*, *Expressive media*, *Affect*, *Learning*, and the core category, *Change*. I will analyse this case using the matrix of these eight categories.

This case was conducted in 2008 whereas the rest of the cases in the trainee group were carried out in 2007. The Nami & Sue case was chosen because it represents the quintessential six-session SMI series model best and its fourth session is an exemplary SMI session, as described in the SMI manual (Summer, 2007, 2008a). Nevertheless, the case is also of interest in that in the mid-point of the therapy, after the third session, there was, as I now realize, an uncomfortable conflict (*difficulty*) between myself, as the supervisor, and the therapist, Nami (*relationship*), and this conflict needed to be resolved to allow the process to continue. This led to the need to consider the meaning of emotionality (*affect*) in the supervision of SMI therapy.

I will illustrate how *changes* were made when the therapist, Nami, dealt with (*intervention*) Sue's *difficulties* and effectively intervened with the client, Sue, to work on her *supportive imagery* using *expressive media*. I will also evaluate how Nami's conflictual feelings (*difficulties*, *affect*) needed to be dealt with during the supervision (*intervention*) and how this seemed to affect the way the therapist handled the client's conflicts (*learning*, *intervention*). There is an indication that the supportive therapeutic/supervisory intervention led to a positive working relationship between the client and the therapist and between the therapist and the supervisor.

An analysis will be provided at the end of each session except for a few sections that need special attention and the focused session four where the analysis was provided in detail in each section of the session. The final discussion for the whole case is provided at the very end of the chapter. Throughout the case studies I will use *italic letters* to highlight the categories.

3.1 Participants

3.1.1 The client: Sue

The client, Sue, was single, in her 20s and lived with her parents. She was enrolled in a music education program at a graduate school at the time. She was brought up in a very religious environment, saying that she “practically lived in a church”. At the time of these sessions, Sue worked as a leader in her church, organising church activities and taking care of her friends by encouraging them and attending to their problems. Sue reported that she tended to repress her feelings and her needs in order to be a “good [person]” and she had tried to “think of others first”. She volunteered for SMI therapy because she was interested in the method and she did not mention any particular issues as reasons for taking therapy. As her therapy proceeded, some of the psychological and emotional issues in her life became clear and these included some mild signs of a depressive nature.

3.1.2 The therapist: Nami

At first, Nami gave me the impression of being shy and timid as she was overly polite. However, in the SMI training seminar, she was open, sensitive and expressed her feelings and thoughts directly. I was rather impressed by her, as I sensed her strong presence and solidity underneath her gentle, humble manner.

This was Nami’s first SMI case and she had never worked with an adult population before. Nami said that her personal experience as a SMI client convinced her to enter the training in SMI therapy. Her previous experience as a SMI client may have helped her conduct this case.

3.1.3 The supervisor: me

By the time I supervised Nami with this case, I had one year of experience in supervising SMI. Compared to the first year, I was a little more confident and relaxed supervising trainees in the SMI method. This case illustrates the SMI model well, perhaps, because I had a better understanding of the SMI method by the time I supervised Nami.

3.2 Sessions one to three

3.2.1 Session one

For the first interview session, like with all other first training SMI sessions, Lisa Summer and I observed the session from the corner of the same room and provided on-

site supervision after the session was over. This on-site supervision situation was explained to each client and their therapist and we had their permission before the session was arranged.

The first interview session gathered information about Sue, followed by a short SMI session. Even though it was the very first session Nami had ever conducted with an adult and she was observed by Lisa Summer and me in person, Nami had a calm, composed and engaging presence with Sue. Sue spent a lot of time describing her involvement in church activities and she expressed her appreciation for God in her achievements. As Nami asked Sue for a “positive experience”, Sue emotionally portrayed an image of herself as a leader who had a “maternal love for a lost child” in regard to her peers who were not as faithful as she was.

While listening to ‘The Mountains of Mourne’ (French, n.d.) with the lyric written to an Irish folk song, ‘Carrighoun’ (Lane, n.d.), Sue drew the scene of a camp fire evening where she was listening to music with her church peers (Figure 3.1).



Figure 3.1 Drawing from session one. Title: Sympathy

After drawing, Sue became tearful, expressing her regret that her peers did not seem to share the passion and love she felt for God. Sue felt the “music held the maternal warm feeling” she experienced.

My supervision notes at the time stated “excellent presence!” and I now feel² a sense of pride for Nami. As a researcher, I feel I need to closely reflect on my reactions towards Sue as I know I can be cynical at times towards some “overly religious” Koreans. By repeatedly analysing my supervision notes, I can feel Sue’s frustration at not being able to reach out to her uncommitted church peers. I feel her regret that her passion was not understood by her peers.

a. Analysis

The *difficulty* Sue faced in the session was that she had conflictual feelings (*affect*) about her *supportive imagery*, her feelings towards her peers. Her true feelings (*affect*) emerged after working through *expressive media*. Sue may have been the one who felt like “a lost child” (*difficulty, affect*) and music (*expressive media*) became her supportive resource (*supportive imagery*) that comforted her. Perhaps, after she felt touched by music (*expressive media*), she became aware (*change*) of her true feelings (*affect*) towards her peers.

A hint of a Korean protective parent and child *relationship* was observed between Sue (as a leader) and her peers, and between myself and Nami.

3.2.2 Session two

Nami reported that Sue was a little late for the second session as she “overslept” and she was “very apologetic” about it. Nami was non-judgemental and was rather generous, if perhaps a little naïve, and showed her lack of experience by commenting to Sue “perhaps you needed your sleep ...³ you need to take care of yourself first”. This generosity – and naivety – rebounded on Nami as will be seen in the third session. With a new school term starting, Sue felt the pressure to do well at her school yet felt the confidence to say “I can do it well”.

The session focused on Sue feeling motivated and in high spirits about the new school term. While listening to a piece of Irish chamber music, “Twisting of the rope” by Joanie Madden (1999), Sue drew seagulls flying over “the vast ocean” (Figure 3.2). She explained that she felt supported by the ocean like she felt supported by God. Sue

² Present tense indicates my reflective thoughts and notes as a researcher.

³ ... indicates an omission.

thought that she could gain “so much from such an abundant ocean”, which made her feel “confident” and “secure within myself”.



Figure 3.2 Drawing from session two. Title: Let’s go. Let’s start even if it may be difficult.

Sue said she felt “very satisfied” by this music and imagery experience. The session ended with Nami exploring how Sue would use music to support herself in daily life.

a. Analysis

I wonder now, as a researcher, if the chosen *supportive imagery* for this session, feeling high spirited and motivated for the new term, was more of a resolution rather than a feeling Sue truly felt. It seems that the music and drawing (*expressive media*) experience transformed (*change*) Sue from having a wilful resolution for the new term to feeling truly “confident” and “secure” (*affect*). Sue had positive transference (*relationship*) towards her drawing (*expressive media*) of an “abundant ocean”, feeling supported (*affect*) by it the way she felt supported by God (*supportive imagery*).

Here I detect a Korean aspect in the parent and child *relationship*. Sue seemed to have a trusting relationship towards the authority and parental figure, God, which is not uncommon among many Koreans. At the same time, ironically, Sue may have shown her rebellion (*relationship*) towards her therapist, Nami, an authority figure, by not following the rule to come for the session in time (*difficulty*). Nami dealt with the conflict (*difficulty*), Sue’s challenge towards Nami, by not exploring it but responding with naïve generosity (*intervention*).

3.2.3 Session three

The third session was rearranged because Sue overslept again and was 40 minutes late. The positive endorsement of her need for sleep in the previous session appeared to have been taken very literally and there appeared to be some avoidance or refashioning of the boundaries of the session – maybe there was some reluctance in Sue. At the rearranged third session, Sue reported that she had been very influenced by Nami’s comment “take care of yourself first” from the previous session. As well as oversleeping (which may not, in fact, be taking care of herself), this comment had caused Sue to reflect on her tendency to be “overly self-critical” and “self-conscious” of how others think of her. Sue said that after the previous session, she decided to be more “true to my (Sue’s) feeling” and this led to a positive experience of resolving her conflict with her mother, which she had not brought up in the sessions. Instead of being a “sweet, good, little daughter”, Sue risked expressing her feeling of resentment and disappointment she had towards her mother. Her mother was fully “supportive” and “respectful” of Sue as “a grown up individual”. Sue said: “I realized that she has always thought of me and cared for me. ... My mom understood me as who I am, not as her youngest daughter, and I also discovered different aspects of her as a person, not just as my mom.”

The session worked on this positive experience of a newly found mutual respect and love between Sue and her mother. While listening to light “easy-listening style” music, “Blue ‘G’” by Naoto (2007), Sue drew herself and her mother walking hand in hand (Figure 3.3), expressing “the enhanced relationship between me and my mother, like the rainbow after the rain.”



Figure 3.3 Drawing from session three. Title: Mother and me.

Sue expressed a feeling of content and satisfaction throughout the session. Towards the end of the session, Sue commented: “I have to understand myself and take care of myself ... When I know myself, (I think) I can understand others.”

In this third session, Nami seemed to be encouraged by the fact that her caring comment towards Sue from session two had made a huge impact on her. In her written report, Nami stated that she felt confident about herself and about Sue regardless of her own “clumsy skill”. She was “happy for Sue and felt congratulatory towards her” for the positive *change* she had made. Nami reported that she was “being bold” in providing her thoughts and views and “taking risks as if having an adventure” when she led the session. I felt that there was a fusing of boundaries between Nami and her client, Sue. Nami wrote, “I was influenced by the fact that Sue expressed her feelings, risking conflict with her mother, and in return she had a positive experience.” Perhaps because of this, I cautioned Nami about being outside her boundary and how the focus of the session could be blurred at times. I also expressed my concern that Sue was repeatedly late and this was not dealt with in the session. I advised Nami to explore this issue in the session if Sue was late again next time.

Regardless of this impressive session, I find that I was overly cautious with Nami as I was being too consumed with guiding her. Even though I praised Nami, I wish I had more actively encouraged her and shared in her excitement. Perhaps this approach would have avoided the ensuing conflict.

After I sent my feedback, Nami sent me a long email, partly questioning my feedback and partly communicating her anxiety over our relationship. She raised the issue that the structural process of SMI made her feel rather “limited” and she preferred to lead the session in the relaxed and flexible way her therapist had shown her.

Nami confessed that it was “extremely difficult” for her to speak her mind yet she wrote about her anxiety over my role as her supervisor. She felt I should be “a teacher as well as a therapist” in her opinion. Nami did “not trust” and was “afraid of” teachers due to “not very good experiences” she had with her teachers in the past. She seemed to be comfortable with the “therapist-like quality” she experienced with me as co-leader in the seminar yet she did “not feel safe” with me as her supervisor. She wrote:

“I am sorry to test you and challenge you ... but I need to let you know how I feel so that I can become comfortable and have a good relationship with you as my supervisor ... I am very nervous and fearful, but I hope it will work out by me telling you frankly ... I hope to hear your honest thoughts.”

I remember⁴ that I was rather impressed⁵ by Nami’s courage in speaking her mind so clearly and by her sensitivity and seriousness. I replied to Nami that I was sympathetic to her feeling limited by following the manual, yet I also reminded her of being at the beginning stage of her training in SMI. I explained to Nami that this issue partly related to some of the pains that can be encountered when learning. I also clarified my role as her supervisor, explaining how much she should reveal of herself and what is allowed to be discussed in the supervision. I offered an extra on-site supervision to discuss these issues and to provide practical information on how to process “positive imagery” by reviewing session three. By my paying close attention to Nami in my email response and by my processing Nami’s anxiety (*difficulty*) at the added supervision (*intervention*), Nami seemed to understand (*learning*) her feelings and she appeared to be contained (*affect*).

I find that these exchanges between Nami and me after session three were very interesting. I think that Nami was expressing many messages here: she was hurt by me not sharing her excitement over Sue (the way an understanding therapist would) and by my criticism about her fusing boundaries with her client (behaving like a critical teacher). Yet Nami also appeared to trust me or wanted to trust me by confessing her fear and challenging me by expressing her thoughts. I sense that Nami was also asking me to support her by hearing her anxiety and by keeping a clear boundary as her supervisor.

a. Analysis

Sue’s *relationship* with her mother appeared to improve (*change*) as she resolved her conflict (*difficulty*) with her mother and she realized her mother was caring (*supportive imagery*). Both Sue and her mother discovered each other’s individuality and they learnt to respect each other (*learning, relationship, change*). By experiencing this

⁴ present tense indicates my work as a researcher.

⁵ past tense indicates my reflective notes as a supervisor.

transformed (*change*) *relationship* between her and her mother (*supportive imagery*) through engaging in *expressive media* (music, drawing, words), Sue seemed to get in touch with herself (*affect, change*). She realized that she needed to understand herself and to take care of herself (*learning*).

There is a parallel process observed between Sue and her mother and between Nami and me (*relationship*). First, I wonder if Nami brought the conflict (*difficulty*) she felt from Sue into the session (*relationship*). As Sue may have enacted her unexplored internal conflict in the session by being late and by rescheduling (testing her boundary), Nami may have enacted her unexplored internal conflict by requiring extra attention and an extra supervision session (testing her boundary). As Sue's enactment was generously accepted and understood by Nami, Nami was generously accepted and understood by me (*relationship, intervention*). Second, the feeling fused with Sue, Nami may have been encouraged by the thought that if she tried to stand up to me she would have a productive experience, as Sue did.

As seen in the previous sessions, a dynamic similar to a Korean parent and child *relationship* was played out between me and Nami and between Nami and Sue. Sue trusted Nami and was obediently following Nami's suggestion. In return, Nami was expected to support and understand Sue. Nami trusted me and was obediently following my supervision feedback. In return, I was expected to support and understand Nami.

3.3 Session four

I will now give a detailed account of the fourth session, to illustrate just how closely this session followed the SMI manual (Summer, 2007, 2008a), perhaps ironically given Nami's feeling of being so constrained by the manual and perhaps also reflecting the resolution of the conflict between Nami and me. Based on eight categories from the GT analysis, I will structure the discussion by using the phases of the SMI session.

3.3.1 Session process

a. Prelude

After a brief greeting, Nami opened the session by asking how Sue had been since the last session. Sue complained that she had been feeling physically and psychologically exhausted from moving house far from her school and having had several school exams. After empathic listening, Nami asked if Sue remembered the music and

drawing from the previous session. Sue had listened to the music often after Nami had sent her the music file and remembered the drawing of herself and her mother walking along hand in hand. Nami wondered if Sue had been affected by the image of the warmth of her mother and the resolution she made in the previous session that she would take care of herself.

Sue described in detail that, because she had been so busy and exhausted, she had to take care of herself first before considering others or her duties. As Sue talked she sounded low and somewhat defensive about why she had to protect herself, often laughing uncomfortably. She said:

“I was too tired to pay attention to my colleagues who were in trouble ... You know, I had to take care of myself first, so I just sat, praying and singing (short laugh) during the service instead of ushering others as a church staff member.”

Sue sounded as if she wanted to have Nami’s approval and support, expressing her difficulties with a hint of childlike whimpering or moaning.

Nami was empathetic and acknowledged Sue’s feelings with comments such as “Um--- I see you have been exhausted and very busy”, “From what I hear, you have been tired from...”.

Difficulties were presented from the beginning of the session. Strong emotions (*affect*) were generated by these difficulties and again a parent-child *relationship* is exhibited between Nami and Sue. There is a hint of *change* in Sue in taking care of herself - her being resourceful.

Nami then gently moved on guiding Sue to find her resource by saying, “Is there something that supported you when you had a hard time?” At the beginning, Sue seemed to be too exhausted to think of any positive experiences but confided to Nami the difficulties at her church instead. Nami did not insist on finding a supportive resource but offered to listen to Sue’s difficulties. Sue said that she could no longer rely on her church, her usual support, but relied on herself by taking care of herself before others and her duty. However, these changes in her seemed to make her feel guilty and

rather confused. Nami contained Sue by helping Sue to clarify her confusion and let Sue vent her frustration and difficulties. After Nami sympathetically listened and validated Sue's feelings and acknowledged difficulties she had experienced, Sue suddenly was able to find her supportive resource, her younger colleague at her church (*change*, key moment).

Nami then guided Sue to pay attention to the quality of the support she received from her friend. After focusing on how her friend made her feel being understood, Sue suddenly remembered a music event, another supportive resource that meant much to her (*change*, the second key moment). Sue brought up a very satisfying music event she was in charge of. She enthusiastically described the music event in detail, laughing at times, expressing how much she enjoyed the performance and that she felt very proud of herself. Sue talked fast, with excitement and pride:

“It was up to me to conduct the performance successfully and we did well!
Ha-ha (laugh) ... After the class, my friends ... praised me saying ‘you really looked like a conductor!’ So, I said ‘Thank you!’ ... I felt very satisfied.”

By recollecting the music event (*supportive imagery*), Nami could revisit a satisfying and exciting feeling (*affect*) she experienced from the event.

In the prelude, Nami beautifully demonstrated how to attend to her client's distress and guided her client to explore her positive resources. I feel the emotional engagement of Nami for Sue. Listening to the session recording, the tone of their voices and the way they spoke were so similar I had difficulties distinguishing the two at one point.

During the process of finding supportive resources (*supportive imagery*), there were two key moments (*change*), one closely followed by another: the sudden change of course by finding a resource (friend) and finding a truly meaningful resource (music event).

So, how did these important key moments (*change*) come about? What prompted Sue to find her supportive imageries/resources? Sue was exhausted and had *difficulty* finding her supportive resources (*supportive imagery*) at the beginning. These key moments (*change*) appeared to be happening suddenly but I believe these moments

were well prepared by Nami (*intervention*). It seems that Sue could retrieve her resources (*supportive imagery*) only after her distress (*difficulty*) was taken care of (*affect, intervention*). Nami had paid sympathetic attention (*intervention*) to Sue's distress (*affect, difficulty*) while not losing the focus on finding the resource (*supportive imagery, intervention*).

By the end of the prelude, Sue was able to identify two positive resources (*supportive imagery*) that had helped her recently: support from her best friend and a satisfying music event. Throughout the process, Nami and Sue worked together cohesively (*relationship*) with close emotional engagement (*affect*).

b. Transition

Among the supportive resources (*supportive imagery*) explored in the prelude, support from her friend and a music event, Nami asked Sue to choose one to focus on for the session. Sue chose the music event without hesitation. Then Nami guided Sue to describe the music event (the chosen imagery) in detail “as if it is happening now”. By doing that, I believe Nami brought Sue's attention to the moment of her positive experience and Sue was able to re-engage with the excitement and the satisfying experience of the event: “I recited these [the verses] and the audience followed me. It was done in a rap style in the rhythm of Tan tata, tatatata Tan tata Tan ... overall it was great ... we had fun”. Sue said that the feeling of the moment was “harmony ... comfort ... comfortable ... without being nervous. ... no difficulties”.

In this transition, Nami's focused guidance (*intervention*) allowed Sue to bring up an exciting and satisfying feeling (*affect*) from the music event (*supportive imagery*) to here and now.

c. Selecting music to match the chosen imagery

After the feeling of the chosen *supportive imagery* was fully present for Sue, Nami invited Sue to listen, one by one, to three different pieces of music that would match the above feeling from the music event. The high pitch of the violin of the first piece did not make Sue feel comfortable. Then Nami played the second piece of music. Sue commented that it sounded “somewhat comfortable but it sounded overly bright”. Based on these two comments, Nami played the third piece of music for Sue.

Sue chose the third piece as it felt like “comfort, harmony ... like the harmony I felt as I was performing”. While selecting the music, Nami let Sue focus closely on the feeling of the chosen imagery.

In this process, I find that Nami demonstrated how to tune in (*affect*) with her client very effectively (*intervention*), to hear the piece through Sue’s ears by following the SMI manual (Summer, 2007, 2008a) instruction (application of *learning*). Nami was spontaneous and flexible in providing a musical selection appropriate to her client’s comments (*relationship*). She had exhibited her sensitivity (*affect*) and intuition to match her client’s need (*relationship, intervention*).

d. Induction

Nami asked Sue to close her eyes and instructed her to allow herself to feel comfortable. The induction started with a simple breathing exercise followed by the details of the event. Nami asked Sue to recall the events and guided her to bring her feelings in line with the music: “Remember the event ... feeling the harmony from the music ... feel the moment, fully be there. As you listen to the music, feel it fully”. Nami’s voice was calm and the instruction was slowly paced with enough rest between phrases for Sue to take in the instruction. I find that Nami’s instructions were very effective as they were clear, direct, focused and simple for Sue to follow.

Nami provided the condition for Sue (*intervention*) to focus on the feelings (*affect*) from the *supportive imagery* and connect them to the music (*expressive media*). The process from the prelude to the induction is meant to prepare for the music and imagery section (*intervention*). I find that Nami led each step of the preparation for the music and imagery section effectively. She impressively demonstrated how to apply the SMI manual (Summer, 2007, 2008a) with sensitivity and focus (*intervention, learning*).

e. Music and imagery

Music

Bizet, G. (1875/1882) 'Intermezzo from Carmen'



III.4.

Bizet-Intermezzo fro

The music used in this session was Mercz's (1996) arrangement for flute and harp of the original orchestral score of Bizet's Intermezzo (Entr'acte between Act 2 and Act 3) from the opera Carmen, performed by Balian (flute) and Mercz (harp). The piece is short (2:36), simple and gentle with a mellow lyric melody. It opens with a simple arpeggiated harp accompaniment that repeats throughout the entire piece. This repeated accompaniment in a steady rhythmic pattern provides consistency and sets a sense of stability. On top of that, the charming melody is played by a flute and harp duet. Even though it is an instrumental piece, the melody is easily sung like an aria with a gentle melodic line and short-enough phrases to breathe. The flute introduces the melody and the harp later takes it up. As the piece develops, the melodic phrases are interwoven in a dialogue between the flute and the harp. The flute is heard more clearly than the harp due to the penetrating sound quality of the flute but the performance brought out the harmonized ensemble between the flute and the harp beautifully.

This piece is a good example of "supportive music" (Summer, 2007, 2008a), it is short and all the musical elements are simple. The music is constant, with little change and tension and thus provides a sense of stability and comfort (See chapter 1, Supportive Music and Imagery Therapy, Criteria of Supportive Music). I feel the aesthetic quality and atmosphere of the music suits the feeling of "harmony, comfort" Sue experienced during the music event, her chosen *supportive imagery*.



Figure 3.4 Drawing from session four. Title: Outdoor music concert, being one with the audience.

Nami described the music and imagery process (Figure 3.4):

“Sue first drew the keyboard, then the person with big arms ... she coloured the tree with fast strokes ... by the fourth time the music was repeated, Sue started humming the melody and she seemed to enjoy her drawing as she kept looking at her drawing with appreciation.”

As I read the report now, I feel Nami was very present with Sue, remembering the feeling and the process in such detail and so clearly. I feel more clearly now that the drawing depicted the feeling of “harmony, comfort” Sue felt from the music event. The drawing has a gentle feel to it with soft colours and simplified figures that resemble the simplicity and gentleness of the music. The person with big arms (representing Sue), the keyboard, the tree, the audience and the musical notes are integrated harmoniously. It is difficult to distinguish between these figures, where one ends and the other starts, as the baton from Sue’s outstretched arm leads to the keyboard, the keyboard looks as if it is part of the tree. This parallels the harmonious ensemble between the flute and the harp with interwoven melodies in the Intermezzo.

In the musical notes all over the drawing, I sense the fully present musical sharing between Sue and the audience in the moment. Most interestingly, Sue was big in the centre of the drawing with other people being small in the background as if she was in charge of the whole thing. This was the first session in which Sue herself was the main focus, not a relationship or caring for others. Instead, she was absorbed fully in her feeling, enjoying and being satisfied that she was the heroine, like the domineering presence of the heroine, Carmen, even though Sue’s character was different. Sue was like the gentle yet clearly heard flute, which stands out within the harmonious play. There are feelings of a satisfying and containing experience expressed in the drawing.

In this music and imagery process, positive feelings (*affect*) Sue experienced from the *supportive imagery* were deepened and extended (*change*) through music and the drawing (*expressive media*).

f. Postlude

Sue seemed to be appreciative of her drawing as she took a moment to look at it from various angles. After a gentle laugh, she excitedly described her drawing without any

prompt from Nami. She explained that it captured the excitement she felt from the music event; while she was conducting, she felt at one with the audience.

Nami guided Sue to revisit her drawing in detail and allowed her to connect it with her feeling. Sue said: “I felt as if I was conducting outdoors in the forest ... Fresh and comfortable ... the harmony between the pianist and the singer ... harmonious overall ... It is fun ... I like it (soft laugh).” Sue often laughed as she talked, with moments of silence between her words while looking at her drawing. Nami listened attentively and allowed space for Sue to talk or to look at her drawing. I sensed a delicate moment; she was simply there for Sue while she took in the experience. It is impressive as it is rather difficult for a young therapist to be ‘just there’ to support her client without trying too hard. Nami presented such an intuitive caring “reverie” (Bion, 1962).

After this process, Nami helped Sue to summarise the whole experience. Then Nami suggested to Sue that she should give her drawing a title. Looking at her drawing attentively and appreciatively, Sue wrote, “Outdoor concert ... on a bright day, piano playing, singing, conducting and the musicians and audience being together, I feel the harmony.”

Towards the end of the session, Nami led Sue to connect to the experience of comfort, enjoyment and harmony she felt from the drawing to her daily life. Sue connected the experience to cooking, “the harmony of food”. As suggested in the SMI manual (Summer, 2007, 2008a), Nami attempted to expand the gains Sue had made in the session to her daily life.

I find that Nami had shown a sense of appreciation and respect towards her client. She was very careful not to impose any gains nor her views on Sue. Nami accompanied the journey Sue had taken with delicate support yet a firm lead. Revisiting the music and imagery experience (*expressive media*) in the postlude seemed to help Sue to digest her *supportive imagery*. The therapeutic *intervention* was delivered with sensitivity and with respect for Sue’s space (*relationship*). The closure of the session was preceded (*intervention*) by summarizing, reflecting (*learning*) and validating the positive experience from the chosen *supportive imagery*.

3.3.2 Supervision

In her written report for this session, Nami seemed to be satisfied with the session overall. She wrote, “Sue was able to find her positive resource regardless of how exhausted she was and, by working through MI, she was able to gain internal strength ... I tried my best to be present with Sue and support her fully.” However, Nami was rather critical of herself. She repeatedly wrote of her regret that she could not concentrate fully with Sue as she was “too exhausted” and “too self-conscious” of her performance. Nami realized that she could not be totally attentive to Sue due to her “poor physical condition” and the “emotional stress” she had had from a personal conflict with a friend recently. In addition, she was “nervous and overly conscious about performing especially well as the session was being recorded for the on-site supervision”. She was disappointed that she could not feel free and could not relax as she was trying very hard to follow the instructions she had received in the previous supervision.

In my feedback, I praised her for the way she led the session and her insightful reflection and analysis of the session. I was supportive of her, especially in the areas in which she was critical of herself: “It is natural to be nervous ... I understand the limit you felt ... but I thought you led the session beautifully, especially as this was only the fourth SMI session you have ever led ...” I recommended that Nami do self-reflective work, “Therapist reflection music and imagery” (Paik-Maier, 2008), using music and imagery, on the session and her client. During the on-site supervision, we explored how to bring out the feeling and deepen the positive experience even more. In this process, the emotional experiences Nami had at various points in the session were dealt with: the way she felt about Sue’s drawing, the music event etc.

Nami sent me a long email with extra questions after the supervision. She was too concerned about the negative remarks Sue had made “can’t draw people”, “it is like a child’s drawing” and I had to point out Sue’s contradictory manners (confident stroke while she drew, smiling at her drawing). Nami was slightly sceptical of Sue’s drawing. She thought Sue was not fully involved in her drawing as the colour was “thin and light”. Nami said that her own (Nami’s) drawing was “strong and intense” reflecting her “deep experience” as a client in her SMI session. I advised her to appreciate Sue’s drawing from Sue’s point of view, separating her experience from Sue’s.

I wonder if the critical voice Nami had for herself and the cautious view on her client was a reflection of my rather critical and cautious view that Nami had felt in my feedback on the previous session. Even though she led the session very well and she also thought Sue had a great experience, she could not enjoy the process and be fully present with Sue, similar to how I could not participate in Nami's excitement in the previous session.

3.3.3 Analysis

In my view, Nami led the session beautifully. The strength and understanding Nami exhibited for her client and the process of SMI was rather impressive. Nami was able to conduct her session with great care and was able to engage with her client. Her client, Sue, came to the session with a feeling of being defeated. By the end of the session, Sue seemed to be elated and content. By attending to Sue's distress (*difficulty*) sympathetically (*affect*) yet without losing focus (*intervention*), Nami was able to help Sue to recollect a very satisfying music event (*supportive imagery*) and work on the positive experience (*affect*) from the *supportive imagery*. The satisfying feeling from the music event (*supportive imagery*) was enhanced and deepened (*change*) by the use of music and drawing. The cohesive relationship between Nami and Sue and between me and Nami had a positive effect on the therapeutic process.

The supervision process demonstrated the ways Nami processed her learning and how she related to herself and to me. Nami was insightful and provided an in-depth analysis of the process of the session, Sue and herself. The reflection of herself showed much of her intrapersonal relationship to herself. Nami learnt who she was as a person. She could perhaps be described as perfectionistic, overly self-critical of herself and she was "too self-conscious" of her performance and of the supervisor's approval. Regardless of her good work, Nami's high expectation of herself did not allow her to relax and enjoy what she had accomplished. Some of her personal traits, being self-conscious of others and needing an authority's approval, may show some Korean cultural influence (see chapter 1, Korean culture).

As seen in session three, a Korean parent-child like supervisory relationship was displayed throughout the supervision process. Nami worked very hard to deliver what she thought was requested of her: trying overeagerly to deliver what she learnt from the supervision and providing a very thorough report. At the same time, Nami demanded

much of my attention and care and she requested extra communication/feedback through long emails. She may have related to me not just as a clinical supervisor but also as a parental figure. I also related to Nami, often like a protective mother.

3.4 Sessions five and six

3.4.1 Session five

In the fifth session, Sue reported that she had been taking care of herself more and she had become more confident, trusting her “inner strength”. She had recently led a group activity by expressing her opinion clearly and mediating problems. The session focused on the “elevated feeling of confidence and self-respect” she felt from this new role.



Figure 3.5 Drawing from session five. Title: Growing me: I am being matured by the flowers (symbolizing energy, confidence) that are growing and embracing me.

The feeling of growth, energy and confidence was expressed in the drawing (Figure 3.5) while listening to “Morning” by Micaco Honya (2000). Following Nami’s suggestion, this feeling was further expressed and enhanced by body movements; Sue embraced each part of her body gently.

Before the session ended, Nami encouraged Sue to apply what she had learnt in the SMI sessions, to find supportive music and use supportive resources (*supportive imagery*) in her daily life. Sue answered excitedly that she would try and she promised Nami that she would send the music she had found.

There was great collaboration between Nami and Sue and the session unfolded beautifully. I felt that Nami was very confident when she spontaneously suggested to

Sue to use body movements. During the supervision I congratulated Nami on such a great leap as a therapist.

a. Analysis

In the fifth session, Sue had a clear, positive feeling (*affect*) of self-regard (*supportive imagery*) from the beginning and this feeling was extended and strengthened (*change*) by the use of body movements (*expressive media*). Sue was so encouraged by the supportive experience that she was determined to work on a supportive resource in her daily life. A good, harmonious, therapeutic relationship seemed to facilitate the process: Nami creatively used an unusual art medium, body movements (*expressive media*), and Sue seemed to actively engage during the process.

After the fifth session, Sue searched for supportive music and sent the selection of supportive music she found to Nami. One evening, Sue worked on her supportive experience drawing the “comfortable” and “fired up” feeling that she felt while listening to the piece of music “You raised me up” (Løvland & Graham). This example demonstrates how the client integrated her positive experience from the SMI session into her daily life (supportive resource, *change*).

3.4.2 Session six

In session six, Sue started by excitedly reporting her independent attempts to connect to her resources. She said she “loved the drawing so much” that she put it on the wall of her room. This discussion moved smoothly to the changes Sue had made due to the SMI therapy when she reviewed the progress of the previous sessions. Sue felt “freer”, “open” and “more accepting” of herself and of others. She drew this feeling while listening to “Les Dix Commendements - L’Envie D’Aimer” (Obispo & Florence, 2002), one of the pieces of music she had sent Nami (Figure 3.6).



Figure 3.6 Drawing from session six. Title: Freedom in the world and in nature.

Sue titled her drawing ‘Freedom in the world and in nature’ and explained: “I feel the movement within me, which moves me to the world and allows me to breathe within nature. I see myself growing and expanding.” Sue felt that such a connection made her feel not lonely but secure and free. She said that she was satisfied with the changes she had made and was grateful to be taking SMI sessions. Before the session ended, Nami explored how Sue would support herself without having SMI sessions and Sue expressed her desire to continue to work on her supportive resources (*supportive imagery*) in her daily life.

a. Analysis

Nami had become more confident and flexible (*change*). She demonstrated that she could follow the SMI structure and be creative in deepening Sue’s positive experience from her supportive resources (*supportive imagery, intervention*). In the supervision, I expressed my delight and pride to Nami and I am still very proud of her great leap of maturation as a therapist.

This last sixth session demonstrated what Sue had gained throughout six sessions of SMI therapy (*change*). Nami guided Sue to reflect and to take in what she had gained (*intervention*). The benign influence from the sessions apparently had a positive effect on Sue and she was able to solidify her gains by reflecting on the positive changes in herself (*supportive imagery, change*). Sue presented as a freer, confident and self-respecting person who was able to take great care of herself. Nami helped Sue to have closure by assisting her to integrate the positive experiences from the SMI therapy and by helping her to implement what she learnt from the SMI sessions in her daily life.

3.5 Summary

This case illustrates how supervisory and therapeutic *interventions* impacted the transformation/growth (*change*) Sue had over the six SMI sessions by utilizing and integrating her supportive resources (*supportive imagery*).

At the beginning of the therapy, Sue was overly self-conscious and restricted by her sense of duty and moral values, choosing her “maternal love” for her peers as *supportive imagery*. However, the music and drawing process (*expressive media*) forced Sue to face her true feeling (*affect, change*), resentment towards her peers (S.1).

In the second session, in contrast to the “upright” impression she gave, Sue challenged the therapeutic boundary via changing session schedules (*difficulty*). Her challenge was naively yet generously received by Nami with an encouragement of being true to her feeling (*intervention*) and Sue gained confidence (*affect, change*) from her *supportive imagery*, an abundant God’s support (*supportive imagery*) (S.2). Encouraged by this experience, Sue challenged her mother, which was also well received, and she discovered a new *relationship* with her mother (after S.2). Nami guided (*intervention*) Sue to be fully engaged in the love and respect she felt from her mother (*supportive imagery*) and Sue gained the insight (*learning*) to get in touch with her feelings (*affect*) and take care of herself (S.3).

The good experience in her challenges (*difficulty*) being well received by Nami (*intervention*) and in resolving the conflict with her mother seemed to impact hugely on Sue’s progress. By challenging rules and by challenging her mother, perhaps her projected image of herself, Sue may have challenged her own moral values and the restrictions she imposed on herself. Experiencing support from and acceptance by Nami and her own mother (*relationship*) motivated Sue to accept herself by being in touch with her true feeling and by being free from her restrictive external values (*change*). The continuing process of positive transformative experiences from the previous sessions seemed to fully blossom in session four.

With Nami’s support and focused guidance (*intervention*), Sue revisited and fully appreciated the fulfilling and satisfying experience from the music event (*supportive imagery*). Instead of feeling the heavy duty as a leader, she truly felt free, confident and enjoyed being the leader and being the centre of attention (*change*).

The inner strength Sue gained from the fourth session seemed to be reinforced in the remaining two sessions (S.5 and S.6). Nami creatively guided (*intervention*) Sue to work on her strengthened confidence and self-respect (*supportive imagery*) (S.5) and assisted Sue to integrate her “freer”, “open”, “more accepting” self (*supportive imagery, change*) (S.6).

This case illustrates the capacity of the SMI method to transform (*change*) the client’s *relationship* to herself and others. Nami’s supportive approach and effective application of the SMI manual (*intervention*) helped Sue to deeply engage and feel (*affect*) her supportive resources (*supportive imagery*) using music and drawing (*expressive media*). When Sue deeply felt and appreciated (*affect*) her supportive resource (*supportive imagery*), she became insightful and converted her *learning* into actions (*change*). During each session, the positive experience (*affect*) from the *supportive imagery* had further benign effects on Sue and enhanced her “inner strength” (*change*).

The parallel process is observed between Sue and Nami and Nami and me (*relationship*). The supervision appears to reflect some of the feelings (*affect*) in the therapy between the therapist and the client (*relationship*) and these feelings needed to be addressed and contained (*intervention*). Regardless of the apparently smooth progress, Sue challenged Nami by repeatedly rescheduling and being late in sessions two and three (*difficulty*). Nami perhaps brought this tension into the supervision by challenging me between sessions three and four (*difficulty, relationship*). When her challenge was dealt with by extra support from me containing her conflictual feelings (between S.3 and S.4) (*intervention*), Nami seemed to apply her *learning* from it in the fourth session with Sue (*intervention*). Nami was able to contain Sue’s distress (*affect*) and to guide with sensitivity and focus (*intervention*). This suggests that supervisory *intervention* and alliance (*relationship*) seemed to impact the therapeutic process (*change*).

A Korean parent-child like *relationship* was displayed throughout the case. Even though Sue challenged Nami, Sue seemed to trust Nami and she followed Nami’s guidance compliantly. Even though Nami challenged me, Nami seemed to trust me and followed my supervision feedback compliantly. In return, Sue seemed to expect that Nami would accept and support her like a Korean parent. Nami also seemed to expect that I would accept and support her like a Korean parent.

CHAPTER 4: CASE STUDY HANA & KIM

The previous case represented how the therapist delivered (*intervention*) the SMI model described in the SMI manual (Summer, 2007, 2008a) and illustrated how the therapist's conflicts (*difficulty, affect*) were dealt with in supervision (*intervention*).

This case has been chosen to illustrate how supervision had an impact on the ways a nervous and inexperienced therapist Hana had matured. This case also exhibits how the client Kim's relationship to herself strengthened over the course of the SMI therapy.

I will pay particular attention to the qualities of the supervisory and therapeutic alliance (*relationship*) influencing *changes* during the SMI therapy. To study Hana and Kim's case in this chapter, I will continue to use the matrix of 8 categories from the grounded theory analysis: *supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning, change*.

For the case of Hana & Kim, I will analyse the first session in detail and briefly describe how the rest of the sessions developed.

4.1 Participants

4.1.1 The client: Kim

Kim was a single woman in her 20s living with her parents and her older sister. She had a degree in music and was enrolled in an art therapy programme. Kim said that she signed up for SMI therapy because she was "curious" about SMI and "very happy to be able to experience [it]". Kim did not specify why she thought she needed to take therapy but mentioned that she was stressed over her career choice.

4.1.2 The therapist: Hana

Hana was a music therapist and was relatively new to the field. Before she started her SMI training, she had never given individual sessions to adults without psychiatric problems. This was Hana's first full SMI case and before the first session, Hana expressed significant anxiety. She was self-conscious of her "too young" sounding voice, felt awkward about having a conversation comfortably with a stranger and

questioned how she could be “natural” because of her shyness. Her concern about the initial session’s interview was that she would be too intrusive requesting biographical information from her new client. Her only previous client, a woman in her 50’s, had withdrawn from the therapy after the first SMI session (observed by Summer and me) for personal reasons. This probably compounded Hana’s anxiety. Despite her anxiety, she expressed relief that Kim was at least close to her age.

4.1.3 The supervisor: me

I had been supervising SMI sessions with my first group of supervisees for several months when I supervised Hana’s first session with Kim. Since Hana was younger and inexperienced compared to the other trainees, I felt very protective of Hana and I was nervous for her, more than I was for the other supervisees. I focused the initial consultation on calming the serious anxiety Hana expressed.

4.2 Session one: The focused session

In our training, the first session was usually observed by Summer and me. As Hana had benefitted from the first onsite supervision with the previous client, Hana’s first session with Kim was carried out without Summer’s and my personal observation (presence). For this reason, I asked her to record the session by video if Kim allowed it, which she did.

4.2.1 Session process

a. Prelude

Before the session began, Hana reviewed the consent form that included Kim’s permission for the video recording. When the video recorder was turned on it was angled at Hana only (Kim was not shown).

The recording revealed that a slightly stiff but poised Hana opened the session by introducing herself and SMI therapy. She started to interview Kim, gathering information about her. While discussing Kim’s education, Hana sensitively explored whether Kim had any worries about their *relationship* considering they were in a similar profession.

Kim expressed concern that she would be “judged” by the supervisor viewing the video. Hana alleviated Kim’s concern, explaining that the video was intended for her

learning and she assured Kim that the written report was confidential. The interview was short and Hana gathered only very basic personal information about Kim. I found Hana and Kim's interactions were shy and timid; Hana asked short questions and Kim simply returned her questions with short answers.

Hana then began to enquire about Kim's positive resources. Kim mentioned that she revealed her "more truthful self" when she was with her friends sharing "silly jokes". In response to Hana's question about where Kim felt most comfortable, Kim coolly responded "my room, not my sister's, of course". Both Hana and Kim briefly shared a laugh. After that Kim appeared to open up a little more, telling Hana her supportive resources were her "home" as it made her feel comfortable and her "Dad" who had always been helpful and supportive of her. Kim contrasted her father's trust in her with her mother's attitude, who she said "supports me but she tends to lead me in the direction she wishes". Hana asked Kim if she was concerned for her career because she felt pressure from her mother. Kim agreed and this led her to discuss her wish to be satisfied without other people's approval. To the question about the source of energy and strength in her life, Kim answered, giggling, "delicious food". She added that her parents' support made her "live fully". Towards the end of the prelude, Hana seemed to become more relaxed and Kim became more talkative.

The *difficulty* in the prelude appeared to be the anxiety (*affect*) both Hana and Kim may have felt as they were new to each other. Both of them carefully sized each other up and tried to build their *relationship*. Hana's timid yet accommodating *intervention* seemed to encourage Kim to make a joke, which led both of them to share a brief moment of emotional engagement (*affect, relationship*). This first shared moment seemed to be a little ice-breaker (*change*), making them slightly more open and at ease with each other (*affect, relationship*). The therapeutic *relationship* between Hana and Kim in this phase was still tentative and cautious and they were in the process of *learning* about each other.

b. Transition

Hana's direction to Kim to choose the most supportive resource heralded the beginning of the transition. Although Hana suggested Kim's "home" or her "father". Kim eschewed Hana's examples, selecting instead her "parents."

Hana passively accepted Kim's choice without asking her to clarify her ambivalent feelings towards her mother or further exploring the supportive feeling she experienced from her parents. Immediately after selecting the imagery, Hana looked for Kim's musical preference. Kim stated that she liked piano and cello music. Kim could not think of any specific music that reminded her of her parents' support and Hana selected music for Kim, reflecting Kim's preference of music.

There seemed to be confusion and conflict (*difficulty, relationship*) over the chosen *supportive imagery* insisted on by Kim. Because Hana did not help Kim to clarify and explore further her choice of *supportive imagery (intervention)*, Kim had *difficulty* choosing music (*expressive media*) for the chosen *supportive imagery*.

c. Induction

Hana instructed Kim to close her eyes and relax. After a few breathing exercises, Hana instructed Kim to feel and think of her parents and let the music help her.

The induction was short and simple. Hana's instruction was slow and had a good sense of pacing between the phrases. She included some of the necessary elements of an induction but the process lacked an emphasis on Kim's feelings towards her parents as suggested by the SMI manual (Summer 2007, 2008a). In the video, Hana looked rather uncomfortable and sounded self-conscious. She stumbled at times and she spoke with an unnatural intonation, as if she was reading the instruction.

As I observe the video now, I find myself feeling sympathy for Hana as I understand her attempt to deliver the instruction as calmly as possible despite her nervousness. I must have felt similarly in her position.

Hana appeared to be too anxious (*affect*) to deliver what she had *learnt* about the induction (*difficulty, intervention*). Because there was no clear and sufficient information on the *supportive imagery*, the induction was rather dry and failed to engage Kim emotionally (*intervention, difficulty, affect*).

My protective mother like feeling towards Hana surfaced again (*relationship*).

c. Music and Imagery

Music.

“Hamabe no Uta, Song of the Seashore” (Narita, 1996) (Maisky, cello; Gililov, piano)



Hamabe no Uta , Song of the Seashore , Mischa Maisky cello.mp3

The melody of this Japanese song is played by a cello with piano accompaniment. The music had a gentle, dynamic and steady tempo, which sets a calm atmosphere. The smooth and lyrical melody is beautifully expressed by the low, warm tone of the cello and is supported by the soft piano accompaniment. This short but aesthetically exquisite piece suited the description of SMI supportive music (Summer, 2007, 2008a) for its simplicity with no sudden changes and no extreme musical effects. However, the piece was played only once instead of being repeated as indicated in the SMI manual (Summer 2007, 2008a). The SMI manual recommends music should be repeated to deepen the feeling while the client draws.

Kim began to draw as soon as the music started, she focused on her drawing throughout the piece and she continued drawing even after the music was over (Figure 4.1). Hana appeared to be very attentive but not intrusive in her presence. Kim drew a playful moment with her father as a child. Kim added her mother cooking later during the postlude.



Figure 4.1 Drawing from session one. Title: My father is playing with me and my mother is cooking [a childhood memory].

e. Postlude

Kim explained that she drew a playful moment as a child when her father lifted her and rotated with her as if playing airplane with her. Kim said that she questioned herself “Where is my mother?” while she drew herself and her father. When Kim said that she did not have enough time to complete her drawing, Hana allowed Kim to draw more and she added her mother cooking in the kitchen. After that, Kim became more aware of the distance she felt from her mother. Hana however tried to divert Kim’s attention to the positive experience with her parents by comments such as “happy and playful [feeling]”, “you also appreciate her [your mother] cooking for your family?” Kim responded to Hana’s attempt reluctantly and kept returning to her conflictual feelings towards her mother, “Why [do] I feel the distance from my mother ...because she does not believe in me as fully [as my father].” Hana did not explore Kim’s conflictual feelings further.

The session ended with Hana asking Kim to think about using this positive experience in her daily life. Kim commented: “When I feel down, when I get confused, I will remember this feeling ... I will feel encouraged to live fully, thinking of my parents”. Hana reported that Kim commented that the music was “just right” as she was leaving the session.

In the postlude, proceeding from the music and drawing, the complex feelings Kim felt for her mother came to the surface more clearly, in contrast to the affection she felt for/from her father. There seemed to be conflicting interests between Hana and Kim and they seemed to have *difficulty* focusing and deepening the positive experience from the *supportive imagery (difficulty)*. Thus, the process felt rather scattered. Hana did not intervene to take care of Kim’s confusion about her polarised feelings towards her parents (*supportive imagery/resource*) but instead attempted to redirect Kim’s attention to the more positive experiences in her drawing. However, Kim tended to focus on her ambivalent feelings towards her mother. This dynamic between Hana and Kim in the postlude left their *relationship* rather distant and superficial. Kim became aloof perhaps because Hana did not validate her *difficult* feelings, similar to Kim’s mother not believing in her fully.

It’s rather puzzling that after voicing her doubts about her mother’s support, Kim

claimed she felt encouraged by thinking of her parents at the very end of the session. Perhaps, similar to her mother and her therapist not accepting her feelings fully, Kim was resigned not to accept her conflictual feelings.

4.2.2 Written Report

Hana reported that before the session started, she spent some time preparing for the session. She made sure that the room looked “neutral and comfortable” for her client. She did stretching and breathing exercises while listening to music to reduce her anxiety before the session.

Regardless of that effort, Hana still felt “nervous and had little confidence conducting the session alone, without a supervisor’s presence”, especially at the beginning of the session when she turned on the video camera. She wrote that she became anxious, asking herself “Can I do this well?”, “What if I forget the order of the session, or what to say?”, “What if I don’t look natural?”

She had to make sure that she remembered all the session processes as if she had to “memorize what to say” or as if she had to “memorize the music score for a performance”. This made her feel “frustrated” as she “did not feel comfortable and free in conducting the session”.

Hana commented that she could identify with Kim as Kim had issues very similar to the ones Hana had experienced at Kim’s age and this made Hana more relaxed and comfortable as the session progressed. Hana reviewed her session overall by commenting “I feel content because I did my best”.

Hana prepared her written report in detail and verbatim for most of the session. I find that Hana provided a very honest, open, reflective note on her feelings and thoughts. She reflectively analysed her *intervention* as a therapist by raising questions on areas where she could do better. Hana wrote: “The prior goal [for this session] was for me to be able to execute exactly as I was taught. I felt I was not sure of what I was doing. I regret that I did not feel free and was not flexible.”

4.2.3 Supervision

I remember feeling relief that Hana was able to get through the session intact without

falling apart. I understood that Hana was aware that the session did not run as “naturally” as she would have liked and in her written report analysis she was insightful of the limitations of her clinical skills and of her issues.

In my written feedback, I praised Hana for conducting her first session alone well despite her discomfort. I suggested that she could have explored the chosen imagery more in the transition. I did not make any negative comment on the parts in which she did not follow the SMI manual or on areas for improvement. I suggested that Hana should try to use the reflective ‘self -experience’ exercises by listening to a piece of supportive music that matched her chosen *supportive imagery*. The telephone supervision was carried out in a similarly supportive way. I felt that the most problematic aspect for Hana was her self-consciousness and that she needed to relax.

I felt that the best way to bring out the best of her as a therapist was to promote her self-confidence and to relax her strict adherence to the process of SMI. I told her not to worry about following the SMI procedure perfectly; even if she struggled with the procedure it would be okay. For the following session, I asked her to aim at being relaxed and being closer to Kim.

As I realised that Hana still needed to learn skills in delivering the SMI method, the supervision was geared more toward teaching technical aspects of *intervention* by providing examples and role-modelling specific parts, focusing particularly on how to deepen the feeling and induction process.

4.2.4 Analysis

As this was the first SMI session, there were many *difficulties* presented. Both Hana and Kim were nervous as this was their first meeting and they were unfamiliar with the SMI method. The *relationship* between Hana and Kim was just beginning and rapport was not quite established yet. Their *relationship* was very tentative and volatile, reflecting both the warm and the distant *relationship* Kim had towards her parents. Hana was too preoccupied with the SMI method being delivered properly thus she could not be fully attentive to Kim’s feelings (*affect*) and *intervene* properly with Kim’s conflicts. The untreated conflicts (*difficulty*) towards the *supportive imagery* hindered the therapeutic process deepening and limited the desirable therapeutic *change*. The chosen *supportive imagery* was only partly supportive as she felt supported by her

father but felt distant to her mother. From her reflection, Hana *learned* about herself and how it affected the process, she acknowledged her nervousness and rigidity, which did not help Kim to achieve a deeper experience.

In this first session, Hana may have felt too timid and/or did not know how to explore (*intervention*) the conflicts and music selection procedure. It is interesting to note that I may have trusted Hana's musical aptitude too much and neglected to provide instructions on the music selection procedure (*difficulty, intervention*).

During the supervision before the first session, I may have been too concerned with calming her anxiety (*affect*) to provide sufficient clinical information (*intervention*). I was responding to Hana's nervousness and Hana may have felt my nervousness (therapeutic *intervention, learning*). Hana's and my anxieties seemed to interfere with the learning process in the first session (*affect, difficulty, learning*). The supervision after this first session focused on Hana *learning* the technical aspects of the *intervention* and containing Hana's anxiety so that Hana could conduct the following sessions to her best ability.

4.3 Sessions two to six

4.3.1 Session two

Kim's *relationship* with her parents was *affected* by the first session. Kim said that she felt closer to her mother and her *relationship* with her mother had improved. She started saying "I love you" and hugging her mother without any *difficulty* and her mother responded to Kim shyly but warmly. Kim admitted that, since the first session, she could identify more with her parents: being humorous like her father and serious like her mother. Kim acknowledged how much support her parents gave her and appreciated her parents "just being there" for her.

Hana moved on, focusing the session on Kim's supportive parents. While listening to a piano adaptation of "Dream A Little Dream of Me" (Yiruma, 2001), Kim produced a picture of her "dad smiling brightly" and Kim and her mother embracing (Figure 4.2).



Figure 4.2 Drawing from session two. Title: Parents.

In the postlude, Kim spent most of the time discussing her mother and herself. Kim saw (viewed) her mother with awe as being extremely able, sophisticated and “metaphysical”, similar to the way other people saw Kim as being “in a different world ... difficult to get close to”.

Kim realized how guarded she was, too afraid of revealing her mistakes and weaknesses in an attempt to be perfect in everything, like her mother. With Hana’s support, Kim revealed that she wished to be “disarmed” and be comfortable with herself.

a. Analysis

In the second session, Hana seemed much more comfortable in interacting with Kim in a much more natural way. Her voice sounded relaxed and her body language looked easy and comfortable (Her face was not seen in the video). Her verbal *intervention* was spontaneous and her body language was less awkward than in the first session. Hana reported that, during the session, she felt comfortable and confident from the support I (supervisor) had provided in the previous supervision. She wrote: “She [supervisor] guided me to focus on one aim: feel free in order to get close to my client (Kim)... It felt like seeing Polaris in the dark sky... felt comfortable, natural and spontaneous in my intervention.”

Hana wrote very reflectively that she “was discovering (seeing) myself” in how much she could identify with Kim being awkward with strangers and being a perfectionist. I

complimented Hana for leading the session comfortably and naturally and for her impressive reflective report. I encouraged her to continue to trust her intuitive understanding and her feeling in the session. Because this session explored Kim's issues, I recommended that the following session needed to focus on *supportive imagery*. I also suggested Hana do self-reflective music and imagery (MI), using a music and imagery process, in order to separate her issues from Kim's.

In this session, much had been *learnt* that seemed to *affect* the process (*change*). Hana's supportive and confident *intervention* helped Kim to process and work on her *supportive imagery* and to gain insight (*learning*). Hana dealt with a *difficult* issue by encouraging Kim to reflect on her undesirable characteristics that resembled her mother's (*intervention, relationship*). By Hana leading Kim to work on her *supportive imagery* through *expressive media*, not only did Kim internalize (*change*) the support she had felt from her parents (*supportive imagery*) but she also seemed to embrace (*change*) those of her characteristics that resembled her parents' (*relationship*). The *relationships* that seemed to form between Kim and Hana, and Hana and me (supervisor) seemed to have a benign influence on the process (*change*). Kim seemed to gain insight (*learning*) into herself and accept different aspects of herself. Hana became more confident in leading the session (*change*).

4.3.2 Session three

In the third session, Kim came in claiming her family had grown even closer, especially her father and her brother. However, she soon revealed that she had a brief conflict with her mother, arguing over a favour her mother asked of her. However, Kim calmed herself down with her father's help.

Then Hana displayed the drawing from the previous session (Figure 4.3) and reviewed how Kim felt compared to the image from the drawing. Kim remembered the embrace she and her mother had shared the previous day: her mother smiling with happiness. Kim chose to work on the feeling of comfort and warmth from her mother. Listening to relaxing popular piano music, "Love me" (Yiruma, 2001), she drew several circles filled with orange and yellow colour, representing "the fully emotional... comfortable and soft feeling when embracing my mother".

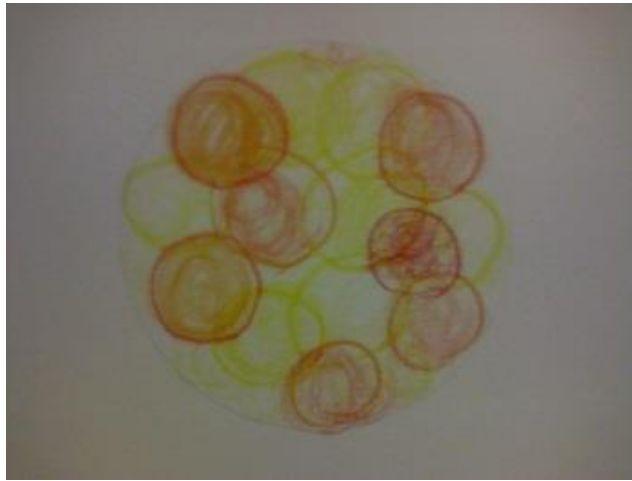


Figure 4.3 Drawing from session three. Title: Comfortable and soft feeling when embracing my mother.

By reviewing her drawing and listening to music once more in the postlude, Kim remembered how she felt loved by her mother as her mother “greeted me [Kim] with affection” when she came home after midnight the previous day.

Hana reported that she was impressed with how music could bring out a warm memory of the brief exchange between Kim’s mother and Kim, which appeared to be a trivial everyday matter. However, compared to “feeling natural” in the previous session, Hana said that she felt restricted and uncomfortable as she tried to “control” herself and deliver a focused SMI session.

In the supervision, I acknowledged Hana’s frustration and comforted her. Hana identified with “Kim longing to disarm herself” but felt limited in her ability to help Kim. Hana agreed with Kim that Kim gave the impression of being *difficult* to get close to: “Kim sounded very serious and thoughtful and often expressed herself ambiguously... speaking in a slow, deliberate and monotonous tone... It would make people nervous”.

I advised Hana to investigate Kim’s guarded behaviour before exploring a supportive experience. I suggested Hana be a role model for Kim by showing a freer and unguarded manner first. Interestingly, when I viewed the video of this session, despite Hana’s complaint about feeling restricted, I felt she had a solid and comfortable presence, even more so than in the second session in which she felt very natural and easy. Hana was in charge and sounded professional in the way she presented herself,

compared to “being friendly” in the second session. Reviewing this now, I wonder what aspects made her feel uneasy. Perhaps Hana was in the process of *learning* the balance between leading a focused session and being present with her client. I wish I had pointed this out to her at the time.

a. Analysis

Hana led Kim to work on and internalise (*change*) the love/affection she felt from her mother, her supportive resource. The music and imagery process using *expressive media* and Hana’s solid *intervention* seemed to help Kim to get in touch with her feelings (*affect*) fully. The therapeutic *relationship* seemed to continue to develop, in parallel to the development of the *relationship* between Kim and her mother (*change*). Other small but meaningful *changes* made were: Kim becoming more present with her feeling (*affect*) and appreciating her mother’s love (*supportive imagery/resource*), Kim longing to improve her *relationship* with herself by disarming herself. Hana seemed to incorporate her *learning* in conducting the session more solidly (*intervention*) regardless of any discomfort she felt in the process.

4.3.3 Session four

In the fourth session, Hana started exploring Kim’s guarded behaviour. Kim explained it was “a learnt trait from my mother” and the conversation soon led to how well Kim hid her nervousness when she performed as a pianist. Kim then moved on, saying how demanding she was on herself as well as on others: “Even though I have enough, I am often not satisfied with what I have... I demand more from myself as well as from others... which is exhausting for me as well as for people close to me”.

She traced this tendency back to her hard training as a musician in one of the most prestigious music schools in Korea:

“There were so many outstanding students being awarded prizes in international competitions... I had always felt ‘I am so far behind... I must do better’... I kept going without knowing who I was, what I liked, what I was good at.”

Hana checked whether Kim felt the same pressure to do well in the therapy and Kim answered that she had prepared sessions by thinking about herself constantly so that she

could “talk well” and “have an effective session”. When Hana asked how Kim felt about her (Hana), Kim said that she felt “very comfortable” as she felt Hana would accept her (Kim) whatever she said. With Hana’s help, Kim acknowledged her need to be praised and accepted and her overly strong desire for the approval of others. Hana asked what Kim wanted for herself and Kim responded, “I do not want to be stressed from being envious of what I don’t have but I would like to be comfortable with myself and satisfied with what I have.”

Hana slowly guided Kim to remember any experience of feeling carefree and happy without worrying about anything. Kim eventually remembered a “fun and happy time” when she was about 7 years old, playing freely with her friend out in the field. While listening to a piece of light jazz music, “Irlandaise” from Suite for Flute and Jazz Piano Trio (Bolling, 1973), Kim drew a scene of her and her friend playing in the fields (Figure 4.4).



Figure 4.4 Drawing from session four. Title: Fun and happy time with a friend.

After Kim reminisced “that must have been so much fun”, Hana encouraged Kim to play out this feeling in an improvisation using simple instruments. Kim asked Hana to lead the improvisation by providing a melody and Kim and Hana improvised music together. At first both Hana and Kim seemed timid, but Hana led the improvisation with a freely improvised melody with glockenspiel (xylophone) and later by singing. Kim seemed to become more involved, playing simple percussion instruments such as egg shakers, maracas, a drum. As Hana’s singing got louder and freer, so too did Kim’s playing. Kim commented later that it felt comfortable to make music and she enjoyed

Hana's singing, which helped her create "more energetic" music that brought back the memory of playing with her friend.

Even though there was still some timidity in their expressions and involvement it is very impressive to watch these two highly trained "perfectionist" classical musicians, Hana and Kim, begin to "let go" of their rigidness and be free. I find Hana was spontaneous and courageous in using her self-proclaimed "thin" voice. As advised in the previous supervision, Hana seemed to show Kim how to be carefree by challenging her (Hana's) own (perceived) weakness. It is very moving to witness Hana overcome her anxiety about her voice, be present for Kim and be expressive in her singing! I regret that I did not notice this then as much as now and I did not compliment and support Hana for her incredible courage and devotion to Kim. I was probably too concerned about the outcome of the session and still nervous for Hana to deliver "the most effective" SMI session.

Making music together made Kim aware of the ambivalence of wanting to be noticed while at the same time being self-conscious about the attention of others, as when Hana paid attention to her while making improvised music. Hana led Kim to reflect when and how she felt comfortable with herself and others. Kim responded by questioning herself "If I am being comfortable with myself, I may be comfortable with others? ... As I don't know myself, others must have difficulties understanding me". The session ended with Hana encouraging Kim to listen to the song, "A Whole New World" (Menken and Rice, 1992), which Kim felt would make her feel comfortable and free.

In her report, Hana revealed that at first she was very self-conscious leading the music making but tried her best "to bring out Kim's true self". Hana, coming from a similar music training background as Kim, understood Kim's ambivalence of wanting to be noticed while also wanting to be free from the attention. Hana reflected upon herself by asking "what is my true self?"

I guided Hana to lead the supervision by reviewing the session and her interventions. This was a little more complex and more explorative than in an ordinary SMI session because Hana needed to "stimulate Kim in order for me to understand her... as a result I could lead her to have a deeper experience". The supervision explored what support Kim would need. Hana thought that "Kim needs to feel accepted no matter what" and

she would support Kim like “a generous, warm and accepting mother”. Hana reported that she became courageous because she “trust[ed] myself more ... I found what had been repressed in me. I am beginning to understand myself”. For the next session, I advised her to demonstrate how to be relaxed and free to help Kim.

I find this was a very significant session, which Hana led in a balanced way following my instructions yet being spontaneous and bold. It is very impressive that Hana guided Kim to understand how her high expectations made her guarded and dissatisfied with herself and that Hana led Kim to find a moment when she felt free from all these external (as well as internal) expectations. And how impressive their music making was! Even though I could feel there was some awkwardness, I believe it was very important for Kim to experience how Hana broke free and was expressive in order to support her (Kim). Even though it was not the most beautiful music or the most “perfect” voice, the spontaneity and courage Hana demonstrated must have been very comforting and encouraging for Kim.

Hana sounded confident, satisfied and with a clearer idea of how to lead the session. I wish I had praised Hana for this wonderful leap leading the sound session and her *changed* attitude. Being demanding, I see much of myself in Kim and Hana as I come from a similar music background.

a. Analysis

The feeling (*affect*) from the *supportive imagery*, “fun and happy time” as a child (Figure 4.4), was deepened by the active and creative *intervention* Hana provided: First by guiding Kim to recollect her childhood through the use of music and drawing (*expressive media*), then by helping Kim revive the feeling (*affect*), “so much fun”, in the present moment through music improvisation (*expressive media*). As a result, the fun and happy feeling (*affect*) was extended and strengthened (*change*).

Kim’s *relationship* with herself also had an opportunity to develop (*change*). The playful image between Kim and her friend may have depicted an image of Kim and of a playful side of herself that had been long forgotten (*relationship*). Through the drawing (*expressive media*), Kim became aware of her playful side (*affect, learning*). This carefree childlike self was then enacted playfully (*affect*) with Hana during music improvisation (*expressive media*). Kim transformed (*change*) from being rigid and self-

conscious to being free and letting go of inhibitions she had through her musical *relationship* with Hana during the music improvisation (*expressive media*).

By Hana allowing (*intervention*) Kim to acknowledge and to deal with the *difficulty* she felt towards herself (*relationship*), Kim paradoxically had an opportunity to find (*learning*) and engage with her free and playful part (*relationship*). She seemed to *learn* more about herself and gain insights (*learning*), which motivated her to *change* further. The *changes* of the therapeutic process to a deeper level were the result of the combination of all these categories together.

4.3.4 Session five

Kim said that the fun memory of playing in the field with her friend from the last session made her appreciate her friends as they were.

Hana helped Kim to find a similar experience of feeling free and happy and Kim recognized how much she “enjoyed and felt great playing the piano... without concern for other people... how beautiful the music is”. While listening to light, new age, piano music “It’s Your Day” (Yiruma, 2001), Kim drew herself smiling while playing the piano in her room (Figure 4.5).



Figure 4.5 Drawing one from session five. Title: Being one with the piano, feeling happy and satisfied.

Kim described the experience as “fully satisfying, I am communing with the piano as if we are one ... the piano responds at the end of my fingers ... I feel so happy from it”. Kim was satisfied with her drawing. She felt she could communicate with the outside world through the window in the drawing and that “the piano would always be there, greeting me happily”. Kim explained how her attitude towards music had changed because she was “no longer trying to perform well to please others”. At a recent concert, she had been very moved by a singer “expressing the emotion so beautifully ... how wonderful it is to share the feelings with the audience”. Kim concluded “I realised that by changing how I think, I could feel good and happy or I could get stressed.”

Kim strongly wanted to develop her feelings by listening to her favourite song “A Whole New World” (Menken and Rice, 1992). While listening to the song, Kim felt “goose bumps” because she liked it so much. Kim drew four eagles “flying freely up high” and reflected that your point of view can *change* when you see the world from up high (Figure 4.6).



Figure 4.6 Drawing two from session five. Title: Four eagles flying freely up high.

The session ended with Hana reminding Kim that the next session would be the last. Kim expressed her regret that the sessions would end so soon and thanked Hana for paying such good attention to her.

Hana reported that she had been “looking forward to this session” and she was confident and relaxed throughout the session. She was “very happy to see Kim” and sensed Kim’s appreciation and trust in her. Hana sounded pleased with the outcome of the session and was satisfied with how she guided Kim to find her supportive resource

in the piano and to fully enjoy music. Hana wrote reflectively and revealed her honest feeling that she was “overly happy” by achieving “more than what I had aimed for in the session”. She realised that she identified with Kim a lot, that she felt as if she was being healed and was drawing a lot of energy from the session.

The supervision note indicated that we explored the therapeutic boundary and Hana’s countertransference issues and that I gave instructions on dealing with termination issues during the final session. My note on the supervision was rather brief, perhaps I did not feel the need to comment much as I felt Hana had been very reflective, showing a good understanding of the session and of herself.

a. Analysis

In this session, Kim was fully engaged in working with her *supportive imagery* and the session progressed in a smooth flow with little *difficulties*. Hana guided (*intervention*) Kim to feel ‘free and happy’ and to enjoy (*affect*) her music, her rediscovered love, the supportive resource. Music and drawing (*expressive media*) helped Kim to learn about herself and be deeply immersed with the positive feeling (*affect*) from her *supportive imagery*. As a result, Kim’s *relationship* with herself further improved, she felt happier and she enjoyed herself (*change*). The therapeutic alliances between Hana and Kim, and Hana and me (*relationship*), seemed to be solid and trusting and this seemed to facilitate the whole therapeutic process (*change*). Hana had integrated her *learning* from her supervision and became comfortable conducting the session (*intervention*). As a result, Hana’s confident and supportive intervention allowed Kim to fully engage with (*relationship*) and to enjoy integrating her *supportive imagery/resource* (*change*).

4.3.5 Session six

Hana reminded Kim that this was the last session then led her to review the previous sessions. By looking through the drawings she had made, Kim reflected on how she saw herself in her mother, which made her understand and appreciate her mother’s love for her. Kim felt a new value in her close *relationships*, describing “how happiness and satisfaction filled me”. In particular, the experience of listening to the song “A Whole New World” in the previous session (S.5) helped her to gain confidence and feel more relaxed.

Together, Hana and Kim explored what had led Kim to these *changes*. Kim recognized that her positive experiences were “maximised” by talking, drawing and listening to music in the sessions. Kim was grateful for Hana’s attention and support. Hana in turn credited Kim with the gains she achieved through her constant hard work.

Kim claimed that each of the five previous sessions had been precious but that the fifth was especially memorable as it made her feel happiest. From then on Kim said she felt hopeful, free and comfortable in herself. Focusing on this positive feeling Kim drew while listening to the song from the fifth session, “A Whole New World” (Menken and Rice, 1992). Kim drew a woman and a man looking at the world arm in arm (Figure 4.7), a depiction of Kim feeling “hopeful like the bright and hopeful world we are facing”.



Figure 4.7 Drawing from session six. Title: A woman and a man looking at the world arm in arm, feeling hopeful.

Kim thought this hopeful image would help her whenever she needed support in the future. She appreciated “what abundance music can offer” and resolved to listen to the music often. Kim indirectly acknowledged Hana’s help by saying that she realised the importance of the therapist and the *relationship* between the therapist and the client.

Hana again acknowledged Kim’s hard work and dedication in exploring herself. Before the session ended, Hana guided Kim through an exploration of their feelings and said farewell. Kim said how much she would miss Hana and the SMI sessions. Hana acknowledged Kim’s feelings and gently reminded her that their therapeutic *relationship* was ending. The session ended with a further discussion of boundary issues and a plan if Kim needed more therapy.

The supervision was a review of the case's entire process and a reflection on Hana's growth as a therapist. Hana saw her courage and honesty with her client and herself as one of her strengths. She also trusted her musical aptitude and her intuitive understanding of the client. She said she would like to provide more space for her future clients and learn more pacing. I allowed most of the supervision to be run by Hana and I told her how proud I was of her impressive growth that stemmed from her devoted work in the sessions and on herself.

a. Analysis

During the last session, the aim was to consolidate the *supportive imagery* /resources Kim had taken in and the *changes* she had made through the SMI process. The supportive resource, feeling hopeful, free and comfortable in herself, was deeply felt (*affect*) and was enhanced through Kim's favourite music and her drawing (*expressive media*), which reflected the *changes* in Kim, the improved *relationship* she had with herself and her integrated and harmonised self. Hana became confident and satisfied with herself as a therapist (*change, relationship*) with the help of reflecting and integrating her *learning*. The benign therapeutic alliance (*relationship*) seemed to be a good foundation for the positive *changes* in Kim.

4.4 Summary

This case illustrated how the *relationships*, the intra- and interpersonal *relationships*, are improved through the SMI process. Even though Kim had a playful and warm side her *difficulty* was in being aloof, rigid and feeling restricted in relating to herself (intrapersonal *relationship*) as well as to others (interpersonal *relationship*).

Throughout the course of the therapy, Kim's opposing characteristics were analysed using *supportive imagery*/resources as well as music and arts (*expressive media*) with Hana's active and supportive intervention.

The first *supportive imagery* was the split part of herself projected onto her parents, a playful and warm father (*relationship*) and a distant and unengaging/unaccepting mother (S.1) (*relationship*). By identifying with her aloof yet shyly affectionate/supportive mother (*supportive imagery*), Kim embraced and internalised the love she felt from her mother (*supportive imagery, change*) and her inner self (S.2 & S.3).

After that Kim met her playful self (*relationship*) through the playful image of her and her best friend playing (*expressive media*), her *supportive imagery* (S.4). Kim could engage and enjoy her free and playful self (*relationship, affect*) that was reflected in her drawing and played out through music improvisation (*expressive media*).

These improvements in her facilitated further *changes* and integration seen in session five. Kim was surprised that she could enjoy playing the piano (*learning*), which used to be a source of stress and inhibition. By feeling free and happy (*affect*) while enjoying the music (*supportive imagery*), Kim could free herself from her restrictions and enjoy herself (*change, relationship*). Through her drawings (*expressive media*), Kim seemed to be able to identify her *difficulties*, which helped her to gain good insight (*learning*). Through music (*expressive media*), Kim became aware (*learning*) of her feelings more deeply (*affect*) and was able to integrate (*change*) the positive feelings (*affect*) from her *supportive imagery/resources* and to reconnect to long lost aspects of herself (*relationship, change*). As a result, at the end, Kim seemed to be content (*affect*) and in harmony with herself (*relationship, change*) (S.6).

Hana also had a *difficulty* within herself (intrapersonal *relationship*): feeling insecure, being overly nervous and self-conscious, which interfered with conducting the session and her *relationship* with Kim. Her anxiety (*affect*) was contained through the reflection process and the support from the supervision intervention. Hana seemed to be able to apply the support and trust she gained from the *relationship* with me in the sessions with Kim (*intervention*). The trusting supervisory *relationship* seemed to positively impact the way Hana engaged with Kim (*relationship, intervention*). This positive therapeutic *relationship* perhaps extended and motivated Kim to try and mend her *relationship* with her mother (benign parallel process in therapeutic *relationships*). Hana digested her *learning*, which was reflected in her progressively improved *interventions* at each session. Her empathetic, sensitive and flexible *intervention* helped Kim to engage and process her *supportive imagery/resources* fully.

Overall, the trusting, good working, supervisory *relationship* helped Hana overcome her anxiety (*difficulty, affect*) and become confident as a therapist. As Hana became more confident (*affect*), she led the session effectively (*intervention*) applying *expressive media* to help Kim to integrate (*change*) her supportive resource (*supportive imagery*). Hana's supportive and creative approach (*intervention*) enhanced her

working *relationship* with Kim. A trusting and good therapeutic *relationship* encouraged Kim to integrate her supportive resources (*imagery*) and to improve her *relationship* with herself, thereby becoming more comfortable and accepting of herself (*change*).

CHAPTER 5: CASE STUDY SERA & JADE

The previous case illustrated how the supervisory and therapeutic alliance (*relationship*) influenced *changes* during the SMI therapy.

The Sera and Jade case in this chapter illustrates the impact on the client when the SMI manual is not followed (*intervention*) and it exhibits complex *difficulties* and emotions (*affect*) evoked in the process. In this case, I will particularly focus on how emotional (*affect*) *difficulties* experienced by the client and the therapist affected the therapeutic *intervention* and the course of the therapy (*change*). I will also explore various ways of using supportive resources (*supportive imagery*) and the therapeutic *relationship*, which also impacted the *changes* in the course of the therapy.

Session three in particular raises the issue of how the countertransference of the therapist (*relationship*) can affect the handling (*intervention*) of the client's anxiety (*affect*) in SMI therapy. This case also demonstrates the impact on the client when the therapeutic *intervention* does not follow the SMI manual and its structure. Focusing on the third session, I will explore how this case progressed.

I will continue to examine the case with eight core categories: *supportive imagery*, *difficulty*, *intervention*, *relationship*, *expressive media*, *affect*, *learning*, *change*.

5.1 Participants

5.1.1 The client: Jade

Jade was a housewife in her late 30s with two sons in primary school. During her interview session, which I observed during an on-site supervision, Jade complained that she suffered from marital conflicts. Jade said that her husband was “childish” as he favoured their first son and constantly “picked on” their second son. Jade reported that she felt depressed as she had repressed desires and dreams of having her own career and studying further. She complained that her husband obstructed her desires, demanding that she focus on being a housewife. Jade felt she was being “treated unfairly” by her husband and his family as they were not supportive of her. By contrast, she had been supportive of them at all times.

5.1.2 The therapist: Sera

Sera was an experienced music therapist. She had taken group therapy for a year but had never taken any type of individual psychotherapy prior to joining the SMI training.

5.1.3 The supervisor: myself

This was one of the first SMI cases I supervised. Sera made a good impression on me as she was reflective and insightful during the seminar. Thus I was rather relaxed and expectant of her ability to conduct SMI sessions.

5.2 Session one and two

5.2.1 Session one

The first session was conducted with Summer and me observing and I made notes during this first session.

Sera interviewed Jade for the first part of the session. She was attentive and supportive while Jade expressed her difficulties with her husband (See above under “Jade”). Sera helped Jade to find her supportive resource, a nun who understood Jade’s problem and made her feel “calm and contained”. After explaining the overall process of an SMI session briefly, Sera moved on to the induction, helping Jade to relax and be calm, but without focusing on the *supportive imagery*, the support from the nun. Listening to the ‘beautiful cello music with piano’ (my note), Jade produced a drawing of her family “being playful in a field” (Figure 5.1). However, Jade soon became upset and cried as her drawing depicted her second son Hun's isolation: Hun was outside of the mandala circle, separated from his family.



Figure 5.1 Drawing one from session one. Title: My family enjoying and being playful in a field.

After listening to Jade describe her pain for Hun, Sera played another piece of piano music and asked Jade to pay attention to the music. Jade drew a big tree and four saplings (Figure 5.2). (Unfortunately, I do not have information about either piece of music because I did not take a note of them when I observed the session.) Jade said she felt as if the music was saying “wake up, wake up... saplings are coming out...”



Figure 5.2 Drawing two from session one. Title: Saplings are coming out.

In the supervision right after the session, Sera was advised to contain Jade's anxiety from external stress and help her focus on herself. Summer showed Sera how to be empathetic with Jade's *difficulty* before guiding Jade to focus on herself: “It must be difficult for you, (or you must be tired). This is time for you. You need to find something for yourself.” In the following session, Sera was advised to find Jade's supportive resources and her *relationship* with music.

a. Analysis

I find that this was a diagnostic session, foreseeing potential *difficulties* not only for the client, Jade, but also for Sera. This session indicated that Sera's well rounded experience as a music therapist might be both beneficial as well as an obstacle: Sera was poised in relating to Jade (*relationship*) but she did not seem to be particularly attentive to the fact that this was an SMI session. Sera's therapeutic *intervention* did not adhere to the SMI procedure. There was no clear focus on the supportive resource, other than instructing Jade to relax. The only supportive resource (*supportive imagery*) found in the session, the support from the nun, was neither utilized nor integrated.

Jade seemed to be too preoccupied with her family problems (*difficulty*) and became too overwhelmed (*affect*) by them. The boundary between her and her family seemed to be too fused to separate herself from her family (*relationship*). Jade was too upset (*affect*) to be able to focus on her resource (*supportive imagery*). Music and drawing (*expressive media*) in the second attempt seemed to function as a supportive resource (*supportive imagery*) and there was a small hint of a positive *change* but I feel this was somehow manufactured, thus the experience was not integrated solidly.

5.2.2 Session two

Sera reported that Jade came to the second session "depressed and very exhausted psychologically" by the constant conflict with her husband. Jade said that she had felt better after the first session but since her husband had recently picked on their second son Hun, leaving Hun very emotionally injured, Jade had been feeling bad. In this session, Sera worked with Jade on the music and imagery process four times.

At first, for the *supportive imagery*, Sera decided "to use the image of 'saplings' from the first session because Jade was too deflated". While listening to calm new-age piano music with an electronic orchestral background, "Through the Arbor" by Kevin Kern (2002), Jade drew "a face with big eyes and a grey star" (Figure 5.3), which felt "eerie" to Sera. Jade became "tearful" saying: "At first there was a dead body lying there repressed, by darkness ... it couldn't move ... as the music continued, there was a small dim light as if it said "wake up, follow me". I felt like following, I should move, should get out of it." Sera listened sympathetically to Jade and, as Jade fought her tears,

encouraged her by saying “allow yourself to cry”.

Then Sera moved on to a second music and imagery session, playing “Through the Arbor” again. Sera reported: “Because Jade looked gloomy yet expressed the positive image of 'a light', I asked Jade to focus on the light of the star and the message 'wake up, follow me'.” Jade added a bird to her drawing, explaining that the light turned into the bird. Jade felt that the bird was “escaping ... struggling to escape from the darkness ... the endless, endless grey sky”.

Sera immediately asked Jade to focus on the bird and played another very similar piece of music by Kern, 'Sundial Dreams' (2002), intending “to support the bird in the bright sunlight” [this was the third piece of music and imagery].



Figure 5.3 Drawing from session two. Title: Bird struggling to escape from the darkness, trying to fly upwards.

Jade reported that she felt very sorry for the “exhausted, suffering” bird but she did not know how to help it.

On hearing that, Sera suggested Jade imagine “bringing strength (to encourage)” the bird. Sera played a gentle, lyric, solo cello piece with piano accompaniment, “Hamabe no Uta” (Narita, 1996) (For information, see chapter 4, session one, music) [this was the fourth music and imagery]. Jade added thicker lines to the bird’s shape and mountain ranges under the drawing. Jade felt “the bird gained some strength flying upwards ... it got out (of the grey sky) and felt free ... less burdened, more comfortable. ... but felt like leaving something behind”. Jade identified with the bird and she reported that she felt more energized and calmer.

Sera recommended that Jade make the most of her alone time by focusing on herself. Sera suggested Jade listen to the cello piece from the session, “Hamabe no Uta”, whenever she could. Jade took her drawings with her as she wished to.

Throughout the session, Sera was supportive and empathetic. Despite this, she was very direct in leading the session. She determined the *supportive imageries* for Jade, instead of letting her choose herself. Regardless of Sera's attempt to lead Jade to focus on the positive feeling by focusing on “light” and “strength” in the drawing, Jade struggled with her feeling of helplessness by expressing her difficult situation in her drawing. Sera handed in her report six weeks after this second session was conducted. In her email, Sera sounded depressed saying she felt “too lethargic to do anything... I realize that I have not been honest with myself... How can I treat anyone, I wonder?” Reading this, I became concerned.

In the supervision, because Sera identified strongly with Jade, we worked on separating their issues. Sera had two sons of a similar age to Jade's but they were doing well and Sera had a supportive husband. However, like Jade, Sera had a tendency to repress her needs in front of her husband. Because Sera felt lethargic and depressed like Jade she always pushed things back until the last minute, a habit compounded by her perfectionism. Sera said that she did not want to review the session because she was afraid of seeing herself in Jade.

I explained to Sera that I felt the session, having four music and imagery processes, had too many activities, neither Sera nor Jade felt the moment enough. Thus for the following session, I advised Sera to let Jade feel any distress, rather than talk about it in detail. Only after that could Sera guide Jade to find support. I instructed Sera to find a clear supportive resource and focus on the positive feeling it brought, before moving to induction.

a. Analysis

As I review this now as a researcher, I feel that Sera tried overly hard (*intervention*) “to move” Jade to a place where she thought Jade should be, going through four music and imagery processes (*expressive media*). Sera’s therapeutic *intervention* was most likely not based on a true *supportive imagery* but was probably based on manufactured, premature, hopeful imageries or messages, which Jade did not own. Thus regardless of

Sera's attempt to lift Jade's spirit, Jade seemed to feel more desperate with each additional MI attempt (*affect, difficulty*).

Even though Jade seemed to feel somewhat better towards the end of the session (*change*), she was still doubtful, as she expressed in her comment "I felt like leaving something behind" at the end of the session.

The internal conflict/dilemma (*difficulty, affect*) was reflected in the contrasting messages from the *expressive media*: drawing and music. The drawing seemed to reflect and bring out Jade's vivid feelings of helplessness and despair (*affect*): the dead body that could not move "struggling to escape from the darkness ... the endless, endless grey sky [being] exhausted, suffering". The music seemed to match her conscious will to mobilize some energy which was not yet owned by Jade: "wake up, follow me".

In desperation, Sera forced four music and imagery processes on Jade (therapeutic *intervention*), perhaps because she was afraid of herself also being stuck in a similar dark, grey place like Jade (*affect, difficulty*).

Sera was emotionally too merged with Jade, it hampered the way she intervened in Jade's processing of her supportive resource (*supportive imagery*). The supervision was focused on Sera *learning* to separate herself from Jade and understand her countertransference (*relationship*).

5.3 Session three: The focused session

5.3.1 Session process

The session was recorded on video. Sera faced the camera and Jade was in profile. Sera reported that Jade arrived at the therapy office before her, 40 minutes prior to the scheduled time. Sera noted that she felt taken aback but that she was able to keep calm and started the session on time as scheduled.

a. Prelude/Transition

As soon as the session started, Jade "excitedly reported positive changes" in her life and her attitude. Sera reported that Jade "looked bright and high-spirited" and she told Sera that she had started Air and Correspondence College (similar to The Open University), despite severe opposition from her husband. Jade also "showed off" by saying that she had "passed a job interview after three screening processes" but she had

to give up because her husband would not allow it. As she focused on herself and socialized with her peers at her school, she felt good and “alive” and she felt she had “returned to my old self” who had been laid back and confident. Jade reported that she gained strength especially when she listened to the music and thought of the image from the last session, “a tiny bird becoming a big eagle flying high”. However, towards the end of the prelude, Jade started to express some doubt and anxiety over these new changes in her life. Jade “felt very guilty” when her son Hun got injured playing outside and came home with “blood all over him”. Her husband blamed Jade for Hun's injury and demanded Jade withdraw from school. Jade felt upset about her husband being a 'stumbling block'. She expressed her conflict: “I felt so terrible. Even though I knew that it was not my fault I felt very guilty... I got so tired of everything and kept thinking to myself... shall I give up? No, I shouldn't.”

Immediately after that, Sera moved to the transition asking Jade to look at her drawing from the previous session and if she could recall the feeling of being “alive” when she studied at her new school. Sera noted that Jade “smiled”, nodded and answered timidly “well”. Without exploring the chosen imagery further with Jade, Sera immediately started the induction. Observing the video now as a researcher, I feel Jade appeared rather reserved and her smile was restricted. I wonder if, by answering “well”, Jade was expressing her doubts rather than “yes”. I find the discrepancy between her body language (nodding) and her answer interesting as it may display the mixed feelings Jade had about the changes in her life.

b. Induction

Sera asked Jade to close her eyes, repeat several breathing exercises and imagine sending “the feeling of being alive and the support and comfort from people who were with you” to all of her body. At the end of the induction, Sera chose the music for Jade and turned the music on.

The process of the induction was very detailed and was rather long, making it feel close to a GIM induction. It was possible that a detailed induction would not hold Jade at the feeling of the chosen imagery but may lead her to a deeper psychological state (altered state) and stir up complex psychological/emotional material.

c. Music

Sera reported that she chose a short piano piece by Kabalevsky (1937-1938), Op.27, No.18 because she felt that “the cheerful rhythm of the music may reflect 'feeling alive’” for Jade. This music was also played again in a section of the postlude.



Kavalevsky, Fifteen children's pieces, Op. 27, Sonatina.mp3

This piece was a part of a collection of piano pieces written for children by Kabalevsky, a 20th century Russian composer. The piece is simple and very short, lasting about one and a half minutes. It is a modern period piece of classical music with an ethnic nuance in its unusual use of a minor scale (a natural minor). The melody sounds jumpy in dotted rhythms and is accompanied by staccato chords with a regular beat. It is simply structured with several repetitions of the main melodic theme. I find that the performance is static and monotonous with minimal dynamic contours and flow and the interpretation of the staccato sounds mechanical. Thus, the piece sounds slower than its tempo mark “allegretto” (moderately fast) suggests. The simplicity in all elements of this piece and its few changes meet the criteria for SMI music (Summer 2005, 2007, 2008a), except for the constant key changes. Despite this, I find that the piece is aesthetically limiting, with little expressive quality, it thus may have limitations in bringing out a richer emotional quality.

d. Music and imagery

Jade closed her eyes while the music was repeated (about three minutes altogether) until Sera instructed her to open her eyes. She seemed hesitant to draw at first and then she quickly drew (in about one and a half minutes) a faint image of a fountain.



Figure 5.4 Drawing from session three. Title: The soaring (sprouting) water from a fountain.

e. Postlude

Jade began explaining the positive message she got from “the soaring water from the fountain” in her drawing, “don't sit there, come up ... don't give up”. However, when Sera asked how she felt, Jade expressed her doubts and conflicted feelings, laughing nervously as she spoke: “There were two minds coming up ... A--h! (sigh). What if I cannot do it because I am afraid of it? On the other hand, I feel ‘yes, I can do it’.” Sera then asked Jade what message she heard in the music. Jade responded that she felt encouraged by the music, “you can do it”. Hearing this, Sera turned up the volume of the music and asked Jade to focus on the “voice of the music”. After listening to the music, Jade seemed more anxious, complaining of “feeling complicated, like in a swirl”. Jade laughed as she talked without looking at Sera.

As soon as Sera heard this she immediately changed the CD, but she stumbled a couple of times before she found the piece she was looking for. Jade patiently waited with closed eyes. Before turning on the second piece, Sera instructed Jade to look at the image of the fountain and focus on its positive message. Sera conducted another induction for the second piece of music with the image of the soaring fountain, letting Jade feel “the power of the shooting water ... let yourself go with it”.

Sera turned on the music, “Hamabe no Uta” (Narita, 1996), which was used in the previous session (Session two) and which Jade claimed had been “very helpful” to her. The piece is gentle and simple with a beautifully expressive quality. The warm and

clear lyric melody is played by the cello with a soft piano accompaniment. (See chapter 4 for a more detailed description of this music.)



Hamabe no Uta , Song of the Seashore , Mischa Maisky cello.mp3

The music was played only once while Jade kept her eyes closed. After the music was over, Jade complained she could not focus and seemed confused: “The image keeps being scattered ... Ah! The water keeps filling up, flooding the fountain. No! The fountain is disappearing, it shouldn't!” On Sera's suggestion, Jade quickly added to her drawing. Sera described in her report: “Jade added more water shooting up, water filling up the area with horizontal waves and mountains in the background”.

This last *therapeutic intervention* by Sera with different music and added drawing (*expressive media*) seemed only to highlight the conflict and anxiety Jade experienced. Jade expressed how shaken and nervous she was about her changes and how torn she was between “moving forward” and “giving up”. Sera’s attempt to make Jade pay attention to the positive messages from the music (moving forward) and drawing (shooting upward), seemed to accentuate the conflict further, leaving Jade feel “very complex” and “fluttering”. Jade said: “I need to move forward but I feel I am blocked ... I feel tempted to give up and to be comfortable being settled with what I have but the thought makes me feel suffocated” (*affect, difficulty*).

Hearing this, Sera finally seemed to acknowledge Jade's ambivalent and conflicted feelings and she listened to Jade attentively (*change, therapeutic intervention*). From this moment on, I sense a little shift of energy (*change*) in both Jade and Sera being somewhat less nervous and calmer. As soon as Sera accepted and validated Jade's feelings, she seemed to become less anxious and somewhat calm (*intervention, relationship, affect, change*). Jade spoke with clearer diction and a calmer voice, turning her body towards Sera and looking at her as she spoke. Sera responded to Jade with a relaxed composure. They responded to each other with a natural reflective flow of give and take, at a slower pace with pauses in between (*relationship, change*).

At the end of the session, Sera provided Jade with the music files used in the session, commenting that the music might help Jade to reflect (*supportive imagery*). Sera noted

that, in contrast to the last session, Jade did not want to take her drawing with her but accepted the music files. Sera reported that she provided information on a counselling programme for husbands and couples at a Catholic church as they ended the session.

It is interesting that Jade did not take the drawing (*expressive media*), which symbolized her conflicts explicitly (*affect*): The fountain's water shooting up and her desire to move forward were being submerged by a flood, which represented her giving up her desire. She felt like she was being "suffocated".

5.3.2 Written Report

Sera sent her report for session three after she had conducted the next session (session four). Sera's written report was disorganized, with many sections being mixed and repeated. The report was so badly organised, it took me a while to figure out and understand the content. The disorganized layout of the report perhaps reflected how Sera was infused with Jade's feeling of confusion. However, the content was impressive. Sera showed great insight into the session process and exhibited empathic understanding for her client, Jade.

Sera reflected that she had been rather "pushy" for Jade to accept her "positive imagery". Sera thought that it would have been better to work with Jade to choose her own positive imagery. Sera questioned if she should have used a calmer, more comfortable piece of music instead of the first piece, Sonatina (Kabalevsky, 1937-1938). She wrote, "Jade loved 'feeling alive' yet that specific feeling also stirred anxiety in her." Sera realized that she "had tried too hard" to pull Jade up, which may have sparked Jade's anxiety as a counter-reaction. Sera regretted that she had not "explored the 'positive imagery' enough" before she played the second piece, "Hamabe no Uta" (Narita, 1996). She felt she had been overly nervous about Jade's reaction at times.

5.3.3 Supervision

This third session was a difficult and important session for both Jade and Sera. Jade was confused over the changes in her life after the short gains made after the second session. I had a very high regard for Sera's talent as a therapist but I remember feeling puzzled and frustrated at Sera for her not seeking supervision when she needed my support most.

The supervision was focused on Sera's psychological blocks and issues. As recognized earlier, in session two, Sera continued to identify very much with Jade in repressing her needs for others. Because of this, Sera reflected that she wanted Jade “to succeed” and she became nervous when Jade seemed to “regress”, exhibiting her anxiety over her changes.

5.3.4 Analysis

This session started in high spirits but the mood quickly changed because many difficulties presented themselves: Jade was painfully torn between her wish to move forward and her inclination to give up the changes she had made (*affect, difficulty*). Responding to Jade, Sera tried to help Jade to focus on the supportive messages from the music and the drawing (therapeutic *intervention*) but Jade could not hold down her conflicted feelings toward her changes. Even the same music Jade had once responded to positively, “Hamabe no Uta” (Narita, 1996), could not contain Jade's anxiety.

The difficulties arose when Jade started showing her anxieties (*affect*) over the changes she had made and how her anxieties were not taken care of (*intervention*) before focusing on the chosen *supportive imagery* (therapeutic *intervention*). There were several problems in the selecting process for the supportive resource (*difficulty, intervention, supportive resource*). Sera chose the *supportive imagery* (*intervention*), the feeling of being alive, soon after Jade started expressing her conflictual feelings about the change she had made, feeling alive as well as feeling like giving up (*affect, difficulty*). Sera may have intended to draw Jade's attention to the positive aspects of the change but, by doing so, Jade's anxiety caused by the change was not taken care of (*therapeutic intervention, affect, difficulty*). In addition, because the chosen *supportive imagery*, ‘the feeling of being alive’, was a by-product of the changes, which she felt conflicted about (*affect*), Jade may have had great *difficulty* focusing on and deepening any positive feeling from the supportive resource. I wonder if Sera had heard Jade's conflict, dealt with it and let Jade choose her own supportive resource, how differently her difficulties would have presented themselves.

Both music and drawing (*expressive media*) reflected and represented vividly the confusion and conflicts Jade experienced (*affect, difficulty*) (see postlude analysis above). Even though Jade heard an encouraging message, ‘moving forward’, from the music her anxiety was provoked further when the music was played (*expressive media*,

affect, difficulty): “feeling complicated, like a swirl”, “confused” and “could not focus” (postlude). Such confusion and anxiety was explicitly expressed in the drawing (*difficulty, affect, expressive media*): water shooting up from a fountain [moving forward], which was disappearing because of a flood [giving up].

The supervision was focused on Sera *learning* about her countertransference enacted in the session (*relationship*). As Sera acknowledged, because she identified with Jade too much (*relationship*), she “pushed” Jade “to succeed” and she attempted to save Jade from giving up the changes she had made (*intervention*). Because of these fused boundaries, Jade’s ‘giving up’, regarded as ‘regression’ by Sera, may have felt like a ‘regression’ of her achievement in working with Jade (*relationship, affect*). The positive *change* in their *relationship* was observed only after Sera acknowledged (therapeutic *intervention*) Jade’s difficulties and anxiety (*affect*).

5.4 Sessions four to six

5.4.1 Session four

As I wrote earlier, this session was conducted without Sera having had supervision following the third session. Sera responded to my email explaining that she went ahead with this session to keep her promise to Jade that she would provide a session once a month. She also wrote that it was difficult to conduct the session without the supervision. She wrote: “There were many mistakes. I feel ashamed and afraid that I will be scolded by you.”

Sera reported that Jade came to the session “looking depressed and nervous ... Even before she sat down, Jade poured out her problems with her children”. Sera wrote that she provided tea for Jade to calm her down and asked Jade to focus on herself. Jade began to talk about what was troubling her. Jade had had to give up her studies after “a month of fighting” with her husband as he blamed Jade for their sons' poor academic achievements. Jade said “I failed. ...Is this the limit I face? ...When I gave up, I felt like I was disappearing ... It's such a vicious circle ... I am so exhausted. ... Why should I be the one who always has to give in and put up with so much?”

Sera was very sympathetic with and supportive of Jade. After listening to Jade's troubles for a while, Sera asked if there was anything that had helped Jade during this difficult time. Jade said she had been encouraged by her father saying “It is a good idea

for you to study ... I believe that you can do it”. Her younger sister had also been supportive of Jade “I will help you. ... I am always at your side”. Jade shed tears as she spoke. Sera let Jade choose a piece of music that matched the support Jade felt from her father and sister and Jade chose an expressive cello piece, Moses-Fantasie (Paganini, 1818).

Sera instructed Jade to relax through breathing exercises but she did not mention the support from Jade's father and sister during the induction. In her report, Sera regretted that the induction did not focus on the supportive emotions Jade felt from her father and sister. After listening until the music ended, Jade drew a very faint image of herself, explaining that she was “in the middle of a path in a forest or a row of houses, not knowing whether I [Jade] should move forward or backward”.

Sera noticed a small light at the top of the drawing (Figure 5.5). She had Jade focus on the small light and played another piece of music, an adapted version of “Over the rainbow” (Arlen & Harburg, 1939), for harp and small chamber orchestra. After listening to the music, Jade said that she felt bright, encouraging sunlight but at the same time she was too nervous and fearful to move towards the light. Jade expressed her ambivalence: “I would just like to move forward without hesitation. It is so painful not to be able to do it. ... Often I let myself give up, repressing, forbidding ... I say 'go' but I can't. ... I feel I can but I can't.”



Figure 5.5 Drawing from session four. Title: I am moving forward towards bright sunlight.

For the third music and imagery, Sera led Jade to focus on the feeling “I can move forward”. While Jade closed her eyes, Sera recited an encouraging message for Jade: “I

am moving forward ... there is bright sun light ... I would like to move without hesitation. ... I feel I can move forward.” “Over the rainbow” (Arlen & Harburg, 1939) was played again and Jade started to add more to her drawing. Sera reported that Jade added more trees and another image of herself [Jade], “wearing a raincoat under the sunlight”, in the right corner. Jade said that she felt she was moving forward even though she kept looking back and that she felt comfortable.

Before ending the session, Sera acknowledged Jade's *difficulty* in her current situation. Sera advised Jade to consider getting some professional help such as counselling for her sons so that Jade might feel less burdened. Sera encouraged Jade to actively seek help and support from people around her and to try to feel calm and comfortable as much as she could. Compared to Jade's lethargic and slow speech, interspersed with sighs, at the beginning of the session, Jade looked more composed by the end of the session.

In her report, Sera was reflective in reviewing the session. Sera felt that Jade acknowledged how she had been depressed and discouraged. She felt sorry for Jade and tried to be empathetic with her but Sera realized that she “could not fully be present with Jade's sadness” as she [Sera] “became overly sensitive about Jade giving up her dream”. Sera blamed herself for “not being able to help Jade to change fully” and thought that she should have helped Jade find her supportive resources by herself.

During the supervision, I let Sera review the session and reflect on it. Sera showed a good understanding of the session and of Jade. She continued to explore her counter-transference over Jade not following her dream. Sera felt Jade's trouble as her own as they both shared similar issues. Sera acknowledged that she tried to “save Jade” because of that. I advised her that they should focus on feeling the *supportive imagery* in the induction. I recommended to Sera to let Jade find her resource and help her strengthen it instead of “solving Jade's problem”.

a. Analysis

Once again, the session was conducted with the same pattern of many repeated music and imagery procedures focusing only on the ‘positive’ aspect of the imagery despite the conflicts in the drawing (*intervention*). However, I find that the difference between this session and the others (*change*) was that Sera patiently and empathetically listened to Jade before she tried to make Jade feel better (*intervention*). I wonder if Sera learnt

from the end of the previous session that she needed to acknowledge Jade's anxiety. This changed attitude in Sera may have helped Jade become somewhat calmer at the end of the session (*change, affect*).

As Sera acknowledged (*learning*), she again tried too hard to "save" Jade and help her to "move forward", which had been a pattern in all four sessions (*intervention*). As she did before, Sera used music and drawing to 'save' Jade and draw her attention to 'positive' messages. At the beginning, the music and imagery (*expressive media*) process brought out the dilemma Jade was in (*affect, difficulty*) but at the last music and imagery process, Jade said she was comfortable (*affect, change*). Compared to the tiny stick figure Jade drew initially, she looked protected and more stable with a raincoat on at the end. I wonder what caused this change in her drawing or, I wonder, is this another manufactured image.

It is interesting that Sera blamed herself for Jade "not being able to change fully" (*affect, difficulty, relationship*). Perhaps because of that Sera went through many music and imagery processes to try and "change" Jade (*intervention*) and she refused to let Jade or herself give in (*relationship*). As Sera was still very much fused with Jade (*relationship*) and torn like her (*affect*), the supervision focused on containing Sera's anxiety working with Jade (*intervention, difficulty, affect*) by letting her understand her countertransference.

5.4.2 Session five

Compared to the previous session, Sera reported that Jade looked calmer. Jade claimed she had spent most of her time by herself since the previous session six weeks ago, listening to music whenever she could. Jade said "Hamabe no Uta" (Narita, 1996), in particular, had helped to calm her with its "deep sound". As Sera explored supportive resources for Jade, she said that reflecting on herself while listening to music had helped her the most. Jade said she realized: "I tried to solve the problem from the outside ... blaming my husband and my children, and I tried to change them the way I wanted them to be ... After I accepted them as they are, I feel more comfortable." Jade reported that this insight made her feel "settled and feel the strength" in her. Jade said that she "began to see hope, from knowing what direction I need to take".

Sera guided Jade to focus on the support she received from listening to the music at home and Jade further described how music had helped her remain calm and feel

comfortable. Sera instructed Jade to focus on the calm and comfortable feeling in the induction and turned on the music Jade chose, the second movement of Haydn's Cello Concerto No.1 (1761-65).

After listening to the music, Jade drew a woman holding a baby (Figure 5.6), explaining “It feels like how my mother looks at me or how I look at my child” but Jade could not explain any more about it. Sera led Jade to focus on the feeling from this image and played “Hamabe no Uta” (Narita, 1996). Jade added black to the right of the picture and yellow over the mother and child image. Jade described that she felt happy as she listened to the music and felt like “the light spreads and is chasing after the stubborn darkness”. With Sera's help, Jade recognized that she was the one who chased after the darkness but she still felt it was hard for her. With Sera's encouragement, Jade said she would seek help from music, her mother and Sera, if necessary.



Figure 5.6 Drawing from session five. Title: Mother and child, the light spreads and is chasing after the stubborn darkness.

Sera reported that she was very impressed by the depth of reflective work Jade had carried out by herself. She realized that Jade was insightful and had the strength to find her way out if she [Sera] was patient enough and supportive of Jade. Sera reflected that she did not have much belief in Jade. She recognized that she had a tendency to impose on Jade at times because she was impatient and anxious that Jade would give up on her positive gains.

This session was carried out soon after the supervision for session three and four. I felt Sera's direction was clearer and instead of trying many processes, she led a focused

session with a simpler structure that felt more solid and settled. In the supervision, I congratulated Sera on these changes she had made in conducting the session. Sera reviewed the previous sessions and progress Jade had made. She felt Jade had changed as she had an opportunity to reflect on herself through the struggle she experienced. Sera commented that she also experienced a similar process conducting this case and we explored the changes she felt as a person and as a therapist. Sera said that as Jade began to trust herself, she began to trust Jade and became less anxious about her. Sera was moved by Jade's progress and respected her for her diligent and hard reflective work by saying "Jade was better than me" [in reflective work].

a. Analysis

There were noticeable changes in Jade as well as in Sera in this session. Jade was reflective of her situation and gained an insight into herself (*learning*). It seemed that Jade used the music "Hamabe no Uta" (Narita, 1996) as her resource while she went through the pain (*affect*) of letting go of her gains, her school and social life (*difficulty*). It is impressive how she actively tried to implement what she received from the SMI sessions (*learning*) and how she followed Sera's recommendation very seriously (*relationship*). Sera was focused and content in conducting the session (*intervention*). Sera was also reflective of the case as well as insightful of herself (*affect, learning*).

Jade used both music and art (*expressive media*) as her supportive resources in a situation where she could not find much support in her life. I wonder if Sera was also a very strong supportive resource for Jade all along (*relationship*). Perhaps Jade felt the emotional support or connection (*affect*) from Sera even though she struggled (*difficulty*) with Jade during the previous sessions (*intervention, relationship*). It seems as if Sera acted like a new mother in a "primary maternal preoccupation" (Winnicott, 1956) whose boundary is fused with her baby (*relationship, affect*).

5.4.3 Session six

To make up for a missed supervision following session three, one extra session was added after this session and Sera informed Jade that there would be two more sessions including this session (see under supervision, session three). After complimenting Jade on her hard work, Sera reviewed the previous sessions with Jade and let Jade reflect on the process she had gone through. Reviewing the drawing from the fifth session, Jade compared the black circles to the problems she still had in her life. Sera let Jade

complain about them for a while. After the review, Jade chose “not having lost myself” as the *supportive imagery*. Jade explained that she used to feel that she did not exist but at the moment she did not feel that. She felt her own presence, regardless of the problems remaining in her life.

In this session, Sera reported that she tried different approaches with the imagery. There were three steps to the imagery process. At first, Sera reported that she “prepared Jade for her difficulties after the therapy was over”, she led Jade to think of the problems she still had and asked her to write them on sheets of black paper, with the blackness representing the problems. Jade wrote about the conflict with her husband “Ignoring myself and repressing what I want”, “My children being emotionally hurt”. Then Sera asked Jade to read them out aloud, crumple the sheets and throw them far away. Jade said it was difficult to crumple the papers and she complained that her heart trembled a lot. She became nervous saying “It felt as if I crumpled my emotions” and she said that it provoked many complicated emotions in her and that she felt angry, embarrassed, nervous and liberated.

After this, Sera asked Jade to focus on the things written on the paper and how she felt throwing them away. While listening to “Hamabe no Uta” (Narita, 1996), which Jade chose, she drew someone helping her to fly when she was hesitant on stage and a wise man looking after and supporting her (Figure 5.7).

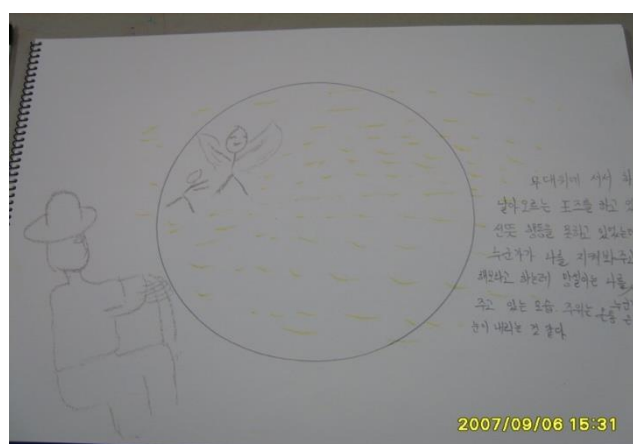


Figure 5.7 Drawing one from session six. Title: Wanting to fly but not yet being able to fly.

Jade expressed many ambivalent feelings in this drawing. She felt caught as she wanted to fly but could not. She felt nervous but grateful of someone lifting her to fly and comfortable under the supportive gaze of the wise man.

Sera reported that she then moved on to a third music and imagery process. Sera asked Jade to focus on the supportive gaze and then played the music again. Sera wrote that Jade was reluctant to draw at first but eventually produced a bird flying into the sunset (Figure 5.8).



Figure 5.8 Drawing two from session six. Title: Flying with a heavy heart.

Jade said she felt complicated. She wanted to fly but at the same she was back in her daily life: “It may be too early for me to fly. ... My heart feels too heavy as there are so many things that concern me.” Regardless of this reaction, at the end of the session, Jade responded that she would be able to handle the difficulties when Sera expressed her concerns about her ability to handle the difficulties of daily life.

Sera handed in the report almost five months after she had conducted this session, after I had requested it several times. In her report, Sera reflected that she was too ambitious and tried too many things. She wanted Jade to gain more insight from re-experiencing what she had achieved. Sera was “too anxious to let Jade have a meaningful experience” before ending the therapy. She thought that it must have been difficult for Jade to digest these new and varied methods of using imagery because “Jade was not properly prepared”. Sera realized that the session was overly long and that may have exhausted Jade.

My written feedback for the report was critical of Jade's attempts. I was sceptical of her new trials and the therapeutic purposes behind them. I sense my frustration in my comments and my patience with her seemed to run out. I showed my concern over Sera being impulsive by trying her own methods before she had learnt the conventional SMI method properly. I wish I had told her that earlier and more clearly when Sera was habitually not following the method. After Sera provided the well-balanced session five, I guess I must have been disappointed with this session, which I felt was rather too provocative, focusing on difficult issues, to be properly supportive.

In the supervision, I let Sera review the session and reflect first. We then explored the session step-by-step. Sera regretted that she had led the session without being more sensitive to Jade. As Sera reported, we agreed that Jade would have responded better if she had been emotionally prepared for the black paper performance. I was permissive of Sera's new ideas and we discussed how the black paper method could have been better used. I advised Sera not to impose her ideas on Jade when focusing on *supportive imagery*. I led Sera to reflect on her wishing “to see the result within a session”. Sera confessed that she secretly wanted to “cure” Jade's problems and, because of that, Sera pushed Jade to meet her own needs. Sera started attending long term psychotherapy about six weeks after this session, as recommended by Summer and me.

a. Analysis

This session drifted away from the SMI method in many ways (*difficulty, intervention*). Not only did Sera not follow procedures in the SMI manual but she also used techniques that are not commonly used in music therapy. The focus of the first two steps of the music and imagery process was not on a supportive resource but on the issues Jade faced (*intervention*). The reason that Sera's attempts were far removed from the SMI method may have been that she was too nervous (*affect*) about departing with Jade (*relationship*) and concerned (*affect*) about what would happen with Jade after the end of the SMI therapy. Sera's *difficulty* in accepting Jade's pain (*affect*) seemed to be reflected in the performance of crumpling and throwing away the black paper (*intervention*) that contained the write-up of Jade's emotional difficulties (*affect, difficulty*). This may have felt to Jade as if Sera rejected her [Jade's] complex feelings (*affect, relationship*), expressed as “It felt as if I crumpled my emotions” (*difficulty*). Music and Sera continued to be supportive resources that may be expressed in the two people who supported Jade in the drawing. In her drawing (*expressive media*), Jade

being on the stage trying to fly may reflect the pressure and the ambivalent feeling (*affect, difficulty*) she felt to put on a performance as a reaction to the support or push from Sera and the music. I wonder if Jade may have felt that she had to perform and do well for Sera's sake (*affect, difficulty, relationship*).

Lisa Summer and I dealt with the serious problem of the huge gap of many months Sera left after this session and recommended that she attend therapy (*intervention, difficulty*). However, in the supervision, I have no written record about the gap but only about focussing on the practical procedure of how to conduct the SMI session (*intervention*). I wonder if I was avoiding the anger (*affect, difficulty*) or if I may have felt too pressured (*affect*) 'to mend what went wrong' and teach her 'the proper SMI method' before she finished (*learning, intervention*).

A parallel process is observed between Sera and Jade, and Sera and me in response to the closure. As Sera was nervous about ending the therapy with Jade, I was also nervous about ending the SMI supervision with Sera thus inundating her with technical information (*relationship, affect, intervention, difficulty*).

5.5 Session seven

This last session was carried out about six months after the previous session and a month after the supervision for session six.

Sera reported that Jade looked much calmer and more relaxed. Jade claimed that the conflict with her husband had lessened considerably. She felt she could express her needs and share her thoughts with her husband. Jade sounded cheerful and happy as she reported this. When Sera asked what had helped her change, Jade reported that music had helped her. Jade had been "listening to music all the time" and all of her family members ended up listening to the music together. She even began to explore more music and she had expanded her musical choices considerably. Jade reported that her husband was now helping her with housework and that her children were more relaxed.

For the *supportive imagery*, Jade chose the positive changes in her life. Jade proudly said of her changes, "I have grown", she felt in charge of her life now, and thus she did not blame other people. Jade selected "Wachet auf" [Sleepers Awake!] (J.S. Bach,

2007). She drew a big tree in the middle with light around it while listening to the music (Figure 5.9).



Figure 5.9 Drawing from session seven. Title: A big stable tree, bright sunlight, very satisfying.

Jade expressed satisfaction with her drawing: “The big tree enjoys sunlight ... It is very pretty ... It is stable and bright ... very satisfying.” When Sera asked how Jade would use this image, Jade responded that whenever she felt a *difficulty*, this warm image would help her, as imagery from previous sessions had. Jade said that she was optimistic about what future awaited her. The session ended as Sera congratulated Jade on her good work and Jade expressed her gratitude to Sera.

Sera reported that she was “impressed by the power of music”. She felt that Jade seemed more secure and comfortable with herself as reflected in the tree she had drawn. Sera was proud of Jade and the positive changes she had made meant Sera could close the case with a sense of satisfaction. I congratulated Sera for guiding Jade over the seven sessions with great results. At the time Sera handed in her report, she had also completed other SMI cases. I may have given a supervision of this case together with sessions of other cases, however I, unfortunately, did not provide a separate supervision on this session. I do remember that Sera had conducted other cases well and handed in regular reports. I think by this time I was more relaxed with Sera, trusting her as a very able SMI therapist.

a. Analysis

It was impressive to learn how Jade had changed for the better and how she continued to use music as her important supportive resource. It seems she internalized the positive experience from the SMI sessions (*learning*) and integrated the support from the music in her life (*change*), especially when she was in need (*difficulty*). As depicted in her drawing in the previous session, the music and support from Sera may have lifted her to fly (*intervention, relationship*). The drawing (*expressive media*) seemed to reflect the secure and confident Jade (*affect, change*): a big tree filling the whole circle in the middle. Regardless of the long gap after the previous session, there was harmonious energy between Jade and Sera throughout the session (*relationship, affect*). Sera led a focused and well balanced session and Jade seemed to be content and satisfied (*intervention, affect*). Regardless of the previous difficulties, I was pleased with how Jade was able to use SMI to change her outlook of herself and others and how Sera handled this last session (*intervention*).

As I review this case now as a researcher, I feel very sorry for Sera for taking on such a difficult case as her first case and I wonder if I acknowledged that and provided enough support.

5.6 Summary

This case demonstrates how the therapist's countertransference affected the course of the therapy (*relationship, affect*). Because of her countertransference, Sera may have had *difficulties* following the SMI manual sensibly (*intervention*) and she struggled to manage Jade's anxiety (*difficulty, affect*).

There were parallel processes observed between Jade and Sera, and Sera and me (*relationship*). Sera struggled to contain Jade's anxiety and I struggled to contain Sera's anxiety (*affect, difficulty, intervention*).

Sera seemed to enact both how Jade may have felt and how Jade made her feel at the time (*affect, relationship*). Regardless of her efforts (*intervention*), Jade was stuck and depressed, and in a helpless situation (*affect, difficulty*). Jade must have felt especially disappointed after the small but remarkable gains after session two (*affect, difficulty*). No matter how hard Sera worked to save Jade in session after session (*intervention*), Jade kept giving in, unable to get out of her pit (*difficulty*). Sera must have felt helpless and desperate (*affect*), especially after Jade had made such progress and then given up on it (*difficulty*).

This conflict between the client and the therapist (*difficulty*) was also displayed in the course of the supervision (*relationship*). It was a struggle to contain Sera's anxiety (*affect*) solely with supervision (*intervention*) and Sera could not follow instructions or make use of support provided for her (*difficulty, learning*). I felt helpless (*affect*) about how Sera kept re-enacting her countertransference, even though we explored and worked on Sera's countertransference at almost every supervision (*difficulty, intervention, learning*). I remember I also enjoyed working with her (*affect, relationship*). Sera's reflection and understanding of herself was brilliant (*learning*). Each time she sent me apologetic emails, Sera was very frank and I could feel her fighting an internal dilemma (*affect, difficulty, relationship*). It was frustrating (*affect*) to see how her talent was tangled with her personal issues (*difficulty*). Sera must have felt the same with Jade, feeling joyful and frustrated working with Jade (*affect, relationship*). Jade was insightful and worked very hard trying to implement what she learned in the session (*learning*), but she was caught in many personal issues (*difficulty*).

This case also illustrates how important it is to use *supportive imagery*/resource that is based on the client's solid experience in life. Jade acted on the hopeful messages from the *supportive imageries* from session two, which were rather manufactured and premature. Jade's short lived success after session two, enrolling in a new school and moving forward, accentuated her helpless situation more clearly in session three (*difficulty*) and she fell further into depression (*affect*) after realising her stark, depressive reality (S.4) (*difficulty*). After all, what seemed to help Jade to *change* most were the music (*expressive media*) and perhaps the trust Jade had in Sera's intention to support her (*relationship*). Jade listened, almost religiously, to music (*expressive media*) that supported her (resource/*supportive imagery*) when she felt down (*affect, difficulty*). Even though Sera's *interventions* did not seem to be effective at times, Jade must have felt Sera's support and her intention to help her (resource/*supportive imagery, relationship*). Because of Jade's trust in Sera (*relationship*), I believe Jade followed Sera's advice diligently using the music (resource/*supportive imagery*) in her daily life.

Music and art (*expressive media*) reflected Jade's inner battles (*affect*). Even though Jade heard supportive messages (resource/*supportive imagery*) from the music most of the time, music (*expressive media*) would provoke her inner struggle when she was in a

dilemma (*affect, difficulty*): “feeling complicated, like a swirl”, “confused” and “could not focus” (S.3, postlude). Drawing exhibited Jade’s internal (psychological) condition explicitly in all sessions. Drawing (*expressive media*) seemed to make her aware of her feelings (*affect*) and Jade gained some insight (*learning*). As Jade slowly progressed, her drawings reflected this: the bird flying in an endless dark grey sky (S.2), the water fountain disappearing in the flood (S.3), Jade in a rain coat walking towards the sun (S.4), a mother embracing her child while light was chasing away the darkness (S.5), supportive figures helping Jade to fly (S.6), “a big stable tree” (S.7). This case exemplifies how music and art (*expressive media*), as well as trust in the therapist (*relationship*) can be the supportive resource (*supportive imagery*) when the client cannot find a resource in her life.

Sera learnt from the deep reflective understanding of herself and of her countertransference during the supervision process (*learning*). At the end of session three, she also seemed to learn that she needed to listen to Jade before she proceeded to work with the supportive resource. From session four onwards, Sera changed and listened to Jade attentively (*affect, change*). Even though Sera was an experienced therapist, this was an extremely challenging first case (*difficulty*). I wish I had been more aware of her vulnerability (*difficulty, affect*) as a new SMI therapist (*learning*) and supported her more (*intervention*).

The severity of the problems (*difficulty*) presented in this case such as severe distress and conflicts and the strong countertransference of the therapist and her anxiety will be explored further in the next three chapters with more demanding cases.

CHAPTER 6: CASE STUDY YUNA & MAY

The previous three trainee cases illustrated several common features: the therapeutic alliance (*relationship*) affected the progress of the client's supportive resource, the client's anxiety (*affect*) needed to be heard and be taken care of (*intervention*), the therapist's anxiety (*affect*) affected the course of the therapy thus it needed to be contained during the supervision (*intervention*). Music and art (*expressive media*) were reflections of the client's inner state and her emotion (*affect*) and were used to deepen the positive feelings from the *supportive imageries*.

Changes were made when the clients were able to deeply feel (*affect*) and gained insights (*learning*) from the positive experience of their *supportive imageries*. The ways in which the therapist applied the SMI manual (*intervention*) and the *learning* from the supervision impacted how the clients integrated their *supportive imageries*.

Progressing from the last chapter, Sera and Jade's case, which was challenging and complex, I will now examine how the SMI model worked with clients who had greater levels of distress or psychological difficulty. To this purpose, I will explore three cases with more complexity and difficulties. These cases were conducted by SMI graduates. All sessions will be examined without a particular focussed session.

Yuna & May's case in this chapter illustrates how the therapist worked with the client's resistance (*difficulty*) and how I, as supervisor, helped the therapist to understand (*learning*) and manage that resistance (*intervention*). This case demonstrates that Yuna's *relationship* with May and her therapeutic *intervention* improved by working on her countertransference during the supervision (*learning*). Use of arts, especially drawing, and use of words (*expressive media*) appeared to be effective tools for May to assist her emotional journey (*affect*) and integrate her gains in therapy. The previous *relationship* between the therapist and the client added to the complexity (*difficulty*) of the therapeutic process. Thus, the course of the therapy was rather complex and turbulent (*difficulty*).

As I did with the previous cases, I will continue to use eight categories to examine Yuna & May's case in this chapter: *supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning, change*.

6.1 Participants

6.1.1 The client: May

May was a housewife in her early 40s and had a son, Daun, 10 years of age, who had an anxiety disorder. May already knew her therapist Yuna as her son Daun had taken music therapy with Yuna for about a year. May had recently withdrawn Daun from his music therapy treatment as she thought "Daun was getting better". Soon after that May volunteered to take SMI therapy as free treatment was available for this research.

As I discussed with Yuna when screening the client, Yuna viewed May as guarded (uptight) and Yuna hoped SMI would help her relationship with Daun. (See more in the interview section below.)

6.1.2 The therapist: Yuna

Yuna was an experienced music therapist. Yuna had completed her SMI training (Level 1, GIM training) two years before this case began and she had worked on many SMI cases with supervision from me.

I was conscious of how Yuna's prior knowledge and dual relationship with May could create potential complications in the therapy. Thus, I was cautious and advised Yuna to set a firm boundary at the beginning of the therapy with May. Because of her preconceived ideas about May, I cautioned Yuna about her feelings towards her client.

6.1.3 The supervisor: me

Since the completion of her SMI training, Summer and I had asked Yuna to take a few trainees as clients and I had worked with Yuna providing extra supervisions. I held Yuna in high regard not only because she was responsible and motivated when carrying out her work but also because of her intellectual ability in understanding and delivering the SMI methods.

6.2 Progress of therapy

6.2.1 Session one

a. Prelude/Interview

In her interview, May described her upbringing as “ordinary” with no particular problems in her early years. However, in her teens she “constantly argued” with her mother “about small things” because they both had similar temperaments. “To get away” from home, May got married at an early age without knowing her husband, Kim, too well. Her marriage was difficult from the beginning. May listed various difficulties in her marriage. Kim once had an affair and he used to have a gambling problem. He was now suffering from an early stage of Parkinson's disease. Despite these problems, both May and Kim did not want to divorce for the sake of their child and because of social pressure.

During the interview, May answered Yuna's questions promptly in short sentences. She spoke in a clear distinct voice, describing her difficulties in a “matter of fact” manner, showing little hint of emotional distress. I felt May was trying to master her emotions and minimize her problems.

Yuna listened attentively and empathetically to May's difficulties. When Yuna acknowledged “It must have been very difficult for you, having all these problems”, May answered “Yeh, but what can you do ... as there is no point in revealing these problems I try to bury them”. Yuna then gently guided May to find anything that had helped her move through her difficulties. May immediately chose her mother as someone she could rely on and to whom she could speak her mind, like a best friend. As she was speaking of her mother, May's voice suddenly broke and sounded choked. Yuna searched a little more for other supportive resources such as friends or music but May did not respond very enthusiastically.

b. Transition

After Yuna reconfirmed to May that her mother was her most supportive resource, Yuna led May to think about and describe the support she felt from her mother. May became tearful again, describing her mother as the only person who cared for her when she was in trouble emotionally and even financially. May said that she felt free and open to share anything with her mother because she felt she would be accepted and not judged, no matter what.

Yuna had May listen to the beginning of two pieces of music and asked May to choose the music that matched her feelings about her mother. May chose “Hamabe no Uta” (Narita, 1916). (For information, see Chapter 3, Session one, Music)

c. Induction

Yuna briefly explained how May could express herself while listening to the music then Yuna led May to the induction. Yuna instructed May to close her eyes and do a brief breathing exercise. She then guided May to focus on the support she felt from her mother.

d. Music and imagery



Figure 6.1 Drawing from Session one. Title: A chair [that May can lean on, like she leans on her mother].

May completed her drawing within about three minutes, matching the duration of the music, which was therefore played only once (Figure 6.1).

e. Postlude

When Yuna asked May how she felt about the experience, May responded that she felt comfortable and warm thinking of her mother.

Yuna asked May to explain her drawing. May felt that the chair was there just for her, like the way her mother favoured May among her siblings. She felt very comfortable leaning on the chair with the cushion supporting her back. The chair felt very special, as if it had always been there waiting for May, like her mother had supported her.

Overall, May said that she felt calm from the experience, similar to the feeling of a quiet and relaxing morning.

Towards the end of the session, Yuna let May focus on this feeling while listening to the music once more. The session ended as Yuna encouraged May to think of the positive experience of the imagery and to value her supportive inner resources in her daily life.

f. Supervision

In her report, Yuna raised the issue of May acting too quickly and trying hard to paint herself positively to minimize the problems in her life. She observed that May answered the interview questions and completed the drawing, “everything in a fast manner without hesitation”. Yuna wondered if May acted this way because of her quick temperament, because she was not used to reflect upon herself or because she was being defensive.

Yuna acknowledged that she had avoided exploring how Kim's disease affected May but failed to provide any further explanation about why she did not explore it. I find it very interesting that Yuna did not reflect further on this.

In my written feedback, I complimented Yuna for leading a solid and effective session. I advised Yuna to acquire more personal information on May to try to find her inner supportive resource in the next session. Before the on-site supervision, I suggested that Yuna find places in this session where May could “rest at times” so that she could enjoy her positive experience fully during the session. I also suggested Yuna reflect on her feelings for May, especially May's revelation about Kim's disease.

During the on-site supervision, Yuna revealed her reserved feelings for May. She felt May was resistant and guarded and she was unsure how to connect with her. As we discussed, Yuna acknowledged that she could not fully engage with May as she was the mother of Yuna's previous client, Daun. Yuna was still protective of Daun and was critical of May being demanding of Daun. Yuna also recognized many similarities between herself and May, in particular, they both quickly overlooked and minimized difficulties. To work on her issues with May, I recommended that Yuna should use a reflective self-experience music and imagery exercise, “Therapist Reflection Music and Imagery” (Paik-Maier, 2008, 2010, p. 3), before or after each session.

g. Analysis

In this first session, the pre-existing *relationship* may have affected the therapeutic *relationship* between Yuna and May. May was defensive in revealing her vulnerable feelings and Yuna had reserved feelings towards May. This guarded *relationship* between Yuna and May might have limited how Yuna guided (*intervention*) May to deepen her feelings (*affect*) from the *supportive imagery* effectively. Regardless of these difficulties, Yuna was generally able to guide (*intervention*) May to find and to focus working on her resource, her mother (*supportive imagery*). Through the music and imagery (*expressive media*) process, May was able to be in touch with the “comfortable and warm” feeling (*affect*) from her mother (*supportive imagery*), as reflected in her drawing of a dependable ‘chair’. Through the verbal process in the postlude, May was able to connect the symbolic representation of the chair (*expressive media*) to the dependability and reliability of her mother’s support (*supportive imagery*). At the end of the process, May seemed to be calmer and more content (*change*).

6.2.2 Session two

a. Prelude

Yuna opened the session by asking May how she had been since the last session. May responded that she had felt better after the session and her gratitude for her mother had deepened. She said she was “embarrassed about opening up too much” in the first session but she soon relaxed after Yuna acknowledged this and encouraged May to express any discomfort. May reported that she had put her drawing from the last session on the refrigerator to appreciate the image.

Yuna moved gently on to find out more about how Kim's illness had been affecting May. At first, May was defensive, saying she had got used to his illness and she was prepared for its course. When Yuna acknowledged how this would weigh heavily on May, she said, “Actually, there is no hope. ...⁶ I try not to hurt Kim's feelings when I talk to him.” Becoming tearful with her voice choked, May said, “Ah---⁷, I did not want to cry.” Yuna recognised May’s struggle not to cry and allowed May to let her tears

⁶ refers to an omission.

⁷ refers to silence.

flow.

It is impressive how Yuna explored this very delicate issue with sensitivity and sincere empathy. I could hear May momentarily let go of her defences.

Yuna then led May to explore the positive and supportive resources that helped her to withstand the hardships in her life. When she asked May how she used music, May said she had been enjoying listening to the music from the last session as it calmed and comforted her. May proudly gave her diligence as her strength but it became apparent she worked overly hard for her family, having sacrificed herself since she was young.

It was a struggle to find May's supportive resources. Yuna tried to find any pleasant moment or positive experience May had had for herself but May could not find any happy, comfortable and enjoyable moment that did not involve her family such as her son doing well or her family enjoying her cooking. May's family was her source of joy and she could not think of any enjoyable moment that she had experienced solely by herself. May did not enjoy socializing with others or spending any time for herself as it felt like a "waste of time". She said it was difficult for her to relax as she would get anxious if she did not do anything productive. May said:

"I have never thought of having time for myself ... I feel time is too precious to spend on me. I agree that I need to take time for myself ... I have come to this therapy for Daun's sake. If I change for the better, it will be better for Daun."

Yuna continued to search for May's supportive resource. She reminded May that the session was for her and asked if she could find a happy moment or a time when she cared for herself. May seemed baffled and responded: "Just for myself? ... It is difficult --- I have never thought about it." Yuna validated May's difficulty to think of herself as May had never had time for herself over the years. As Yuna guided May to focus on her feelings, she was close to tears and said that she tried hard to be positive and accept the situation. She hated to think of her situation because it made her feel sorry for herself. She continued and her voice became softer and tearful:

"It is easier not to think of myself ... I am disappointed about my

marriage ... also in my son as he is different from other kids ... (In a strained, choked voice) so I stop thinking about myself.”

Yuna explored further and found that May had responded to this stressful situation by making herself busy and that she felt responsible for her family’s livelihood because of her husband’s illness. May said that the thoughts of her situation would make her “fall into despair” and she disliked people having pity on her. She acknowledged that she needed to make time for herself and relax but she did not know how, saying it would be “so difficult, a heavy task.”

b. Transition

After a long search, which lasted about 50 minutes, Yuna was able to guide (*intervention*) May to find her supportive moment (*supportive imagery*), the morning she was watching her favourite TV programme. May became emotional (*affect*) describing how, while watching other people’s difficult lives on TV, she felt comforted by realizing she was not alone. However, the process of deepening (*intervention*) the supportive feeling (*affect*) from it (*supportive imagery*) was rather volatile (*difficulty*). As Yuna let May focus on the morning (*intervention, supportive imagery*), May expressed rather complex feelings (*affect, difficulty*) of “hardship” and “warmth” in an image of “weeds, not giving up, taking a firm stand in the field. There is wind, rain and sunlight”. When asked how she felt about it, May replied she felt “empty”, experiencing comfort “only briefly”. Yuna encouraged her to hold onto the moment of comfort, no matter how brief it was. May appeared to become more relaxed and imagined herself “flowering and bearing fruit” in a field of flowers. Yuna asked May to choose music that matched the feeling and Yuna played the beginning of two pieces of music. May chose Elgar’s Chanson de Matin, Op.15 No. 2 (1899).

c. Induction

Yuna moved swiftly to the induction and prepared May with a couple of breathing exercises. Yuna suggested that May think of her most comfortable morning. Using May’s imagery, Yuna guided her to focus on the feeling of warmth and comfort. The music followed immediately.

d. Music and imagery

Music

Elgar (1899), Chanson de Matin, op.15 no. 2



Elgar-chanson di Matin.wma

This orchestral music is a short, simple and charming piece. The endearing lyrical melody is the predominant feature of the piece and is supported by simple accompaniments. It sounds romantic as there are swirls of dynamic contour (crescendo and decrescendo) and slight tempo changes (accelerando and ritardando) but as these changes are within the basic pulse and within a small section of the piece, it still sounds secure and steady. The simple yet sweetly dramatized characteristic of this piece reminds me of old romantic movie music.



Figure 6.2 Drawing from session two. Title: My face smiling, feeling comfortable and relaxed.

e. Postlude

Yuna first checked how May felt about the experience. May answered that she felt comfortable and cosy. Yuna then asked her to explain her drawing (Figure 6.2).

It was a picture of May as a sunflower, the biggest flower in the flowerbed, enjoying everything around her. The face expressed how much she savoured peacefulness and cosiness. May said that she took pleasure in the warmth and serenity, which she had never thought she could feel. She acknowledged that she never had an opportunity to

relax. Her voice was calm and soft. May said that she felt like smiling when she looked at the face. Yuna let her look at her drawing for a moment and take hold of the pleasant feeling it gave. May said that she could feel the warmth of the sun. She hesitantly wished to add more but she was afraid that she might spoil it and she may not meet Yuna's expectation. After she checked with Yuna that the drawing skill was not important, May added grass around the face. May felt satisfied with the picture. She felt full, playful and no longer lonely, with many friends around.

Yuna let May listen to the music once more, with May focusing on the pleasant feeling. After the music, May commented that she could not focus but appreciated that the experience was good overall.

Before the end of the session, Yuna asked how May would use this positive experience in her daily life. May said this experience reminded her of her pleasant childhood and she realized that she could feel positive if she used it. Yuna suggested she listen to the same music and draw or look at the drawing to remind herself of the positive experience. May was hesitant at first but agreed to do so.

f. Supervision

Yuna sent her written report with an email saying that she had a headache after this session. In her written report, Yuna wrote that “this was the most difficult session I have ever led” because Yuna felt strong resistance from May. She felt exhausted as “each attempt [to find supportive resources] turned repeatedly into a negative experience” for May. Yuna thought that May did not take care of herself because she suffered from low self-esteem and an unreasonable sense of responsibility. Yuna remembered “how harshly May had pushed Daun to study” because of “May's unhealthy love for her family”. She asked how she should approach May when she did not seem ready to find her supportive resource. She wondered whether she should challenge May or be supportive by being empathic.

In my written feedback, I said that I felt the session was good and I questioned what made Yuna view this session negatively. I commented that Yuna seemed to seek an ultimate supportive resource: an internal supportive resource for May, which it may be too early for May to find. I suggested Yuna try to understand the process from May's point of view.

I asked Yuna to think of a supportive resource May could easily relate to: something May was proud of, felt good about and something she could easily access in her daily life. As I felt that Yuna had strong reservations about May, I asked her to work on self-reflective MI before the supervision, using “Therapist reflection music and imagery” (Paik-Maier, 2008, 2010). I asked Yuna to reflect:

“What made this session so difficult for you? Was it your feelings and thoughts about May? What do you expect from the session? What do you wish May should gain from the session and how do you wish her to respond? When did you experience strong emotions or feelings during the session?”

The on-site supervision started with Yuna reflecting on the session and her feelings towards May. Yuna thought May resistant because “the discussion kept turning to negative stories”. She was suspicious of the outcome of the session as “there was too sudden a turnaround at the end of the session, with the positive imagery, in stark contrast to all the difficult issues in the prelude”. Yuna thought that the drawing looked “too bright” and she wondered if May tried too hard to meet Yuna's expectation as she showed a pattern of trying to please people close to her. We explored further what it meant for May to show her emotions in the session. I pointed out that May became more aware of her needs when she said “I feel very sorry for myself”, even though she still had a hard time separating herself from her family.

As I helped Yuna to reflect on her critical view of May, she admitted that she had been prejudiced towards May. Yuna had known May as Daun's, her previous client's, mother and she realized that she had been judgemental of May. May had been known to be “argumentative and difficult” among therapists at the clinic. Yuna could not fully trust the way May behaved in the session as it contrasted with what she knew of May. In Yuna and the other therapists' view, May's controlling and obsessive tendency towards Daun made his anxiety worse. Yuna realized that this was the reason why she had been angry towards May and had unconsciously tried to make a point of May's preoccupation with Daun during the session.

Yuna also realized that she was impatient with May because she had been used to her

other clients, who were all music therapists, being “more sophisticated and insightful”. She acknowledged that she “pushed May to get an insight” in order to meet her own high expectations.

For future sessions, I advised Yuna to accept May the way she was and to understand May's point of view, without any presumed expectation. I recommended Yuna be totally accepting, take May's side and help her be comfortable and relaxed. During the supervision, I explained to Yuna that she had to explore the complex dynamic between herself and May so Yuna could contain her anxiety. I now realize the degree to which a pre-existing *relationship* can cause great complexity in the course of the therapy and cause difficulties with the therapist.

g. Analysis

This was a very complex session (*difficulty*). It seems that both Yuna and May struggled to process and face the weight of the emotional and psychological issues (*intervention, difficulty, affect*). It seems that May's emotion (*affect*) was too raw and overwhelming to be held (*difficulty*) and the initially chosen *supportive imagery*, feeling comforted by watching people in difficulties on TV, may have contained feelings (*affect*) too complex (*difficulty*) to truly support May (*intervention*). Because of her prejudice towards May, Yuna had trouble (*difficulty*) trusting and engaging (*relationship*) fully with May's emotional journey (*affect*). However, despite her reservations, Yuna showed her maturity by gently yet firmly guiding (*intervention*) May to work on her *supportive imagery*. The very brief music and drawing (*expressive media*) process may have indicated how little May could tolerate to engage emotionally (*affect, difficulty*). As Yuna suspected, the quickly drawn smiling image may have reflected May's forced persona of being positive rather than a solidly integrated *supportive imagery*. However, May became calmer and relaxed (*change, affect*) after the music and drawing (*expressive media*) process. Like many Korean mothers whose sacrifice for their family was expected, May was selflessly devoted to her family. I wonder if the music listening and drawing process was a brief moment of refuge for her to focus on herself rather than her family.

Yuna seemed to realize (*learning*) how her strong countertransference (*affect*) towards May (*relationship*) might have affected her working with May (*intervention*). I wondered then as I do now if it was a little too soon and too much for Yuna to explore

and work on the thick layers of May's defences in this session. Or was it necessary to tackle the resistance early on in the short term SMI therapy (*difficulty, intervention*)?

6.2.3 Session three

Yuna emailed me to say that May had cancelled session three a day before it was scheduled to take place because she was not feeling well and had to see a doctor. May was told that she should not cry because of her hyperthyroidism, “overactivity of the thyroid gland” (Oxford Concise Colour Medical Dictionary, 1996/2002). She was worried how long she should continue the therapy because she cried often during the sessions. May told Yuna that she was ill after the last session and she was not sure if therapy could help her. Yuna was not certain what would be best for May and how to support her. When I received this email, I advised Yuna to encourage May to come to the session and to hear May's concerns. May came for the third session a week later.

a. Prelude

As soon as the session started, May started complaining that the last session was very difficult for her as Yuna had pushed her to focus on herself only and she did not want to do that. May could not think of herself separately from the people in her life as she considered herself to be a part of the whole system. Yuna listened attentively and was open and supportive of May, responding “Um, “Ah!”, “Were you?” “Yes, I see”. Yuna then asked what May wanted to explore. May answered “brief happiness ... simple, trivial things I share with my husband and my child”. Yuna agreed to focus on such things in this session and asked if anything specific came to mind. May immediately answered that she was happiest when she cooked for her family. She was very proud of her cooking and how well she cared for her family, “You know, each day, I prepare different, special dishes.” May sounded bright and cheerful.

b. Transition

May explained the joy of cooking in her big kitchen in their new home. She said she felt so happy that her heart fluttered and it felt like “walking on a cloud”. She described the experience: “Ah, this happiness ... Maybe because I take therapy? ... These days, I sometimes think about myself. ... I appreciate what I have and I am happy. It is so precious.” As Yuna acknowledged that May was good at appreciating small things, May became emotional (voice breaking and laughing at the same time), saying she cried each time she came to therapy “as if the tap is turned on”. May eagerly agreed

when Yuna asked if May would like to focus on this heart filling happiness.

Yuna let May listen to the beginning of two pieces of music, one after another. May chose Schumann (1849) “Fünf Stücke im Volkston” op.102, no.2 saying that it matched the calm and contentment of the happiness she felt.

c. Induction

Yuna guided May to recollect the happy moment while she cooked, using the words May had used to describe the happy moment. The instruction was clear, slowly paced, focusing on the emotion.

d. Music and imagery

Music

Robert Schumann (1849) “Fünf Stücke im Volkston” op.102, no.2, Langsam (Five pieces in folk style for cello and piano, op.102, no. 2, slow).



S3, Schumann-Funf Stucke im Volkston-Langsam.wma

This piece for cello and piano is lyrical and exquisite, it resembles classic German lieder. It is at once gentle, simple and compact but also aesthetic and sophisticated. There are two different melodic themes: a gentle lyrical melody followed by a dramatic one. The melody is mainly played by the expressive cello except for a brief middle part in which the piano briefly takes over the main melodic theme. The piano part is soft and mainly accompanies the cello. The duet between these two is beautifully harmonized. The tempo is slow and steady.



Figure 6.3 Drawing from session three. Title: The sound of spring comes. A woman happily humming while cooking in the kitchen.

It took about ten minutes for May to complete her drawing. This was significantly longer than in previous sessions where it merely took three minutes. May seemed very involved in her drawing as I could hear on the recording the strong crayon strokes even after the music was over.

e. Postlude

May explained that she drew herself cooking happily, humming in the kitchen and she was satisfied with herself in the drawing, "... Not bad, I look good". She described the experience: "... I cannot be happier than this ... and this moment is so precious ... because I know I can't be this happy all the time". May later added "a tap, water gushing from it" and she felt "very refreshed" by it.

When Yuna complimented May on how easily she found happiness, May commented that the last session helped her think about herself and how precious she was.

When May discussed her drawing, she seemed to seek approval from Yuna: "I am not confident to draw", "I am afraid that I will make a mistake if I talk too much". Each time, Yuna supported May by complimenting her and reassuring her about her feelings. With just a little encouragement, May immediately returned to a bright and cheerful tone. There was a sense of lightness and a pleasant atmosphere between Yuna and May.

Just before the end, Yuna asked May to write down the title of her drawing and brief notes on her experience. She wrote: Title: The sound of spring comes. A woman happily humming while cooking in the kitchen (see Figure 6.3). When Yuna asked how

she would use the image and music, May answered that she would like to put her drawing in the dining area and she would try to listen to the music in the evening after Daun had gone to bed.

f. Supervision

Yuna reported on this session with a sympathetic and understanding view of May. She wrote that she was able to be freer from her “critical view of May” since reflecting on her countertransference towards her. Yuna felt that May constantly sought her approval and encouragement and Yuna tried to support May as actively as possible. Because May was anxious that she should not cry due to her hyperthyroidism, Yuna reported that she avoided situations that would make her cry. However, Yuna was not too sure of the best way to support May.

In my written feedback, I complimented Yuna for being very supportive and understanding of May. I commented that I felt she had allowed May to be herself and that she had listened to her openly. I was also impressed that Yuna paid attention to the quality of the performance of the music. Yuna asked my opinion on her choice of the slightly faster version of the piece. I agreed with Yuna's choice as it is lighter and more engaging.

During the on-site supervision, I could feel Yuna's attitude towards May had *changed*. Yuna was more relaxed and understanding of May when she reviewed the session. Instead of viewing May as difficult, she saw her as aware of her situation and the driving force of her family. Yuna realized that May's family was an important part of May's life and it needed to be respected. I explored this further with Yuna. At first Yuna did not seem to value “cooking” as a meaningful supportive resource as she, like many housewives, considered it a dull, everyday duty. I told Yuna that I felt May was very proud of being a homemaker, seeing it like being the CEO of her home. I explained that, for May, it seemed cooking was her accomplishment and the source of her pride and joy, not a mere duty. Cooking provided May with a sense of self-worth. Yuna, being a housewife herself, said she had not thought of this but that it seemed to validate May's view.

I commented that May seemed to trust Yuna and appreciated her support very much. I advised Yuna to continue to be open and caring, like a generous loving mother.

g. Analysis

After the very laboured previous session (Session two) and May raising doubts about continuing the therapy (*difficulty*), there was a *change* of attitude in Yuna and May. The challenges (*difficulty*) in the second session seemed to compel May to question and think about herself (*learning*). The difficult second session forced Yuna to reflect (*learning*) on her feelings (*affect*) towards May and she began to accept and be open towards May (*change, relationship*), as exhibited in this session. As Yuna supported May by listening empathetically, May seemed to become less guarded and relaxed. Despite her resistance, she seemed to trust Yuna (*relationship*), crediting Yuna and the SMI sessions for her *change* in attitude (see her comment in the Transition and Postlude). In this session, both were more relaxed and amicable towards each other (*relationship*).

Expressive media, especially words, seemed to have helped May to express her pent up feelings (*affect*) like “tap water gushing from it [the faucet]” and to feel “very refreshed” as a result (*change*). This *change* in her made it possible for her to appreciate the content and happy feeling (*affect*) from her *supportive imagery* and she became more confident and positive about herself by the end of the session (*change*).

6.2.4 Session four

a. Prelude

May commented that the last session had heartened her to think more about herself. She reported how *changes* in her attitude had *changed* her son Daun greatly. She spoke of these *changes* and the insights she had gained:

“When I praised and encouraged Daun wholeheartedly, and really meant it, Daun changed dramatically. ... Nothing has changed except my attitude ... I realize I am the one who has the problem ... I have a lot to work on in therapy.”

May confessed that whenever Daun faced difficulties, she used to either make him avoid the problems or she put emotional pressure on him, instead of genuinely encouraging him. She acknowledged that she was to blame for aggravating Daun's anxiety. May spoke slowly with a low and soft voice. She sounded very sincere and thoughtful.

b. Transition

Yuna immediately moved on, focusing on and exploring this recent experience. May described that when she watched a TV programme about someone who overcame his severely handicapped physical problems, she suddenly felt “Daun could overcome his difficulties, as Daun's problems were nothing compared to this person”. May described how her *changed* attitude had positively affected Daun and herself. She said, “He [Daun] suddenly stopped crying and started to hum!” when she genuinely encouraged him.

By seeing Daun happy, May felt so happy as if she was “walking freely, and flying”, “offloading a burden” from her shoulders. She became tearful as she realized how much she had worried about Daun. Yuna was empathetic and acknowledged how much of a burden May must have felt and how freeing it must be. May seemed to be touched by Yuna’s support. After Yuna had listened to May complaining about the difficulty in taking care of Daun for a while, she gently shifted to focusing on the chosen imagery by reminding May of the exciting discovery of *changes* in herself. May described that she used to feel “suffocated” as if she was surrounded by walls with mirrors while she now felt that there was an open path ahead of her.

Yuna listened attentively to May, letting her express herself. I felt Yuna shared May's excitement and pain with sincerity and warmth. Her voice changed with May's story. I felt that Yuna was truly hearing May and May felt this support. Yuna acknowledged May's difficulties before she moved on to the supportive resource. I was impressed with how Yuna smoothly guided May from her problems to focus on her happy moment.

c. Induction

After May chose “Berceuse” from the *Dolly Suite*, op.56, Fauré (1893), from the two pieces of music presented to her, Yuna guided her to recollect the happiness she had felt recently, “I feel like flying, walking freely”, and she recalled the path May talked about. Yuna suggested that May should express the images and her feelings freely with the music.

d. Music and imagery

Music

“Berceuse” (a cradle song) from the *Dolly Suite*, op.56 by Fauré (1893)



Berceuse' (a cradle song) from 'Dolly Suite', Op56 by Faure.wma

This is an orchestral adaptation (by Henri Rabaud) of a piano piece for four hands by Fauré. This pastoral and peaceful music is very short (2:27) and simple, in a slow and steady tempo. It sounds calm and consistent as the melodic theme is constant and there are hardly any changes in the soft dynamics. It is written in ABA form: beginning and ending with the same A section with a different middle section B. The middle section is no different in character except for the use of a melodic theme that is slightly different from the A section. Even though it is an orchestral piece, it is divided into a clear melody and accompaniment with no complex musical development or instrumentation. The melody is constantly repeated and played alternately by string and woodwind instruments.



Figure 6.4 Drawing from session four. Title: Marching.

Yuna reported that May drew with great energy, paying attention to details and taking her time.

e. Postlude

May reported that the music and imagery experience made her feel good. She explained that the road was stretching out straight to “a glorious rosy future”. May thought that

she and Daun could overcome anything if they were together, just as they were hand in hand in her drawing (Figure 6.4).

May expressed her hope for Daun, which sounded reasonable: “be able to finish his high school”, “be able to make a living”. Unlike her comment about a “rosy future”, May sounded realistic and grounded about her situation: “I feel hopeful ... but I would like to focus on the present as I have to see what future awaits me ... But I am certain things will get better if I try my best at every moment.”

Yuna let May explore the drawing further and the focus turned to May's childhood memories of feeling confident. May felt as if she was Daun's age, feeling she was able to do anything without worries or pain. When Yuna guided May to feel these good memories, May remembered the boundless support and encouragement from her father when she was a child. This led to May realizing that she had not encouraged Daun enough and that he needed her full support and encouragement.

May was satisfied with her drawing and added a title to her drawing, “Marching”. Yuna ended the session by letting May listen to the music and recollect her happy memory once more.

After this session Yuna emailed me: “It was an amazing and moving session. I experienced the power of supportive MI.” She provided a very detailed verbatim note so I felt that she valued every moment of the session.

f. Supervision

In her written report, Yuna wrote how impressed she was by May's sudden realization of how to support Daun after Yuna's fruitless attempts to advise her to support and encourage Daun over the past year. I could now see more clearly why Yuna had been angry with May. This *change* in May was a pleasant surprise for Yuna and me. Yuna was also impressed that SMI could bring out a long forgotten supportive resource from May's childhood. She commented that she was now able to emotionally engage with May more easily and deeply, which had previously been an issue for her.

I complimented Yuna for being emotionally present with May. I shared her excitement and commented that such outcome was due to her consistent and genuine support,

exhibited over the past sessions. I asked her to reflect on the issues she had raised before the on-site supervision.

During the on-site supervision, Yuna was excited that she had “made a leap in this session”. She was now able to feel for May more easily, which had not been easy for her. Yuna noted that she suddenly understood the SMI method and she felt the process was “easy and simple”.

We explored what had effected this *change* in her. Yuna commented that she stopped analysing and judging May. Instead, she tried to understand May through her own eyes, accept May as she was, following my advice.

I also suggested that when a client was not able to find her supportive resource, Yuna could consider using music as a surrogate supportive resource. I advised Yuna to prepare May for the termination of the therapy by simply reminding her that there were two sessions left and to check if May would like to continue.

Yuna commented that my support in the supervisions had helped her greatly and reflecting on her issues had been “tremendously useful” to her conduct of the sessions.

g. Analysis

It was an impressive session indeed, bringing about a meaningful *change* in both May and Yuna. May had insights (*learning*) into herself and into her *relationship* with her son Daun. May's attitude was clearly less guarded and more receptive. She sounded reflective and thoughtful, speaking slowly in a lower tone and with a softer voice than before. She was expressive of her thoughts and feelings in long sentences (*affect*), in contrast to the dry, short answers in previous sessions.

Agreeing with Yuna, I truly felt she had made a leap (*change*). I felt that she was engaging and emotionally present with May. There was an alliance in the way Yuna and May responded to each other (*relationship*). Not only was Yuna open and accepting May but she also had respect for her. At each session, I feel now Yuna made a conscious effort to improve (*change*) her therapeutic *relationship* with May by working on her countertransference (*learning, affect*). Yuna worked hard to integrate her *learning* from her reflection as well as from the supervision with me. I believe this effort resulted in her making a leap in her feeling comfortable (*affect*) conducting a

SMI session (*intervention*) and genuinely being able to have respect for May (*relationship, change*).

The music and art (*expressive media*) process seemed to support May in bringing out the positive feeling (*affect*) from her resource (*supportive imagery*). Her drawing seemed to represent how she was finally able to see some positive future with Daun. In the verbal processing of the experience, May had a realistic outlook of her and Daun's future. The two confident figures in her drawing may represent herself and Daun and/or her adult self and her inner child. May had identified with Daun, feeling hopeless and disabled in her life. Her repaired *relationship* with Dawn may represent her repaired *relationship* with herself (*intra relationship*), which led to meaningful *changes* in herself.

6.2.5 Session five

a. Prelude/Transition

Yuna opened the session by reminding May that this was the fifth session. May then immediately commented that she felt burdened by taking therapy and she did not feel like coming to the session as “things don't get better at once by taking music therapy and I am not someone who needs to take therapy anyway”. Nevertheless, May reported that she had kept looking at her drawing from the last session and it made her feel good.

May reported that she had become more relaxed and comfortable by “letting go of things”. When Yuna asked what caused these *changes* in her, May answered that her family became an “ideal family” as her husband became more involved in caring for Daun and “Daun got better”. May credited the therapy for changing her attitude: “Perhaps because of the therapy I think more of myself, realizing that I live my life only once and ... I know I cannot find happiness solely from my family.”

When Yuna asked if she could think of any pleasant experiences since the last session, May complained that she had been exhausted from preparing Daun for his recent exam. She reported that she had felt lethargic and had taken naps, suspecting this to be a side effect of her hyperthyroidism medication. Yuna asked if May would like to have a restful and comfortable time during the therapy and May immediately agreed. Of the

two pieces proposed, May chose Fauré's Pavane (1887), which sounded "comfortable" to her.

b. Induction

Yuna guided May to let go of feeling tired and busy while exhaling and to take in a feeling of comfort and restfulness. Yuna suggested May "travel freely with the music" and express her experience.

c. Music and imagery

Music

Pavane op.50 by Fauré (1887)



Pavane Op 50 (orch version, 1887) (1993 Digital Remaster).mp3

It is an elegant orchestral piece in a slow steady pace, which reflects the court dance music popular in the 16th and 17th centuries as suggested in the title, Pavane (or pavan) (Sadie, 1988, p.563-564). The main part of this piece is simple with dominant melodic phrases supported by a soft pizzicato accompaniment. The melodic theme is constantly heard and repeated by different instruments throughout the piece.

Overall the music is gentle and soft, except for the contrasting middle part, which is a passing transitional section between the main parts. After the peaceful main section, the middle section unexpectedly starts with fortissimo and the constantly present melody and the steady pizzicato accompaniment suddenly disappears. In the middle, there are several sequences of descending scales starting with a loud accent and then trailing off followed by soft, long sustained notes without clear direction. This contrasting give and take dialogue feels to me like questions and unclear answers (or without answers). It sounds unsettling and ambiguous.

After this middle section, the main theme innocently reappears and the music returns to the peaceful main section until the end.

Musically, this is a very simply structured piece with several passing phrases. However, I find that Fauré cleverly wrote this music to evoke very intriguing effects in such a simple piece. Because of the complex emotional effects that this music creates with

contrasting characters, I wonder if this would be an appropriate piece for supportive music. Besides, the particular performance used in this session lasts 7:40 minutes, which may be a little too long for SMI sessions. I raised these doubts in my feedback to Yuna and briefly discussed them in the supervision.

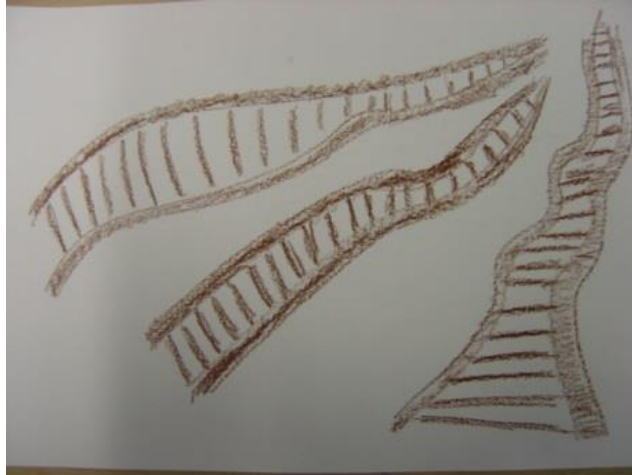


Figure 6.5 Drawing from session five. Title: Journey.

d. Postlude

When looking at her drawing (Figure 6.5), May started saying that she felt heavy from caring for Daun. She then talked about “winding journeys” that “resembled the ups and downs of life”. Yuna listened attentively and let May freely explore her thoughts. At times she guided May to pause and feel the journey she spoke about. As she spoke, May became more reflective and positive about the outlook of her life. May thought that each present moment would be a step into the future. Thus she would appreciate the present moment and she became hopeful that if she did her best at each moment, the outlook for the future would be brighter.

May also reported her *changes*: growing more confident and becoming more social. In contrast to her complaint about therapy at the beginning of the session, May credited the therapy for these *changes* and expressed regret that she could not continue. When Yuna suggested May use music and imagery by herself after the end of the therapy, May responded:

“By myself? Can't we continue [therapy]? ... You know I complain like a child and keep changing my mind ... but I feel comforted by the music in the sessions ... In here, it is possible for me to be free as I am not judged.”

At the end of the session, May seemed content, accepting difficulties in life, “A straight path can break ... but the winding paths are more resilient and more beautiful if one can overcome each turn”.

e. Supervision

Yuna reported that she was taken aback when the session started. May looked “gloomy” and complained about coming to the session but Yuna noted that she “was able to compose” herself and “accept” May as she was prepared for such a setback after the previous supervision. Yuna reviewed the session with a good empathetic understanding towards May. Yuna thought that May now felt comfortable enough to complain in the session and May had complained. Yuna was also aware that May might change her attitude again as she had seen her change her mind often.

In my written feedback, I complimented Yuna's understanding and embracing attitude towards May's challenge. I said that May might appreciate receiving this support from Yuna. As this was the session that used music as a supportive resource I gave rather detailed advice on what aspects to consider in choosing music and how to use it. I advised Yuna to use very simple and easily understandable music, which one can easily remember. This was important for someone like May who fluctuated easily and simpler, preferably non-classical music may fit better.

A more extended discussion followed during the on-site supervision. Yuna showed an understanding of why May challenged her in the session; May had always taken care of others. It seemed that she felt taken care of by Yuna and the session was the only space where she felt comfortable enough to demand things without fearing rejection. The termination of the therapy in the following session was discussed.

f. Analysis

This session was rather volatile (*difficult*), perhaps because May was anxious (*affect*) about the upcoming closure of the therapy and about feeling rejected (*difficulty, relationship*). May was quite challenging in her rejection of Yuna and the effectiveness of SMI therapy yet she was needy at the same time and expressed how much more therapy she needed.

This session was unique insofar as, instead of finding *supportive imagery* from May's

experience, music (*expressive media*) was used as the supportive resource (*supportive imagery*) for May as she felt too weak to find her supportive resource. May became pensive and reflective (*affect, change*). She gained insight (*learning*) into her life and accepted, “the winding journey”, the ups and downs of her life path reflected in her drawing. I wonder if May *changed* in this way as a result of the internalization of what she had gained throughout the SMI therapy (*supportive imagery/resource*).

6.2.6 Session six

a. Prelude

Yuna reported that May told her she had made a great effort to come to the session on time and taken a taxi. May expressed her regret that she could not continue the therapy. (Note: this comes from Yuna's report. This was not in the recording.)

At the beginning of the session, Yuna asked May to look at the drawings she had made in the sessions and reflect on the process of the sessions. May expressed how much she appreciated the therapy:

“It is great that I can talk freely about whatever I like and someone pays attention to what I say ... At first it was difficult to draw ... and gosh, when I was asked to feel! (laugh) ... these drawings, I am encouraged by them.”

May then reflected on herself and acknowledged her problems by saying: “I tend to become obsessed by little things ... and I am overly sensitive ... It is me who has the problem.”

Since the last session, May had had “difficulties” with “Daun not wanting to study” and some financial problems. May said repeatedly how much looking at the drawing “Journey” from the previous session (Session five) had comforted her whenever she had a hard time:

“... like these winding paths, I have lived a hard life. But if I don't give in and if I overcome the difficulties, one day the sun will shine at the end, just as these paths continue ...”

May talked about how she had lost confidence over the years but she felt she was regaining power to overcome her difficulties.

b. Transition

When Yuna asked if anything came to her mind about overcoming her difficulties, May said she had felt very down the previous day, not knowing what to do about her financial problems, but by looking at her drawing from the previous session she became calm and regained her equilibrium.

Yuna let May focus on the moment when she felt better looking at the drawing. After pausing for a moment, May answered that the image of water, a river in a resort came to her mind and she felt that “the extreme stress disappeared and I became calm and comfortable”. May chose the music, “The Cradle Song” by James Scott Skinner, which matched the comfortable feeling she felt from the image.

c. Induction

Yuna instructed May to relax, to let go of any stress, and she asked May to stay in the feeling of comfortable calmness for a moment. Then she let May focus on the calmness of the river and express her comfort freely while listening to the music.

d. Music and Imagery

Music

“The Cradle Song” by James Scott Skinner (n.d.)



Chris Norman - The Cradle Song.mp3

A famous Scottish violinist, James Scott Skinner, composed this piece in the 19th century. This piece is performed on some instruments popular in the Renaissance, viola da gamba (similar to the cello), cittern, fiddle as well as guitar and flute. The melody is played by the viola da gamba and later by the flute, other instruments play very softly in the background. Because of these old instruments, the music sounds muted and has a warm tone colour. The music is very simple with 16 bars, just like many folk tunes. The tempo is slow and steady and the melody is sweetly simple so that one can easily sing it.



Figure 6.6 Drawing from session six. Title: A big window in my heart.

Yuna reported that May was very immersed in drawing this image for almost 30 minutes, paying attention to the details (Figure 6.6). While May drew, she was silent and I could hear only the strong strokes of crayons.

e. Postlude

May noted that she could organize her thoughts while she was drawing. She explained that the image in the inner circle represented her mind and the outer blackness represented her worries and complex problems. In the circle, May was rowing, going upward against the stream. May could not see what was ahead of her as there was thick fog around. It was hard for her to proceed but with a paddle, like a steering wheel, May felt that she could keep going and “reach a good, better place”. May later added: “Depending on how I use the paddle the direction changes. I could accept fate as it is but with a paddle I could steer in the direction I want to go.”

Yuna asked May to feel this feeling for a moment. Afterwards, May described: “There is a fresh wind ... burning summer sunlight ... and an arboretum, which makes me feel comfortable and calm.” Yuna asked May to take another pause and stay with the image and feeling she had just had.

Yuna sincerely complimented May on losing herself in her drawing and producing “a work of art”. May responded that she used to draw quickly because she was not confident but today she drew as if she was talented; she felt comfortable expressing herself freely without any restrictions.

Yuna explored how May might use music and imagery on her own. May seemed somewhat reluctant but said that she would try to use music and imagery with her son. She expressed her regret that she could not continue her therapy. She explained that continuing would be “too indulgent” for her as she would be thinking only of herself. She said that she had been very satisfied with the therapy, which had been “an especially memorable experience” for her. May appreciated Yuna’s support, which made her comfortable. Before the session ended May added the title “A big window in my heart” to the drawing (Figure 6.6). Yuna helped May appreciate the experience while listening to the music for the last time.

f. Supervision

In her written report, Yuna described that May seemed very eager to have a meaningful time in this last session and how she was impressed when May was assiduously working on her drawing for 30 minutes. Yuna expressed her concern that even though May had been able to incorporate her supportive resources and had gained some strength from the therapy, she was not confident that the gain would last because of the volatile patterns May had shown before.

In my written feedback, I complimented Yuna on running a focused session with a good overall structure. As I sensed Yuna's anxiety, I asked her to reflect on ending the therapy with May and on her experience as part of my research, before the on-site supervision.

At the on-site supervision, I let Yuna review the process of the therapy with May. Yuna was impressed by the changes May had made, the way she became open, communicative and able to reflect on herself. She thought that May had gained some confidence and had an opportunity to think of herself by taking therapy. At this last session, Yuna felt that May appreciated the gains she had made in the therapy, yet May felt that that was not enough for her. Yuna felt that May clung to her as if saying “Take care of me more” by providing more free therapy. She felt that May's gains were not yet solid and was afraid those gains might soon be lost. Yuna confessed that she was so reluctant to terminate the therapy with May that she almost suggested to May to extend by two more free sessions.

We explored the supportive MI Yuna had experienced. When working with May, Yuna

realized how effective it was to accept a client as who she was and provide her with compliments and encouragement. When Yuna provided this support, she observed that May was able to find strength in herself. Yuna felt “humbled” and learnt to “respect and open up to” her client. She appreciated having an opportunity to have such a challenging client as she participated in the research.

g. Analysis

Both May and Yuna were reluctant to end the therapy (*affect, difficulty*). Even though May could not continue the therapy as it would be too indulgent for her to focus on herself in times of financial difficulty, May seemed to be very reluctant to end the therapy. She was very involved in the process almost as if she was devouring the experience from the therapy, the nurturance (*supportive imagery/resource*) for herself. May seemed to become calm and content (*affect, change*) by listening to music, she was able to reflect her situation through her drawing and she also digested her emotional experience (*affect*) by articulating it in words (*expressive media*). She showed some insights (*learning, change*) that she gained from the therapy, for example, that she has problems with being “overly sensitive” and a tendency of being “obsessed by little things”. She also gained a realistic outlook of her future, which felt like a “thick fog”, and she could control it by “steer[ing] into the direction I[May] wish to go”.

Yuna also had *difficulties* ending the therapy. Yuna seemed to feel that May’s needs were not yet satisfied and she seemed to be concerned that May would not hold her gains from the therapy. I wonder if I prepared Yuna enough for completing the therapy with May (*intervention*). Perhaps Yuna felt my scepticism about ending the therapy after only six sessions. I valued how much May had gained from the therapy and I was afraid that six sessions may not be quite enough for her to solidify her positive resources. The last supervision focused on how the case progressed and Yuna recognized the gains and positive *changes* she had made (*learning*).

6.3 Summary

This case started with strong resistance from the client and the complexity of the previous relationship (*difficulty, relationship*). When Yuna understood her countertransference in the supervision process (*learning*) she gained a better understanding of May and was able to effectively guide (*intervention*) her to work on

her *supportive imageries*. When May felt understood by Yuna (*relationship*), she was able to lower her guard and became emotionally engaged (*affect*) in integrating her resources (*supportive imagery*). May was able to express, reflect and deepen her feelings (*affect*) through *expressive media*. Words allowed her to express her pent up feelings and use of music and drawings helped her to become aware of her needs, her resources and her feelings. May started to *change* when she gained insight from a deep emotional involvement (*affect*) with her *supportive imageries*. Despite the turbulent start and some challenges in the process (*difficulty*), May worked very hard and made impressive *changes* in herself.

CHAPTER 7: CASE STUDY SERA & LIN

The previous case illustrated how to work with resistance (*difficulty*) and how a pre-existing *relationship* affected the course of the therapy. This case demonstrates how a cathartic process (*affect*) helped the client emotionally and how she utilized her resources (*supportive imagery*) using expressive media. This case illustrates that expressive media, especially words, have distinct roles in meeting the client's needs and finding her resources. This case also illustrates how the therapist has to balance attending to the client's pain (*affect, difficulty*) and focusing on the client's resources in SMI therapy (*intervention*).

This case had seven SMI sessions, instead of six because Sera skipped the supervision for one session (see Session five, Supervision). I will continue to examine the case with eight categories: *supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning, change*.

7.1 Participants

7.1.1 The client: Lin

Lin was in her late 30s, married with a 10-year-old son Ron. She volunteered to participate when she heard about the research SMI sessions at Sera's music and art therapy clinic where Ron had been treated. She had known Sera as the chief administrator of the clinic. Sera described Lin as "petite, pretty, young-looking ... smiled easily and talked in a friendly way".

This dual relationship between Lin and Sera would add problems to the complex dynamics between the therapist and the client.

7.1.2 The therapist: Sera

By the time of this case, Sera had successfully completed the first two levels of GIM training and had recently started Level 3 training.

7.1.3 The supervisor: me

By this time, I had supervised five groups of Level 1 (SMI) trainees over six years and I had supervised the other four SMI cases in the SMI graduate therapist group in my

study. Because I was immersed in the research process by then, I was very alert and interested in the development of the SMI method. In particular, my understanding of "supportive" had been extended and broadened.

7.2 Progress of therapy

Interview

This case was conducted last, about a year later than the other cases, due to scheduling problems. By this time, I had begun instructing a few supervisees to conduct interview sessions before the first session. Before the interview started, Sera explained the SMI therapy process and informed Lin about the research.

Lin provided a brief personal history and information. She had a very distant relationship with her husband and she described her marriage as "not normal" as there had been no physical relationship with her husband. Ron had been suffering from an extremely serious eczema allergy, which had limited him to being isolated in his home for the first 6-7 years of his life. He had been taking art therapy for three years with one of the art therapists at the clinic because he had serious problems adjusting to his school and socializing with his peers. Lin was exceptionally devoted to Ron and she kept her marriage going "only for Ron's sake".

Lin was the middle child of three. She felt she had been "neglected" and she "had never been protected" by her family. She had a bad relationship with her family as there had been "no affection" between family members. Lin was especially angry at her mother who had been unreasonably critical and harsh on her. Because of her mother's physical and verbal abuse, Lin began suicidal ideation at the early age of nine. Regardless of this mistreatment, Lin said that she had never complained, she had always been active and had worked hard at school as a child.

Sera explored Lin's supportive resources and musical preferences. Lin regarded her faith and her pride in doing good work as her supportive resources, and she enjoyed listening to songs.

Lin was about to have minor surgery. This motivated her to take therapy in order to reflect on herself and on her wish to "have an independent me". She had the surgery before the first session.

7.2.1 Session one

a. Prelude/Transition

Lin reported she was "somewhat comfortable" and was recovering well after her surgery. She reported that she bought a new iPhone to prepare and store music for the therapy. She sounded lively and excited. Lin expressed how optimistic she was about the therapy and she proudly said she had collected pieces of music she liked which were "hopeful with a very simple melody ... very comforting". At Sera's suggestion, Lin turned on the music from her collection that she felt most supported by, "Just the way you are" (Billy Joel, 1977). She said she felt supported by the lyrics, especially the line, "Just the way you are".

After listening to Lin, Sera enquired about Lin's overall situation and the focus soon turned to Ron. Quickly sounding disheartened, Lin revealed that the previous week Ron had had severe burping and moaned how difficult it had been for her seeing Ron suffer from a broken down immune system all his life:

"It was so hard to see him [burping] that I even felt a murderous impulse. ... It had been such a hell to watch this poor child ... What should I do for this poor thing? ... I feel responsible."

Lin expressed how helpless she felt after pouring every effort into Ron yet he had "so many problems from top to bottom in his body". Lin's voice sounded somewhat tearful even though she attempted to sound bright.

After listening attentively, Sera slowly turned Lin's attention to how this affected her. Lin said: "No woman would be able to endure what I have gone through ... It is beyond what the human capacity can take." She said she felt very comforted by the bible saying one can go to heaven after enduring much ordeal. Sera listened empathetically and then gently led Lin to explore her supportive resources. Without any hesitation, Lin pointed to her faith in God, which enabled her to endure all this hardship. Sera asked what music best reflected her faith in God. It was not in her collection but Lin started to sing her favourite hymn, "O Jesus, I have promised (to serve thee to the end)," by Arthur H Mann (1869).

As Sera did not have the hymn in her collection, Sera asked Lin to choose music that

best reflected the comfortable feeling she felt from God. Out of the two pieces Sera played briefly, Lin chose Bizet's "Intermezzo from the opera Carmen" (1875/1882). I wonder now if it would have been better if Sera had focused on the first music, 'Just the way you are', and explored the support she felt from this song.

b. Induction

Before the induction, Sera gave a brief explanation of and instruction on the induction process. After a simple breathing exercise, she guided Lin to focus on the comfortable feeling of support from God and to try to find this feeling in the music.

c. Music and imagery

Music

Bizet's "Intermezzo from the opera Carmen" (1875/1882), adapted for a duo of flute and harp.



Bizet-Intermezzo from Carmen.wma

This calm music is simple and charming. The beautiful lyric melody played by the flute is supported by a gentle harp (For more information, see Nami's case, Ch.3, S.4).



Figure 7.1 Drawing from session one. Title: A sunny and peaceful farm.

Sera reported that soon after the music started Lin began to draw briskly (Figure 7.1). Following Sera's suggestion, Lin wrote after drawing:

“Title: A sunny and peaceful farm. Lambs are eating grass. It is warm in the sun. The wind is gentle. It is peaceful and relaxing, a peaceful afternoon. I can picture this scene in my mind with the music.”

d. Postlude

Lin explained that she was resting under the tree and felt comfort in God's presence. Sera asked Lin to focus on the feeling and played the music once more.

After that, Lin began to express her true feelings. She had felt God's "abundant" presence yet also felt how unfair he had been to her: “He [God] is not fair. So unfair. (Angrily) ... I have tried my best all the time ... yet life has been so harsh. I will ask him about that later.” She struggled between her faith, thinking God must have something planned for her, and her anger towards God: “He made me suffer so much that I could not even breathe. ... If he wanted, he could have destroyed me but he didn't. This can't be the end.” Lin felt she could not die yet having only felt such pain and she hoped there must be “something to do [for God] whatever it might be”. She then continued complaining that the advice she received from counselling and from priests had been unfair and unhelpful for someone like her who had suffered from unbearable pain. Lin said that people like her who have broken down in despair would realize that there is absolutely nothing in their power that they can do and they would be forced to accept their fate.

After listening to Lin, Sera carefully explored how Lin could feel support from God despite his unfairness. Lin said she could feel God's warmth when she experienced a brief moment of happiness in her daily life such as when she bought cosmetics, when Ron stopped burping or when she chatted with her friends.

Sera asked Lin to look at her drawing again to help her feel these moments. Lin found many small instances of happiness she shared with Ron every evening. She felt very proud of herself becoming the good mother, she had envied other children for their mothers when she was a child. She exclaimed: “I deserve an award! (proudly) ... Where can you find a mom like me?!” Sera asked Lin to feel her brief happiness she had found for a moment before she ended the session.

e. Supervision

In her report, Sera expressed her *difficulty* in guiding Lin because Lin “talked so much” and the focus was “easily diverted”. She said that she tried to comfort Lin by using music and focusing on her drawing but without much success. Sera reflected that she felt “very sorry for Lin trying overly hard and pushing herself” and that she could easily relate to Lin's desire to avoid difficult feelings by repressing them.

In my written feedback, I complimented Sera on conducting a difficult session with a clear focus and direction. I commented that her technical interventions were skilful but her response to Lin was rather dry and distant. I asked her to reflect on this before the on-site supervision.

During the on-site supervision, Sera realized that she could not be empathetic with Lin as she had not really trusted Lin because “Lin tended to exaggerate everything and tried to give a good impression”. I recommended Sera to continue to reflect on her feelings towards Lin. In addition, I advised Sera to find the songs Lin brought to this session and to prepare more pop songs and hymns in which Lin found support.

f. Analysis

The process in this session was complex and it was *difficult* to focus on the *supportive imagery* (resource). The session took many turns and Lin was easily distracted (*difficulty*) by turning to her anger and pain (*affect*) while trying to focus on the support from God, the chosen *supportive imagery*. As seen in previous cases, the client, Lin, found it difficult to focus on the *supportive imagery*, God, because the imagery stirred up complex feelings (*affect*). She was torn between her faith for God and her anger at God (*difficulty*, *affect*). She may also have felt the conflict between the challenges in her life (*difficulty*) and the hope she was holding onto.

Lin seemed to find some comfort in the music (*expressive media*) yet music also seemed to bring up conflicts in her. Twice in the session, once after listening to ‘Just the way you are’ in the prelude and again after listening to ‘Intermezzo’ during the postlude, Lin brought up troubled feelings. In contrast, while she drew or was looking at her drawing (*expressive media*), Lin seemed to be able to focus on her resource and be content. She seemed to be very comfortable expressing her feelings in words. She was articulate when she expressed herself verbally as well as in writing (*expressive media*).

When Sera guided (*intervention*) her to focus on her resource, Lin seemed to hold on to her resource for a short while.

In the postlude, Lin was able to change her focus to her resource after she complained about her pain and when Sera directly guided (*intervention*) her to focus on her resource. However, I doubt if there were clear changes in Lin for her to genuinely feel the positive feelings from her *supportive imagery* as she was in too much pain (*affect*) to be truly appreciating it.

Lin revealed much about herself in the music she used "Just the way you are" and "O Jesus I have promised". Reflecting back, I wish I had asked Sera to prepare these songs before the on-site supervision so that we could have studied these songs and understood Lin better.

Reviewing this, I find that Lin tried to be in control and to sound bright (*affect, difficulty*). Her voice was strained but hardly out of control or overly emotional. I could only detect the pain in her low and wet (tearful) voice and hear her anger only in her relatively fast speech and high tone. I remember how sorry I had felt for Lin on hearing such desperate control in her voice. Listening to the file again, I feel much of Lin's acute pain. Lin's excitement (*affect*) at the end of the session feels somewhat exaggerated to me. I wonder if Lin was desperately seeking hope, holding onto any moments of happiness, and/or if she was trying overly hard to give a good impression (*difficulty*) to Sera, the chief administrator of the clinic her son Ron was being treated at, like many Koreans would do in front of authority figures (*relationship*) (See Ch.1, 1.4.3 [Korean] Tradition, 1.4.7 Culture and psychotherapy).

Sera's feelings for Lin were very complex (*affect*). Sera could not be fully emotionally engaged with Lin, as she admitted she had a tendency to avoid difficulties like Lin (*relationship, therapeutic intervention, affect, difficulty*). Lin's pain may have frightened Sera. Because of her existing relationship with Lin, Sera could not free herself from her bias against Lin and she seemed to be unable to be truly open to Lin (*affect, relationship, difficulty*). I was not aware of the extent to which Lin and Sera knew each other (*relationship*) at the beginning but I realize now this dual relationship may have created complex dynamics and problems and complicated the therapeutic alliance (*difficulty*).

7.2.2 Session two

a. Prelude/Transition

Lin reported that she had been too busy to think about the image from the previous session. Her focus soon turned to her role as Ron's mother. Lin felt that Ron had been her burden as well as her duty. She had put so much effort into caring for Ron as she believed that the quality of her life depended on Ron's wellbeing. Lin was proud of how she had prepared for Ron's education. By the time Ron was only six or seven years old, Lin had already researched every education trend and system up to senior college level (before university) by "visiting and studying the text books from all the private educational institutes".

This led to an exploration of Lin's tendency to work hard, be consistent and put a tireless effort into whatever she did. Lin found merit in herself from "the consistent and tireless effort" she had made in her life, for example, visiting her Catholic church every day, heartily preparing breakfast every morning for her family and reading a book to Ron every day. Yet she brushed lightly over all this, regarding it as her daily routine and duty. With a lot of effort, Sera was able to help Lin find meaningful value in her diligence. Lin was "proud" and declared ownership of her positive traits, saying "these are mine".

Sera asked Lin to close her eyes and focus on her pride and her ownership of her personal traits. After that she asked her how she felt and Lin discredited it: "This is just me. I don't think I have valued these traits much as I take them for granted. ... I am not sure if I will gain much support from them." Listening to this, Sera started preparing the music and asked Lin to focus on it. Sera immediately moved on to the induction, without the process of selecting music.

b. Induction

After being silent for a while, Sera started the instruction without the usual breathing exercise: "The consistent, dedicated quality in me --- feel the ownership of it --- feel 'It is mine' --- Feel such a feeling with the music --- listen to the music to support you".

c. Music and imagery

Following the induction, Sera played "Hamabe no Uta" (Narita, 1916), the simple lyrical cello and piano duet. The deep and expressive melody is played by the cello and is

accompanied by the soft piano. (For information, see Ch.4, S.1, Music)



Figure 7.2 Drawing from session two. Title: Me, dedicated like an ant.

Right after the drawing, Lin wrote that she had started each day doing what she could and had always worked hard but she questioned why there was “no dramatic growth”. As her “life weighs so heavily” on her, she questioned if she could overcome such hardship simply through being committed. Nevertheless, she ended with a positive note, writing “But I will keep going as best I can”.

d. Postlude

Discussing her writing, Lin expressed resentment about how unfair her life had been. She could never express what she wanted as her mother had "cut" (rejected) her and denied her needs. It had been so painful that Lin said she had "cut everything in myself".

Lin went on to describe how she had been disappointed with her "deficient" son and how miserable her life had been with her husband. She felt that her “burden in life” was much heavier than other people’s and she had felt ashamed of Ron in the past. Lin felt there had been no rewards for her, neither from Ron nor her husband after she had lived so devotedly for them. She said she felt “disappointed and lost” but she kept doing her duty because it made her feel she existed. When Sera, after listening empathetically, acknowledged how difficult it must have been for her, Lin broke down in tears. She started disclosing her extremely painful personal agony of not having had any sexual relationship with her husband. She lamented how she could not have an “outcome” after she had tried so hard, how God would not grant her “an ordinary, amicable family

who can support each other”. She said she would nevertheless carry on with her duty as best as she could and she would protest to God when she meets him.

After listening empathetically to Lin, Sera redirected her to focus on her drawing towards the end of the session. Lin identified the smiling face as herself, “It is me, independent from Ron or my husband”, attempting to sound bright. As Sera allowed Lin to focus on herself, Lin cried again saying “I will not lose this image. If I lose this, I will lose my existence. ... This is who I am, my true image”. Sera led Lin to feel her ‘true image’ and Lin responded that she felt good and liked it, sounding cheerful. Just before she closed the session, Sera let Lin listen to the music once more and take in the feeling from the image. Before she left, Lin commented that the image would be “useful” in her daily life.

e. Supervision

Sera prepared a lengthy verbatim note for the session. She wrote that it was very difficult to guide Lin to her supportive resource.

During the onsite supervision, Sera revealed that she "dragged her feet so much" at the beginning, because she wanted to show Lin her strength and positive resources. She felt pity for Lin because she so easily dismissed her positive traits. I guided Sera to think who Lin was and what she may need in the session. Sera thought Lin was a "perfectionist", very proud of being a "good mom" and pouring all her efforts into becoming one. We discussed ways to support her in the session: she would need time solely focused on herself and to be supported in whatever feelings she expressed. I complimented Sera for her flexible but strong intervention when Lin failed to deepen her feeling in the transition.

As Lin's thinking tended to become scattered as she talked, I advised Sera to ask Lin to stop at times so she could focus and feel more deeply. I recommended that she prepare more music, in various emotional hues that would support Lin, from something cheerful and upbeat to something soothing and comforting. I advised Sera to continue her own reflective MI work applying ‘Therapist reflection music and imagery’ (Paik-Maier, 2008).

f. Analysis

This session continued to have difficulties in finding and focusing on the *supportive imagery* because of overwhelming emotions. Lin indicated how ambivalent she felt about her chosen *supportive imagery* and her personal traits of having a devoted and committed attitude. Lin expressed how tiresome her personal traits made her feel, carrying on with her duty without much outcome or appreciation from others (*affect, difficulty, supportive resource*). This feeling of ambivalence worsened as Lin may also have felt the pressure of the Korean society's expectation of being a perfect, devoted mother (*affect, difficulty, relationship*). As seen in the previous cases, the client struggled to focus on the *supportive imagery* that stirred up these mixed feelings (*affect*).

Regardless of the difficulties, Sera seemed to be composed and engaged warmly and empathetically throughout the session (*intervention, affect, relationship*). Demonstrating her maturity as a therapist, she was also flexible but displayed a strong lead (*intervention*). Sera seemed to be freer from her bias towards Lin perhaps as a result of her *learning* to understand her countertransference by doing reflective MI work (*difficulty, relationship*).

The contrast in Lin's response to the different expressive media is interesting. Music seemed to evoke much pain in her and to get her to let her guard down (*expressive media, affect*). In her drawing, Lin presented her strenuous positive façade, the somewhat forced smile face in her drawing (*expressive media, affect*). As in the previous session, Lin seemed to express herself best in words. Her verbal expression was expressive of her raw feelings as well as her dilemma (*expressive media, affect*).

The changes observed in this session seemed rather subtle but notable. Lin continued to complain about the difficulties in her life but to a lesser degree. She also seemed to be less guarded in expressing her feelings (*affect, change*). She cried instead of desperately controlling her emotions as seen in the previous session (*affect, change*). The chosen *supportive imagery*, the personal traits of endurance and resilience were a strength Lin identified with and was proud of, despite the complex feelings it brought up (*affect, difficulty*). I find that finding a resource within herself rather than from others, such as God in the previous session, was also a meaningful change.

It seemed that Lin needed to air her distress (*affect*) and be supported and understood (*intervention*) before she could make any meaningful changes by using her resources (*supportive imagery*). This leads me to wonder what part of the session was most supportive for Lin (*intervention, supportive resource*). At this time I already begun to expand my ideas on how to support and use the session as a surrogate supportive resource when the client was in too much distress to find her resource (*intervention, supportive resource, affect*).

7.2.3 Session three

a. Prelude/Transition

Lin informed Sera that recently she had been working on “overcoming [her] complex”. She had already improved her physical appearance by a “modern medical intervention”, improved her English skills and recently worked on her knowledge of the bible by starting to copy the bible by hand. Lin explained that she had majored in English but she had never felt she was good enough. She worked on her English as she prepared to teach Ron English. She enjoyed sharing a common interest with Ron and she thought it was an easy way to improve her English. Lin became grateful of Ron, thinking “because of you, I grow”. She began to appreciate Ron “no longer just as a burden” and she thought that this could be “a turning point” in their relationship. Lin exclaimed, “Boy, without such rewards, how could I endure things!” Lin sounded bright and cheerful and laughed often.

Since the last session, Lin had thought about her lack of success despite her devotion. She realized that she had always been devoted to others. Lin claimed “I realized that I have not planted seeds for my own growth and improvement and I thought ‘Okay, let’s plant seeds for myself!’” Lin had been feeling exhilarated by the changes in her daily life: “Every day, I achieve something. It is hard but fun. ... I live so fully and fiercely these days! ... I have changed so much because I’m freer from childrearing.”

Sera suggested to Lin to focus on this feeling and asked her to choose the music that would match it. Out of three pieces of music, Lin chose “Hamabe no Uta”, the same music she had used during the previous session (Session two).

b. Induction

After a breathing exercise, Sera guided Lin to focus on the satisfying feeling she had as she invested in her growth. She suggested Lin allow the music to help her reach this feeling.

c. Music and imagery

Music

“Hamabe no Uta” (Narita, 1916) (For more information, see Ch.3, S.1, Music).



Figure 7.3 Drawing from session three. Title: A shoot growing with sunlight at the window.

Sera reported that, unlike in the previous two sessions, Lin drew attentively, taking her time.

After the drawing, Lin wrote: “Life is born again. It has taken me 39 years to truly realize ‘you reap what you sow’. I will try my best to reap what I sow, to bear the fruit in me and to take care of myself.”

d. Postlude

Lin explained that the seeds she planted were growing strong "after enduring bitterness" and she wished to be able to cultivate what she started. As Lin talked, she tended to minimize what she had gained by saying that she was not overly emotional or impressed by the image. Sera responded to Lin with more encouragement and, as the session progressed, both Sera and Lin became very engaged and reacted to each other excitedly, speaking before the other had finished and overlapping each other.

Later in the session, Lin confessed that she did not listen to music anymore because of a fear that she would become too emotional by remembering her past and because of that she liked light and simple music. Sera continued to compliment and encourage Lin until the end of the session.

e. Supervision

Sera wrote a simplified report. She was pleased about Lin's positive view of life as well as her improved relationship with Ron. She seemed to be satisfied with her supportive *intervention* for Lin.

I shared Sera's excitement and complimented her on her supportive lead in written feedback. But I also pointed out that Sera's overly encouraging *interventions* might not have allowed Lin to fully express her feelings. During the on-site supervision, Sera admitted that she ended up talking more than she had intended. She felt responsible for making sure Lin did not lose what she had achieved and she felt that Lin should have a life that was more independent from Ron. I advised Sera to allow Lin to make decisions in the session and to encourage Lin to express her own views, instead of her doing it for her.

f. Analysis

Apparently influenced by the previous session, Lin began to work on herself rather than devoting herself entirely to her family (*change*). The supportive resource from the previous session functioned like a shooting seed in this session. There was a shift of mood compared to the previous sessions (*change*). Lin was energetic and hopeful (*affect*). There was much more fluidity in the exchanges between Sera and Lin. Lin sounded bright and friendly in general (*change, relationship*). However, she still had a tendency to slip back to her problems but she did this less (*difficulty, change*).

Lin regarded Ron as if he was her partner to improve herself (*relationship*). Perhaps Ron may represent the lost child in her who never had proper support from her parents. Lin became for herself the mother who she had longed for as a child (*relationship, supportive imagery*).

Music seemed to help Lin to engage in deepening the positive feeling from her resource. While she listened to the music, she was very involved in the process

(*expressive media, supportive imagery*). However, Lin distanced herself from the music as she feared that music would stir up too strong an emotion for her to handle alone at home (*affect, difficulty*). Drawing seemed to represent her newly gained energy and positive outlook. Lin continued to express herself best in words, indicating how she viewed herself and expressing her gains and fear of losing them (*expressive media*).

During the supervision, Sera learnt how her anxiety for Lin (*anxiety, relationship*) caused her to over-actively intervene. Sera was afraid of losing what Lin had achieved, and, as a consequence, what she had achieved (*affect, relationship, difficulty*).

The dynamic between Sera and Lin was like that between a mother and child. Sera responded to Lin like many a Korean mother whose boundary is merged with her child, seeing the child's success as her own success (*relationship*). As Sera acted like an anxious mother, Lin put Sera at arm's length, even though she seemed to be fond of her (*relationship, difficulty, affect*). Similarly, Lin had devoted her life to Ron and had a merged boundary with him. A parent-child like parallel process is observed between Sera and Lin and Lin and her son Ron (*relationship*).

7.2.4 Session four

a. Prelude/Transition

Lin reported that Ron could not go to school for a week because of a cold. This led Lin to wonder what she did wrong when Ron was a baby: not holding Ron when he cried, following the wrong professional advice, drinking energy drinks while pregnant. Lin complained how unbearably hard it was for her to care for Ron. Sera let her express her difficult feelings whenever she brought them up. Lin confessed that she used to be embarrassed about Ron and that it was difficult for her to accept him. She felt having him was unfair and she kept thinking "What about me?"

Nonetheless Lin said she had recently begun to feel better as she had spent more time on herself and on meeting her friends. Lin was "satisfied" and "had been enjoying very much" studying English while preparing for Ron's education.

Lin then confessed how she had spent "ridiculously enormous amounts of money" on expensive designer handbags over the previous three months. She had become obsessed with the bags even while she thought how "crazy" she had been for spending so much

money on bags. She felt guilty and thought she might be sick. After admitting that her need to be loved and cared for had been neglected for a very long time and accepting "I deserve this, I am worth it", Lin said the desire for the bags had disappeared. This made her question, "what kind of bag suits me?"

Sera asked what Lin needed now instead of the bag, and Lin answered she wanted to study English to overcome her complex and not be ashamed of her English and this would make her feel confident, free and happy. Sera suggested Lin might like to focus on the free and happy feeling of overcoming her complex. Lin responded that she immediately had an image for such a feeling. Sera asked what kind of feeling the image brought and Lin responded: "The supreme, the very best. I enjoy it." From two pieces, Lin chose the music that matched the feeling from the image.

b. Induction

Sera instructed Lin to imagine the very best feeling of freedom she could. With each breath she asked her to send the feeling to every part of her body. Sera suggested Lin feel the music with her body, moving with the rhythm of the music.

c. Music and imagery

Music

Capuccino by Jang Se Yong (2006)



Capuccino by Jang Se Yong.wma

Capuccino is "easy listening" style pop music published in the album 'Second Memory' composed and performed by the Korean musician Jang Se Yong. This simple, light and gently rhythmical piece is played by a piano with a small orchestra accompaniment. Throughout the piece, the simple, cheerful melody is repeated constantly and the regular rhythmic pattern provides a predictable, secure atmosphere.



Figure 7.4 Drawing from session four. Title: I would like to fly.

Sera reported that Lin drew the mountains and background birds quickly but she was hesitant in drawing the big bird and asked Sera how to draw it. Sera showed her several bird images to help Lin finish her drawing. After she finished drawing, Lin wrote about her resolution that she would not give in but would try her best:

“I won't say I can't any more. I will no longer keep my head down and be nervous. I would like to enjoy life, be in high spirits and take pleasure without stress. ... I will fly. I am trying my best today!”

d. Postlude

After Lin completed her drawing and writing, Sera suggested Lin read what she had written aloud. Lin read it with a clear and bright voice. After that, Sera clapped and Lin laughed brightly and commented: "The music was perfect for this image ... It is not a big deal to fly. I would like to fly even if I may not be able to fly high".

Sera immediately suggested Lin move with the music. While the music was playing, she instructed Lin to lift her arms, asking from time to time how Lin felt. After the music finished, Sera asked Lin how it was for her. Lin answered, in a charming, cheerful and childlike voice, that she liked it. During the activity, she commented, “How enjoyable it is. I am flying!”

Sera tried to connect this experience to Lin's daily life. Lin thought that being able to make conversation freely would be similar to this experience. Sera ended the session by recommending Lin look for music she liked and feel and think of an image.

e. Supervision

In contrast to my impression about the session running smoothly and Lin sounding light, Sera sounded as if it had been hard for her to lead the session. Sera wrote that she was “very surprised about Lin's mistakes”, not hugging Ron as a baby and having energy drinks while pregnant. It seemed to be a shock for Sera as “Lin had always given the impression that she was a ‘perfect’ mom and had never admitted any mistakes before” at the clinic. (Sera, as the clinic chief, had been given basic information about Ron). Sera wrote that she was confused as to whether she should focus on the past and these mistakes or on Lin’s current feelings. I felt that Sera overreacted and became overly preoccupied with Lin’s revelation. Sera seemed to blur her boundary with Lin and acted like an authoritarian administrator or a parent.

During the supervision, Sera said that she was taken aback when Lin revealed her "mistakes" and did not know how to respond to them. It made Sera feel that she no longer knew Lin. After exploring this question, Sera came to comprehend that Lin may have begun to reveal herself and may have lowered her guard. I pointed out that the *supportive imagery* chosen for this session was based on a "hopeful" image that was not yet present in Lin's life. I advised Sera to help Lin to find a supportive resource in her daily life, reminding her that any meaningful and positive experience that could bring a little happiness might be a good place to start.

f. Analysis

Some signs of *changes* in Lin were observed in this session. There was emotional lightness and a sense of comfort found in Lin. She was less guarded and was freer, expressing her thoughts and feelings. She seemed to be less concerned with how she was seen by confessing her secrets of her wrong doings and revealing her honest feeling towards her son. Most of all, Lin began to realize (*learning*) that she had to take care of herself and this was the first time Lin put herself before Ron, “What about me?” She expressed her feelings and thoughts in words which seemed to be cathartic for her (*affect, expressive media*) and this cathartic experience of feeling free seemed to be represented by the free flying bird in the drawing (*affect, expressive media*). Music appeared to help Lin to focus on feeling her supportive resource (*supportive imagery*).

Lin began to improve her *relationship* with herself, being easier and accepting of

herself, as well as with Sera, being less guarded and sharing more truthful parts of herself. However, Sera's conflictual feelings towards Lin (*affect, difficulty*) made her *intervention* concentrate on Lin's difficulties, hence she was not able to notice the positive *changes*.

7.2.5 Session five

a. Prelude

Ron's health had improved and Lin reported that she had been enjoying her time with him, "I am happy as long as Ron is healthy". She was eager to share time with Ron during the upcoming school break in the summer even though it meant that she had to "stop everything" she was doing for herself. Lin expressed that she still felt embarrassed about Ron but she had accepted her problems as her fate and was trying her best as a mother and a wife.

Sera listened attentively to Lin and tried to explore the difficulties Lin had had when caring for Ron. However, Lin focused much on the rewards of caring for Ron and was very proud of her achievement. Ron had been very receptive to her lessons and she had immensely enjoyed broadening her knowledge in various subjects while she had prepared to teach Ron.

b. Transition

Lin's strong desire to learn and her satisfaction about solving difficult tasks led to the topic that had occupied Lin over the last three months: copying the entire Bible by hand. Sera explored how Lin felt about working on this challenging task. Lin described it: "It is like a blind man opening his eyes ... Feeling Ah! That was it! Enlightenment!" Even though hand copying the bible was hard work, Lin felt happy and would be very proud of herself when she was done.

Sera asked Lin to choose a piece of music that matched these feelings. She provided three pieces to choose from and each piece was played for a while. After Lin chose the music, Sera tried to find out more about how Lin felt when copying the Bible. However, that ended in Lin talking more about her regrets. Lin expressed that she had tried very hard not to be lost but she felt she had been "rocked" by her family. She said: "It is so tiresome to live like this ... I'm trying to save these two souls [her husband and Ron] ... but there are no rewards." She was pensive as she spoke in a calm and soft

voice. After listening attentively, Sera reminded Lin of ‘feeling proud’ of herself about hand copying the Bible and asked her to focus on the music.

c. Induction

After a simple breathing exercise, Sera instructed Lin to feel the excitement and pride of doing her best. She asked Lin to send this feeling to different parts of her body and connect to the feeling when the music started.

d. Music and imagery

Music

Mozart Horn concerto No. 3, 3rd movement, in E flat major K447 (1787)



Horn Concerto No 3 In E Flat Major, K447, Third Movement Allegro.mp3

This is a simple orchestral piece that lasts only about 4 minutes. This fast (allegro) and rhythmic piece in a duple metre stirs up strong pulses and creates a light and lively feeling. There is a constant dialogue between horn and orchestra. The horn states the theme and the rest of the orchestra takes it up and extends it. The piece is in Rondo form (A-B-A-C-A) so that the main theme A keeps appearing with other themes B and C in between. The consistent pulse throughout the piece provides a sense of security.

Sera reported that Lin completed the drawing quickly (Figure 7.5).



Figure 7.5 Drawing from session five. Title: Today like yesterday, tomorrow like today.

Lin wrote after her drawing:

“Today I walk forward like I am going on a pilgrimage, fighting alone like a soldier, full speed! ... As far as I can be, I will be happy tomorrow.

Today, this moment is important. Go, Lin!”

e. Postlude

Lin seemed to be embarrassed about what she wrote. Shyly giggling, she brushed off the experience as “overly emotional” and her words felt somewhat “pretentious”. She did not provide a detailed explanation of her drawing except that the smiling faces represented a giggle and a "comfortable" feeling.

Lin expressed how grateful she was that she could take care of and grow with Ron. At the same time Lin mentioned difficulties in raising Ron. She confessed that she had been angry at Ron and depressed at times as she could not relax like other women. Unable to pursue her career, Lin said she tried to find meaning in taking care of Ron and copying the Bible. She sounded pensive, "One cannot have everything". Sera closed the session with encouraging comments to Lin.

f. Supervision

Sera conducted the following sixth session without supervision on this fifth session and she handed in the report for this session after she had conducted the sixth session. Thus, supervision for this session was combined with the supervision for the sixth session. (See S.6 Supervision).

In her email after the sixth session, Sera said she thought she did not need supervision for each session. She thought I gave supervisions as a favour in return for her conducting a case for my research. Sera's report was short with very little reflection. Sera was confused during the first half of the session like Lin's words "poured like a flood". She felt that the session was not focused because it was difficult for her to handle listening to Lin's difficulties within the SMI structure.

In written feedback (after the sixth session), I asked Sera to review the session and to find areas in which she would like to intervene differently, to think more about how she

could support Lin. I also asked her to reflect on how she felt towards Lin and the session and what had made her skip the supervision and have such a long gap before she gave the following sixth session.

I sensed in Sera's voice that she was somewhat distant and irritated during the session, especially during the prelude when Lin showed off her role as a mom. Her view of this session was rather critical of her own performance as well as of Lin. I felt that something had bothered Sera, maybe she felt discomfort about being involved in a research case. Thus, at the on-site supervision, I brought up my concern and offered to explore what had bothered her. Sera expressed how she could identify with Lin and she became overwhelmed watching Lin desperately struggling to meet her “absurdly high standard ‘ideal’ role as a mother and a wife”. She felt sorry for Lin and wanted to rescue her yet she felt irritated at Lin’s exhausting efforts. Sera often felt annoyed that Lin became "side-tracked" whenever Sera tried to guide her to focus and that made her feel entangled and controlled by Lin.

Because of the difficulties Sera experienced from the case, she felt she could not deliver her best sessions and felt frustrated and angry at herself for “not being able to handle the situation”. This caused Sera to feel burdened by carrying a research case and being supervised by me. After expressing her angst, Sera understood that she was irritated by Lin as Lin reminded her of her mother as well as herself being a selfless devoting mother, the role Sera often felt pressured to be and was conflicted about. She realized that she wanted to rebel against me by skipping the supervision as she saw me, her supervisor, as a mother figure to whom she wished and felt pressure to show the best part of her work. Regardless of the difficulties she experienced, Sera was concerned and cared for Lin and she wished to complete the therapy with Lin.

g. Analysis

Lin seemed to get on with her life. She spoke excitedly about her productive work with Ron and the Bible. She later grumbled how exhausting it was to care for her family but there was a sense of acceptance by surrendering to her situation, "One cannot have everything". Her complaints sounded less bitter but rather reflective (*change*). Lin seemed to meet her needs through Ron (*relationship, difficulty*), feeling satisfied through his achievement. There was complexity in her relationship with him as Ron,

the source of her burden, turned out to be a resource as well (*relationship, difficulty, supportive resource*).

The *difficulty* in this session was that Lin was resistant to appreciating her supportive resource fully. Right after her drawing and writing (*expressive media*), she discredited her work as “pretentious” and devalued her feeling and effort as “over excited and tried too hard to write well”. Music seemed to stir Lin’s emotions (*affect*). Soon after the music choosing process, Lin brought up her distress (*difficulty, affect*) instead of focusing on her supportive resource. As she commented, her drawing and words (*expressive media*) may have reflected her being ‘pretentious’ and her working overly hard. There were no remarkable changes but Lin’s general mood seemed to be somewhat reflective with calmer emotions and contentedness (*affect*).

Sera acted out the difficulties she felt from the session and from her strong countertransference towards Lin by skipping her supervision. Lin tried to diminish Sera’s help by minimizing her gain, Sera tried to challenge my help by refusing to receive it.

7.2.6 Session six

a. Prelude

This session was conducted about two months after the previous session (Session five). Because of the skipped supervision one further session was added and this session was not the last one.

Over the previous two months, Lin had picked up the habit of talking to herself whenever she had difficulties, often pretending she was talking to Sera who would tell her what she wanted to hear.

Lin rushed to pour out her life history since she had married. She was apprehensive of being in her last year before turning 40. She was reflective about her past, especially her 30s, and rather optimistic about her 40s. It almost felt as if she wanted Sera to know everything about her before the therapy terminated.

Lin revealed that because life was so hard for her she became heavily dependent on alcohol for a while but she claimed she stopped it because it made her fat. Even though

Lin felt mistreated by her husband, she expressed sympathy for her husband for the first time. She said that she felt "sorry for my husband working so hard. ... I want to do my duty as a wife, care for him ... It is not love, but I like to see him look good and be healthy" Lin talked somewhat dispassionately about this painful history, coolly saying that she was "proud" of herself for enduring all this "rewarding" hardship.

b. Transition

Sera explored what enabled Lin to withstand this pain but retain such a hopeful view. Lin said she was proud of herself enduring hardship in her life. She said she had never lost her true self, which had always been passionate and excited about life. She had always kept her values and philosophy. When Sera asked what her philosophy was, Lin replied that she was consistent yet trying to grow, like a pine tree that is evergreen even in the winter. The image of the evergreen tree was chosen as her *supportive imagery*. To match the imagery, Lin chose the music 'The Waltz of Whispers' by Michael Hoppe (2006).

c. Induction

Sera instructed Lin to loosen her body and feel comfortable. She asked Lin to imagine the warmth of the green colour and let her whole body "be soaked" with the feeling, while listening to the music.

d. Music and imagery

Music

"The Waltz of Whispers" by Michael Hoppe (2006), from the album 'Romances'.



Hoppe & Wheater, 'The Waltz of Whispers'.mp3

This relaxing, quiet, new-age instrumental piece is simple, gentle and slow with a steady pace. The beautiful lyric melody is played very expressively by the warm and resonant alto flute, which sounds like the singing of a deep human voice. The background sound played by soft synthesized instruments creates an enchanting and introspective atmosphere.



Figure 7.6 Drawing from session six. Title: The pine tree I would like to resemble.

After her drawing Lin wrote about her gratitude for surviving her painful life. She wrote of her sadness: “My friends say they cannot detect my sadness when I smile. I was afraid of showing my sadness.” She expressed how pleased and grateful she was that she had survived and endured. She was grateful to the people who supported, comforted and cried with her. She wrote “I did well!” At age 39 turning 40, she was excited to have something she desperately would like to accomplish before she dies.

e. Postlude

Lin started expressing her gratitude to Sera. She became tearful saying:

I have appreciated your words so much that I have saved them to my phone and read them many times ... You have been so sympathetic to me and never criticized me (voice choked). You mean a lot to me. I am very grateful.”

Lin then talked about her wish to live like Kant who had lived a committed life and whose last words were “Es ist gut” (It is good). She commented that if she could say “Es ist gut” on the day she died, she would think she had been blessed.

Lin described the pine tree standing strong without losing itself and she saw herself in this tree, "It is me". Although at times real difficulties in her life had made her want to give in, she had never lost this image of herself. She said that she liked this image as it helped her think of herself as somebody lively, passionate and proud.

Sera recommended to Lin to remind herself of this image when she needed to. She

asked if Lin would agree to one more session for the research and Lin agreed. Sera then asked Lin to consider if she needed more SMI sessions after the next session.

It is interesting that, throughout the session, both Sera and Lin did not discuss that this was supposedly the last session until the very last moment. I only knew from Sera's email that, when they arranged this session, they were aware of the ending. It seemed Lin was very aware of the closure and that she revealed a lot about herself to Sera. Lin had expressed her gratitude at surviving her troubled life and she had a hopeful outlook for her coming 40s. She talked much about death, the suicide her past pain had led her to consider and the future death she hopes to meet with satisfaction, using Kant's last words: "It is good".

I wonder if there is any connection between these feelings, the process of the therapy and its coming closure. She may have felt that she needed to work hard in the therapy, just as she did to accomplish much before her 40s. In applying these principles, Lin left hardly any time for her feelings, neither in therapy nor in her daily life.

f. Supervision

In her report, Sera perceived that Lin had been ambivalent: Lin tried to be positive but was also avoidant and anxious about her life. Sera also thought that Lin seemed to be a little more coherent and that her internal conflicts had lessened in this session. She recognized that she had a tendency to teach Lin but she was coming to understand that "Lin was able to achieve her insights by being understood and accepted".

Sera understood that Lin may be fulfilling her desire to learn and be cared for - needs that had not been met when she was a child - by caring for Ron.

The onsite supervision for this session six was combined with the one for the previous session five. Thus, even though each session was discussed, the main focus of the supervision was on exploring Sera's feeling for Lin and the therapy process (See Ch.5, Supervision). A simple discussion on achieving closure at the next session was carried out.

g. Analysis

This session was supposed to be the last session and was taken two months after the previous session. The issues around the overly long gap and the closure were not taken

care of (*intervention*).

Lin seemed to have waited eagerly for this session and seemed to be very aware of the closure. She appeared to be very anxious about the ending and poured out all her history, the pain and ordeal (*affect*), expecting this would be the last chance for her to do so. It appeared that Lin desperately needed to reveal herself and be understood by Sera, like a child showing her wound to her mother and being comforted (*affect, relationship*). Lin seemed to keenly want Sera to remember her as much as possible. She mentioned death a few times, saying she desperately needed to accomplish something meaningful before she died. I wonder if she was referring to her need to gain something meaningful in SMI therapy before it ended (*change*).

In contrast to Lin, Sera responded rather drily and aloofly (*affect, relationship, intervention*). She was overwhelmed by the flood of Lin's painful history and was distant to Lin (*affect, relationship, intervention*). Because this session was scheduled suddenly after she met Lin accidentally at her clinic, Sera did not seem to be well prepared for the closure (*intervention*). She did not intervene to take care of the long gap after the fifth session nor bring up the termination issues until the last minute before the session ended (*difficulty, intervention*). After exploring her feelings towards Lin during the supervision, Sera gained the insight that she was very disturbed by the issue of the sacrificing mother, a common and expected image of a mother in Korea (*learning, relationship, difficulty, affect*). This led her to understand her countertransference and how it affected the way she conducted the session and responded to Lin (*learning, affect, relationship, intervention*). There were contrasting push and pull dynamics between them. Lin pushed to be closer to Sera whereas Sera pulled herself back from Lin (*relationship*).

Music and drawing (*expressive media*) helped Lin to focus on the positive feeling from her supportive resource. She again used words to express her thoughts and feelings explicitly (*expressive media, affect*). In contrast to being guarded and restrained at the beginning of the therapy, Lin allowed herself to be open and internalize Sera's support and the positive experience from the session (*change, supportive resource*). She confessed that she talked to an imaginary Sera during the two months she was waiting for the session and saved Sera's words on her phone (*supportive resource, relationship*). She said she appreciated Sera's sympathetic support. Sera seemed to

become a symbolized supportive resource for Lin (*supportive resource, relationship*).

7.2.7 Session seven

a. Prelude

The session started by reviewing the extensive hand written notes that Lin had brought to the session and in which she had organized her thoughts. Lin mostly revisited her life story, the pain that she had already expressed in the previous sessions. Lin poured out her story in a rush. She expressed her anger at people who did not understand the degree of her troubles - "how arrogant they are to say 'try hard' " - and her jealousy of happily married people. Lin talked a little more about her husband, including some good memories of family trips, but also revealing his physical abuse of her and Ron in the past. She cried from time to time but she also said she was optimistic about her 40s.

Sera listened attentively to Lin and slowly attempted to explore Lin's supportive resource by focusing on her strength and changed attitude. Lin said that there had been "tiny improvements" in her family life, which made her feel more stable and allowed her to have her own time and copy the Bible. When Sera asked what kept her from giving up hope, Lin responded that she was able to keep her hopes up because she thought of herself or her life as "flowing", not static.

Lin wanted to focus on this "flowing" as her *supportive imagery* for the session. She said she already had "an image in mind". Lin said the first piece of music Sera played sounded very similar to the image so they decided to use this piece of music. During the prelude and transition, Lin slipped back and forth between focusing on her resources and moaning about her pain, as if she still had much to tell Sera.

b. Induction

After several deep breathing exercises, Sera guided Lin to focus on the flowing feeling and connect it to the music.

c. Music and imagery

Music

“Hamabe no Uta” (Narita, 1916) (For information, see Ch.3, S.1, Music)

Imagery



Figure 7.7 Drawing from session seven. Title: A family trip, a beautiful moment.

d. Postlude

Lin explained that this was a scene she remembered dearly and which was close to her heart. During a summer family trip a couple of months ago, she saw "such a beautiful" moment when her husband and Ron were rowing a small boat with a beautiful sun setting in the background. Lin liked the small stream in which she felt safe and which she felt she could control, unlike an ocean in which she would feel lost and directionless.

Soon Lin expressed her regret about ending therapy: "Whom should I grab to complain about my life? ...There is still so much to tell." Lin feared she would not find someone who could understand her [like Sera]. She went on venting her grief, resentment and anger. The more Sera tried to bring Lin's attention to the positive aspects of her life, the more she returned to her pain. When Sera reminded Lin of her optimistic view and about the "inner strength" Lin spoke of before, Lin replied: "It's all useless! ... My life is terrible."

Sera then talked at length in an attempt to encourage Lin and give her advice. They moved on, briefly focusing on the drawing with Lin expressing sympathy for her husband. Soon after that Lin began to cry, remembering her grudge against her mother and how abusive she had been towards Lin.

Before Sera closed the session, she let Lin review the drawings she had made in the previous sessions. Lin commented:

“Wow, it has become history. The sapling became a tree. The bird became a person. (Laughs) My family is together. What desirable drawings I have made unconsciously. I like the image of me playing with water. ... It is amazing to see me grow!”

Lin sounded content and cheerful.

Knowing this was the last session, Lin clung on to Sera as if she could not bear to terminate the therapy. This session ran 30 minutes longer than usual as Lin would not stop talking. Sera tried her best to lead a focused session but she was rarely successful. So Sera listened to Lin quietly and sounded somewhat withdrawn or exhausted.

e. Supervision

After terminating this case, Sera did not send me any session report or contact me for several months. I became concerned and emailed Sera a couple of times until we arranged to talk on Skype.

This was not a clinical supervision but it was about supporting Sera and exploring her difficulties handling this case. Sera revealed how "freaked out" she was as soon as she saw Lin's densely written composition on multiple A4 sheets. Sara became tearful, articulating how "draining and wearisome" it had been for her to conduct this case. She said: "I was sick of Lin desperately trying to find meaning in every little thing ... Why can't she relax?! For God's sake!" Sera said that she found herself in Lin and she too felt that she had overstrained herself trying to find a "meaningful me [herself]". Sera talked about her life of incessantly striving to be where she was; she left her comfortable teaching job to become a music therapist, overcoming many hurdles to become one and yet still struggling to find her identity.

I told Sera that she did not have to provide a report. As Sera wished to take a short break from her clinical training, I advised her to take a total break, feeling free from any clinical burden and allowing herself to have fun in her life. After about six months, Sera emailed me with a brief note, "If I had not trained in MI, I might have given up being a music therapist." Later Sera provided a very deeply worked reflection on her experience of this case, summarising what she learnt during the supervision process,

described earlier.

f. Analysis

Lin came in with a prepared life history of herself. It felt as if she had written her own obituary preparing for death, the termination of the therapy. She must have felt overwhelmed and in fear of being lost and she may have needed to organize and contain her anxieties by putting them all on paper (*affect, expressive media*). Lin struggled to end the therapy with Sera (*difficulty*). She protested, threatened, tried to earn Sera's sympathy, ingratiated herself with Sera (*relationship*). Despite her complaint about her life (*difficulty*), Lin's supportive resource presented the beautiful moment of her family outing shown in the drawing (*supportive imagery, expressive media*). The peaceful and happy look in the drawing had captured the brief moment of feeling "safe" and in "control" Lin had felt (*affect, supportive imagery, expressive media*). The musical notes in the drawing may have reflected Lin's pleasant emotional tone (*affect, expressive media*).

When Lin looked at her drawings from previous sessions she realized how much she "grew" (*learning, change*). She changed and was less guarded, allowing herself to be emotionally vulnerable and express her needs. Even though she was still preoccupied with her own feelings, she was able to be aware of and sympathetic towards her husband (*change, relationship, affect*).

Even though Sera felt conflicted responding to Lin (*affect, relationship*), her understanding of her countertransference through a reflective process (*learning, affect, relationship*) enabled her to conduct the session with focus. (*difficulty, affect, intervention*).

7.3 Summary

The *changes* made in this case came about through cathartic processes (*affect*) via *expressive media* and the support Lin felt from her therapist (*intervention*). This case demonstrates that the support experienced in the SMI process and from the therapist is essential especially for a client with severe problems.

Difficulties the therapist experienced handling this heavily emotional (*affect*) case needed to be taken care of (*intervention*) and be contained through the supervision

process. *Learning* her countertransference (*affect*) through a reflective process helped Sera to engage and lead effective sessions (*intervention*). A Korean parent-child *relationship* was observed between Sera and Lin and between me and Sera. The parallel process was observed in the dynamic of the therapeutic and supervisory relationship.

The therapy place was a resourceful space for Lin. She used *expressive media*, especially words, to ventilate her pent up emotions (*affect*) and articulate her thoughts (*intervention, expressive media*) and she felt understood by Sera. The written words helped her to be introspective and to reflect on her feelings and thoughts (*expressive media*). Like with her written words, Lin was able to organize her thoughts and be reflective through her drawings (*expressive media*). Music resonated with Lin's emotion and she tended to become emotionally more available and be more expressive of her real feelings after having worked on the music section (*expressive media, affect*).

Lin's boundary with Ron was very blurred and she lived her life through Ron. Such a merged boundary between mother and child is not rare in Korea. Sera and Lin's relationship was similar to such a mother and child relationship (*relationship*). As in the previous case, the dual relationship between Sera and Lin added complexity to their therapeutic relationship. Sera's complex feelings towards Lin had to be explored and contained during the supervision process (*relationship, affect, learning*). A parallel process (*relationship*).

Lin often said that her pain was so great, it felt as if she could not breathe (*affect, difficulty*). Sera used a similar expression during the supervisions (S.5, S.6 and S.7). She stated that the way Lin presented herself was so stifled, she felt there was no room to breathe (*affect, difficulty, relationship*). I also felt similarly because of the stark situation Lin presented: abuses, extreme situations, her obsessiveness, her absoluteness. It felt like there was no air and it felt very suffocating. As Sera was resistant to this case, I too was resistant to look at this case. There was a flood of words about the same story, repeated session after session. By the seventh session, I caught myself distancing myself from feeling the pain Lin and Sera expressed (*affect, difficulty, relationship*). Sera had listened to Lin in the sessions in person, this must have been much more intense. I regret that I did not pay more attention to Sera and did not provide more support for her (*learning*).

CHAPTER 8: CASE STUDY NAMI & ANN

The previous case exemplified how a cathartic process through expressive media played an important role in changes in a client. This case shows how the client Ann integrated her resources (*supportive imagery*) through the SMI process and found a confident self on the way (*change*). Through expressive media, Ann was able to express herself, to reflect and to gain insight (*learning*). The SMI process encouraged Ann to value once again the supportive resources she had previously overlooked in her life. As Ann integrated her supportive resources more, she appeared less depressed and became more confident (*change*). Like the previous case of Sera and Lin, this case illustrates how important cathartic release of difficult feelings is in the SMI process (*affect, difficulty*).

I will continue to examine the case with eight core categories: *supportive resource, difficulty, affect, expressive media, intervention, relationship, learning, change*.

8.1 Participants

8.1.1 The client: Ann

Ann was a housewife in her late 30s with two sons who were diagnosed with a mild developmental delay: Mike, aged 10, with autistic spectrum disorder and Nick, aged nine, with a learning disability. Ann had known Nami as her son Mike's therapist at the clinic for seven months. She had been appreciative of the effect of music therapy and Nami's help with Mike. For some time, Ann had expressed a desire to take music therapy with Nami and she agreed to participate when Nami approached her about the study.

Ann seemed to trust Nami and was eager to take music therapy, which may have helped the therapy process run more smoothly. However, at the same time, their pre-existing relationship and Ann's expectation may have created complex dynamics and problems. I advised Nami to set firm and clear boundaries at the beginning of the therapy with Ann.

8.1.2 The therapist: Nami

Nami had completed her SMI training about a year prior to this case. She had been working as a full-time music therapist at the clinic in which she treated Ann's son, Mike. Nami commented that her first impression of Ann was that she was "aloof" but she became more engaging as Mike's condition improved.

8.1.3 The supervisor: me

I had paid extra attention to this case as it was the first case in Group Two. I was conscious that this was the first case I supervised for my research and I was eager to start. I approached this case a little more carefully than previous SMI cases. There had been several email exchanges with Nami before the start discussing the screening of prospective clients and how to start the case. I appreciated Nami's attention to detail as I sensed that she was as nervous and motivated about my research as I was.

8.2 Progress of therapy

The meeting before the first session

Nami met with Ann before the first session to provide information about SMI and to explain the research and provide Ann with a consent form. She prepared Ann for the SMI therapy by providing Ann with a sample of supportive music. She reported that Ann responded: "Wow, I like it so much. It comforts me ... it reminds me of autumn, fresh water." Nami thought that Ann liked music as she had often been seen humming to herself at the clinic. Nami advised Ann to look out for music that she liked or was moved by before the first session.

8.2.1 Session one

a. Prelude

As soon as the session started, Nami verified some brief details about SMI sessions with Ann including the intervals of the sessions and that there were six sessions with an option to extend if Ann wished. Nami tried to set a boundary by making it clear that she was seeing Ann as her client, not as Mike's mother. As part of this, Nami suggested she address Ann by name and not as "Mike's mom" or "mother" for short (which is common in Korea), which Ann welcomed. This was intended to remind Ann of her separate identity from her son and to realize that the therapy space was for her.

Ann said she "had been fine" over the previous week and described how she had been.

She had started a course to become a care worker, she was satisfied that her children were doing well and she was happy that her husband, Lee, had changed for the better. With Nami's support, Ann began to provide more detail. Ann thought of her husband Lee as a decent and good man. However, Lee had hardly shown any interest in family matters and had been very aloof and had tended to vent his anger on their sons. Ann began to demand that Lee help her and to her surprise he did try to help, which Ann was very appreciative of: "It felt so great that Lee washed the dishes when I returned from my study! ... I am pleased that Lee is getting closer to Mike and Nick."

Nami further explored any moment or experience Ann treasured. Ann described how she had been enjoying her evening time after she had done all her chores. She said: "After finishing all my work, I find my free time in the evening. I love it so much. Feeling 'Ah! It is my time!'" Ann sounded content and cheerful as she described the feeling.

b. Transition

When Nami asked Ann what would be the best moment of her day, Ann chose something that she had not mentioned before, describing how happy she was with her children in the morning: "Mike goes to school happily, I love it ... Nick is always bright ... Each morning they leave the house cheerfully, 'Bye Mom, we are off to school!'" Nami asked Ann to focus on this happy everyday morning scene and Ann affectionately described a chaotic but happy scene in the morning when she tried to wake up her children. As she spoke, Ann's voice got faster and louder with frequent laughter. Ann then expressed how grateful she was for this happiness in the morning. She sounded content and reflective. Nami asked Ann to choose a piece of music that matched this feeling of happiness.

Nami let Ann listen to three pieces of music one after the other. After each piece of music, Nami asked Ann how she felt about the piece and Ann described her impression of each of them. Ann chose the first piece, Fantasia Lullaby by Kevin Kern, because the music reminded her of the warmth of Lee's body when she crawled into bed: "When I crawl into bed from the cold, it is so warm. Lee's body is like a heater ... so comfortable." Ann sounded a little embarrassed that she chose music that reminded her of her husband. She giggled and mumbled, "Did I like it [music that reminded her of Lee] best?"

c. Induction

After a few breathing exercises, Nami guided Ann to focus on the warmth and comfort of Lee's body when she crawled into bed. After the music had played for about a minute, Nami asked Ann to open her eyes and draw.

d. Music and imagery

Music

“Fantasie Lullaby” by Kevin Kern (2001).



Fantasias Lullaby.mp3

This new age piano piece is short and simple. It is gentle and quiet with a steady slow pulse that brings out a reflective quality. The music sounds sweet and charming with a lyrical melody played by the clear ringing tone of the piano. The piece is built on a small fragment of a rhythmic pattern (rhythmic motif) that keeps recurring throughout the piece. This motif is predominant in all melodic phrases and the melodic themes of this motif repeat with slight variations throughout the piece. Because of this constant presence of the motif, it provides a sense of familiarity and security.



Figure 8.1 Drawing from session one. Title: Dream (Dream like past).

e. Postlude

Ann seemed somewhat taken with her drawing (Figure 8.1). She commented that "the

music was fantastic but the drawing reflects the reality". Ann said she wanted to bring out the feeling of tenderness and warmth by drawing her and Lee facing each other. But Ann reported that she could not feel such warmth between the figures in the drawing. She said: "We look rigid ... we are together but thinking completely differently ... I look sulky." Ann sounded pensive, talking slowly and quietly, with some silence between words. Nami listened to her attentively, allowing her to reflect.

Then Nami slowly changed the focus by asking Ann about her experience in the music. Ann commented that the music reminded her of a pleasant memory, expressed by the purple circle. Nami turned the music on once more and guided Ann to recollect these reminiscences of the early period of her marriage:

"That was a good time ... It was amazing when Mike was born, he was so adorable. ... Lee used to take pictures of Mike, trying to get the best moments. ... I see Mike playing, crawling, walking, it is like a panorama. ... Ah! It was such a happy time!"

As she spoke, she was pensive, deep in her thoughts. Ann regretted how she had forgotten her sweet memory as she had been too busy and how her reality had turned out to be different from her dreams.

Ann seemed to be impressed how music brought up these good feelings that she had forgotten. Nami closed the session by recommending Ann remember the good feelings she had experienced from the session in her daily life.

f. Supervision

Even though this was the first session, no initial interview had taken place. Nami reported that it did not occur to her to interview Ann because Ann had already given her basic family information and let her know about any issues when she was Mike's therapist. Nami still seemed to see Ann as Mike's mother. At the beginning of the session, she attempted to set a boundary by addressing Ann by her name but she still ended up calling her "Mother" (meaning Mike's mother). Nami expressed her difficulty in guiding Ann as her focused imagery kept changing. Nami felt that the flow of these changes seemed natural yet she felt pressured to stay within the SMI structure. Nami felt restricted in being open and true to Ann as she had to adhere to the SMI structure.

I complimented Nami for guiding Ann very well. She was attentive to Ann's story and respected her choices, following Ann's journey and allowing her to reflect and wonder. Yet Nami was also able to guide Ann to her positive experiences. In the supervision we explored the difficulties Nami experienced and I advised Nami to find out more about Ann's personal background and history.

g. Analysis

Ann tended to follow her train of thought rather than stay with the focused imagery. Ann intended to draw warmth between her and Lee (*supportive imagery*), but the image of her drawing reflected the reality of their rigid and distant relationship (*expressive media, difficulty, relationship*). At the same time, the music brought Ann happy memories of her early marriage (*expressive media, affect, supportive resource, relationship*).

At each step, in words and through arts (*expressive media*), like peeling an onion, Ann revealed more buried feelings and thoughts (*affect, change, difficulty*): her resentment towards Lee as well as her deeply buried affection for him, her disappointment and mourning for lost happy memories (*expressive media, change, affect, difficulty, relationship*). Even though Ann pictured her relationship with the children as the most important thing in her life, as it should be to a devoted Korean mother, Lee seemed much on her mind (*affect, relationship*).

It is interesting to note how differently music and drawing affected Ann. Music and drawing seemed to represent the complexity and the discrepancy between the current distant relationship and the happy memory of the past with Lee (*expressive media, affect, relationship, difficulty*).

Nami was reflective and self-critical. I tried to calm her anxiety (*affect, change*) by addressing difficulties she faced and complimenting her on the areas in which she had demonstrated her maturity (*intervention, learning*). Her previous relationship with Ann brought confusion in setting a professional boundary and the issue was explored (*learning, difficulty, relationship*).

8.2.2 Session two

a. Prelude/Interview

Before the prelude, Nami interviewed Ann to gather some personal information about her. Ann reported that she had a relatively easy and happy upbringing. Her father was socially withdrawn and temperamental but she claimed he loved her most out of his seven children. Ann said she inherited her father's overly sensitive and nervous temperament and she used to be extremely shy in socializing with people. Her mother was "totally accepting and loving" and she had always been supportive of Ann and "had never been angry" with her.

With the marriage, Ann described her life "turning very bad". She experienced difficulties in her marriage because of her husband's lack of communication and lack of involvement in raising their children. She became tearful when expressing how this had caused so much stress over the course of her marriage that she had suffered from severe depression three years ago. Regardless of these difficulties, Ann said that she "had never been amiss in following my duty" to take care of her children and housework.

Even though their marital relationship had been "lukewarm", Ann reported that she and Lee "felt obliged to maintain their marriage" for the sake of their children. Ann felt that her sons Mike and Nick had been her supportive resources lately. Nick was always happy and in a good mood. Mike at times encouraged Ann when she was feeling down by saying, "Mom, cheer up! It will be okay".

b. Transition

Ann reported that she had been under stress because she found out that Lee had lent a large amount of money to his colleague without discussing it with her. Ann complained that this was typical of Lee, that he had never shared anything with her before making decisions nor did he ever express his feelings to Ann. Ann felt very frustrated and upset by this behaviour. Lee was popular as he had always been kind to others and everybody praised him as "a good and decent" person. However, at home, Lee was aloof and uncommunicative.

Nami actively listened to Ann's story with empathetic and supportive responses. Then she guided her to recollect any experience that helped her feel good. Ann mentioned

that talking to people had helped her and she tried to hold onto anybody to talk to, like Nami in this session. She especially enjoyed chatting with her best friend, Soo, who had always been accepting and patient when listening to her, which made Ann feel very safe and comfortable. Ann said that getting everything off her chest was liberating and made her feel better. She chose this experience for the supportive resource.

Nami played four pieces of music one after the other and asked Ann which piece best matched the liberating feeling of chatting with her friend. Ann chose "Before Stars Sleeping" by Yiruma (2006).

c. Induction

After a simple breathing exercise, Nami asked Ann to recollect the moment of talking to Soo and how liberating it was for her. She guided Ann to feel the music fully telling her to draw when she felt ready.

d. Music and imagery

Music

"Before Stars Sleeping" by Yiruma (2006).



S2, Before Stars Sleeping, Iruma.mp3

This new-age piano music sounds cheerful and is set in a brisk tempo with predominant syncopated rhythms. The melody is clearly heard on the high-pitched ringing tones of the piano, supported by quieter accompaniment parts. The structure of the piece is built on simple repetition. There are two parts with different melodies, A and B. The melody of each part is simply repeated with melody B slightly elaborated and extended. There is a constant flow of exchange between the melody and the accompaniment: the statements of the melody are answered by the understated accompaniment. The silent notes of the syncopated melody are filled in by the notes of the accompaniment. These characteristics seem to depict the cheerful chatting that Ann had with her best friend.



Figure 8.2 Drawing from session two. Title: A sunflower.

e. Postlude

Ann reported that she thought of Soo's face first when the music started but that she wanted to draw a sunflower instead (Figure 8.2). Nami investigated how Ann felt about her drawing. Ann felt that the flower looked glamorous, pretty and fresh and she wished to live without any worries like the flower. Ann liked the two layers of flower petals best, the layers looking secure as they supported each other. Nami asked her to listen to the music once more and to try to feel more from the flower.

Immediately after listening to the music, Ann saw the outer layer of flower petals as Lee but the support was not as strong as she would have liked. Ann would have liked Lee to express his feelings and support her more.

Nami then guided Ann to find support in her daily life. Ann thought of her friends and her husband as her supportive resource but she changed her mind, realizing that: "Instead of depending on my husband, I should find my own thing, find what I like. I like to study" (*change, learning, supportive resource*). Nami helped Ann explore her support further and Ann found support within herself saying: "It could be my own strength... That comes from trying something, thinking for myself and finding my strength." Ann thought she found her strength in enduring her marriage and she felt she "became firm with all the suffering".

Nami played the music once more and let Ann feel her strength. Ann responded in a quiet and thoughtful voice: "As I was listening to the music, I felt I should live fully for myself ... Instead of depending on others, I should stand by myself."

She thought it was also helpful how her drawing revealed what was within her. Ann

commented that she was so wrapped up in her thoughts when she came in for the session but she felt better, “so refreshed” after she had talked to Nami. Nami ended the session by reminding Ann to be aware of any music or experiences that made her feel good.

f. Supervision

In her report, I found Nami was too critical of herself. Nami "wanted to do too well" and thought that her desire pushed Ann too far, causing her to reveal her issues in the postlude. Nami felt a dilemma between the need to listen to the difficult issues Ann brought up and the need to focus on Ann's supportive resources. She even felt guilty as it felt too "controlling" to focus solely on the supportive resource.

During the supervision, Nami and I discussed how to focus on the supportive resource and deepen Ann's feelings. I advised Nami to let Ann feel the experience rather than just describe the event, and provided a couple of examples. We discussed Nami's difficulties in leading the session. Nami expressed that she was overly conscious of every intervention. We explored Nami's desire to perform well and I required Nami to carry on her reflective MI work to explore this tendency further. I suggested Nami not worry about the outcome of the following session, but to be carefree and enjoy the process of being with Ann. I was concerned about Ann's psychiatric history and asked Nami to explore this a little more.

g. Analysis

Ann had *difficulty* focusing on her resource (*supportive imagery*) because of the conflictual feelings (*affect*) for her husband. With Nami's guidance, Ann began to divert her attention from her husband to her needs (*change*). Instead of depending on her husband she realized that she needed to find her “own thing” that satisfied her (*learning, supportive resource*). Ann recognized her strength that had withstood the hardship in her life. She eventually changed her attitude and the outlook of how to face her life: she realized that she should stand on her own feet instead of depending on others (*learning*).

Nami's focused intervention allowed Ann to focus on herself and her feelings (*affect*), which brought about meaningful changes in Ann. Nami also used music to help Ann to get in touch with her feelings and resources (*expressive media, affect*). Music brought

out Ann's conflictual feeling (*affect, difficult*) towards her husband briefly but eventually helped Ann to acknowledge her resilient strength, the resource within herself (*supportive imagery*). She gained an insight, "As I was listening to the music, I felt I should live fully for myself (*expressive media, affect*)" (after listening to the music for the third time).

I believe that Ann was able to explore her resource and to change her outlook because Nami helped Ann to process her conflicts verbally between listening to the music (*difficulty, expressive media*). Similar to the previous session, Ann also gained an insight by recognizing what her drawing represented, her deeper feelings and thoughts (*learning, expressive media, affect*).

The supervision learning aimed at containing Nami's anxiety (*difficulty, affect*) to conduct the session 'perfectly'. Nami had always delivered the session by closely following my feedback (*intervention, learning*) but this left her feeling constricted by being "overly conscious of every intervention" (*difficulty*). Her strong desire to be approved by me, the authority figure, was a rather common characteristic found in many Korean parent and child, teacher and student *relationships*.

8.2.3 Session three

a. Prelude/Transition

Before proceeding with the SMI session, Nami acquired more information on Ann's psychological difficulties. Ann reported, in a choked voice, that she had had a nervous breakdown about three years ago, from the stress of caring for her two sons with very little help from her husband; it exacerbated the distant relationship with Lee.

Besides depression, Ann reported hearing the noise "shi shi shi" near her ears, sensing someone touching her face while she was asleep, and having a strange, vague sensation that someone else was present at times. Ann had trouble sleeping because of nightmares in which she saw other peoples' severed body parts. She was afraid that she might be "possessed" and went to seek psychiatric treatment. Ann was diagnosed with depression and treated with antidepressants and tranquilizers for about six months. The medication helped Ann feel better and more relaxed but she had to quit the medication after it caused a severe stomach ulcer. Since then Ann had not sought any psychiatric help as she felt her psychiatrist did not understand her experiences. She said that she still heard

the noise near her ears very softly at times and when she was not well the sound got a little louder. Ann claimed she had been getting better and she tried to "be alert" so that she did not get ill.

Reviewing her current state, Ann reported that she had not been well recently due to the stress of preparing for the start of the new school year. After listening empathetically, Nami asked Ann to recall any experience that made her feel good. Ann listed a few satisfying experiences of helping elderly clients as a health caregiver trainee.

Over the recent winter break, Ann had been better able to relax as there was an aide who took care of her sons three times a week and she was pleased with how well her sons were adjusting. Most importantly, Ann said, her family life had improved and she wished to work on this experience in the session. Ann happily reported that Lee's relationship with their sons had become more tender and comfortable. With pride in her voice, Ann described how she now found such happy moments "every evening" as Lee affectionately teased and cared for their sons. Ann thought Lee had changed and their relationship had improved.

About the new-found "enlightened, amicable atmosphere" in her family, Ann said: "I feel warmth in my heart. I say, a family should be like this ... we finally found it. ... How I longed for this." To match this experience, Ann chose a piano piece from the three choices Nami presented.

b. Induction

After breathing exercises, Nami asked Ann to recollect the moments of Lee watching TV and reading cartoon books harmoniously with their sons in the evening. She guided Ann to focus on the comfortable, free and relaxed feeling she gained from it. Nami let Ann feel these feelings deeply and asked her to allow the music to enhance these feelings.

c. Music and Imagery

Music

“Love Letter” by Jang Se Yong (2005)



Love Letter by Jang SeYong.mp3

This easy listening jazz piece is played by a small ensemble with piano and saxophone solos. The music sounds relaxing with a stable steady pulse and moderate tempo throughout the piece. The rhythmic piano solo and percussion create a cheerful and light atmosphere. The melody is simple and freely expressed in a typical jazzy improvisation. The bright tone of the piano is combined with the expressive and mellow tone of the saxophone to provide a light yet emotionally engaging experience. At the time of the supervision, I thought that the piece might be too complex for Ann with its elaborate melody played by the two different characters of piano and saxophone but now I hear the basic stability in the music and the lightness of atmosphere. I can easily imagine a relaxing and comfortable evening with playful and cheerful interactions between Ann's family members.



Figure 8.3 Drawing from session three. Title: Happy harmonious family.

d. Postlude

Ann described that all members of her family were chatting and expressing their thoughts freely in the picture (Figure 8.3). Ann said she could feel her "happy harmonious family" in the drawing and she felt "relaxed and comforted" by it. She loved the "very pretty" pastel colours in the background but could not express any further feelings about them. Nami suggested Ann feel the happiness again by looking at her drawing either with or without listening to music. By her own choice, Ann looked at her drawing silently for a while without the music. Nami reported that Ann became tearful. With sadness in her voice, Ann reflected how she had longed for such a happy family. She regretted how difficult her marriage had been but as she could not turn the clock back she would try her best to resolve the problems.

Ann said that she married Lee without loving him, even though she initially liked him. With this lack of love for Lee, she said it was hard for her to endure the strain of her marital difficulties. Regardless of these issues, Ann said that both she and Lee were "determined to keep the marriage" and she felt proud of that. Before ending the session, Nami guided Ann to review their time together. Ann said that she was satisfied with her drawing and she revealed that she realized her "true feeling", which was feeling sorry for Lee.

When Nami asked about Ann's true feelings, she responded: "I need someone to depend on, someone I can open my mind to. It would be great if I could take therapy even once a month [after the therapy is over]." She commented that she felt refreshed and light after talking about her problems in the previous session. As Nami reminded her to search for her supportive resource and music in her daily life, Ann said that in her home the music did not sound as full and rich as in the session. Nami suggested Ann use drawing as well but Ann remained somewhat reluctant.

e. Supervision

Nami reported that, as she had been too conscious of following what she had learnt in the supervision, she may not have noticed that Ann was not feeling well. Nami wondered if this was why Ann was not able to focus on the music as fully as before. She was also concerned how Ann's previous problems (hearing noises, abnormal tactile sensation) would affect her in the sessions.

I was also concerned about the degree of Ann's psychological problems. I consulted with the psychiatrist Dr. Rhi who is a highly respected Jungian analyst in Korea and an expert on Korean shamans (including shamanic illness and possession). After hearing about Ann's symptoms and history, Dr. Rhi (2010) responded that Ann seemed to be overly anxious rather than psychotic. He thought that Ann might have a tendency towards suggestibility. Thus, he recommended that Nami should be careful not to suggest too much when asking questions. For the same reason, Nami should not explore these symptoms further, rather she should be neutral and listen to the client with a sincere and empathic attitude and she should reassure and calm Ann. He also recommended that Ann should seek psychiatric help if she suffered too much from the nightmares as this could help her relax and get enough sleep.

In the supervision, I shared Dr. Rhi's recommendation with Nami. I advised her to focus on how Ann had felt and try to understand Ann's distress rather than explore the cause and analyse the symptoms. I commented that, whatever the cause of her problem, Ann seemed to respond well in the sessions and that Nami should carry on supporting Ann as before. I encouraged Nami to trust herself more as she tended to be overly self-critical and overly conscious of comments made in the supervision.

In case Ann needed help, I referred to a psychiatrist who was recommended by Dr. Rhi. Because Ann was under stress with too much on her mind, I recommended that the music should be much simpler than that used in this session. I commented that jazz music with free improvisation may be too unsettling even though it was relaxing (see music part).

f. Analysis

Ann's previous psychiatric history raised some concerns (*difficulty*). However, there were some signs of improvement in her life (*change*). Ann seemed to be satisfied with her work as a healthcare giver, in the sense of her wish in the previous session of doing her "own thing" that satisfied her needs (*supportive resource*). In addition, there was extra support provided for her sons and her sons were doing well. However, mostly there were significant improvements in her husband Lee's relationship with their sons. Ann thought that this change in Lee brought happiness to their family life, which she had longed for for a long time (*affect, supportive resource*). The "enlightened, amicable atmosphere" found in her family seemed to make Ann very happy with "warmth" in her heart (*supportive resource, affect*).

Nami again led a very focused session guiding Ann to stay with her supportive resource (*intervention*). However, Nami felt restricted by being too conscious to deliver her learning too faithfully (*difficulty*). She also seemed to be anxious how she would handle Ann's psychological problems if they affected the session (*affect, difficulty, intervention*). Perhaps she sensed my nervousness about Ann's psychological problems and I wish I had contained Nami's anxiety better (*relationship*).

Through the music and imagery process (*expressive media*), Ann produced her drawing, which seemed to depict how Ann viewed her family: the man [Lee] was the biggest and clearest figure among the family members. After Ann verbally processed her feelings

(*affect*) and thoughts about her supportive resource, her family life, she realized how much Lee had been in her mind and how much she cared for him (*relationship*).

Ann seemed to feel somewhat guilty and shy when revealing her true feelings, her concern for Lee, which was buried underneath the caring for her sons (*affect, relationship*). In Korea, the role of the mother is over-emphasised compared to the role of the wife (*relationship*). I wonder if Ann felt the social pressure that her sons should come before Lee (*difficulty*).

Ann seemed to appreciate Nami's support and the SMI process (*intervention, supportive imagery*). Perhaps because Ann still missed full support from Lee, she seemed to rely on Nami as "someone to depend on, someone I can open my mind to to gain support from" (*relationship*). Ann wished she could continue therapy once a month as talking about her problems helped her feel "refreshed and light" (*expressive media, affect*). She was happy with the promising changes in her life. However she was still heavily dependent on Lee in her life herself (*relationship*).

8.2.4 Session four

a. Prelude

As soon as the session started, Ann poured out the list of her problems. She reported that she had been feeling pessimistic about her sons. She talked about her difficulties as a parent, then complained that Lee had not been available when she needed him most. Ann mentioned that she and Lee had hurt each other in the past and they were both still carrying emotional wounds. She thought that Lee had become distant and unavailable because she did not love Lee at the beginning of their marriage. Nami tried very hard to turn Ann's attention to the positive aspects in her life but at each attempt, Ann returned to the troubles of her past. After listening to Ann attentively Nami guided her to find any experiences that had supported her or had made her feel special. This eventually led Ann to find a special experience from her birthday.

b. Transition

Ann started to talk about her family going out for dinner on her birthday. Usually Lee had ignored her birthday but this year Ann directly asked Lee to "plan something" for her birthday. She was pleased to see Lee agonize over planning her birthday and she felt that Lee cared for her. When they walked back home from the restaurant Mike and

Nick were excited. When they met their neighbours on the way, Ann felt proud that they were seen as a happy family. Ann chose this family dinner outing on her birthday to work on for the session. She expressed how happy she was: “My mind free of shadows... I thought ‘Ah! This is the way it should be!’ No hard feelings, just happy ... It took such a long time, but I felt like we had arrived.”

Nami asked Ann to choose music that matched this satisfying, happy feeling. Out of three pieces of music, Ann chose a piece from Forest Gump that made her "recollect the good memory". She said she was afraid to draw the feeling and Nami suggested that Ann could choose a colour or two that represented it and simply colour the page. Ann had already started humming.

c. Induction

After a breathing exercise, Nami instructed Ann to remember her birthday, remembering how happy she was, feeling comfortable without any worries or hard feelings.

d. Music and imagery

Music

"I'm Forrest ... Forrest Gump" by Alan Silvestri (1994). Forrest Gump OST, Feather Theme.



I am Forest, Forest Gump by Alan Silvestri.wma

This piece, a piano solo with a small string ensemble, is the theme music for the movie Forrest Gump. It is short and simple yet effectively brings out an aesthetic charm. The fresh and light melody constantly repeats itself throughout the piece but with different characters. The simple melodic theme is introduced by the clear and high tone of the piano and is then repeated with added strings, in different dynamics and a different key. Thus the same familiar tune is continually re-introduced with a different sense of drama. The moderate tempo does not change and the familiar pattern of the base (ostinato) provides a sense of steadiness and consistency.



Figure 8.4 Drawing from session four. Title: The waves breaking on the rock, refreshing and cool.

e. Postlude

Nami reported that Ann picked a purple pastel and filled the paper freely without stopping (Figure 8.4). Ann talked to Nami while she drew, explaining: "I love the purple colour --- white waves breaking on the rocks, Paaaah! The sound of waves breaking."

After the drawing, Nami asked Ann how she felt after the experience, Ann cheerfully answered: "It is so refreshing! When I draw the wave - shak shak shak (imitating the sound of drawing). Ah! It was so cool!"

Nami asked Ann to listen to the music once more while focusing on this feeling. Soon after the music was over, Ann rushed to tell Nami about a short trip her family made to the beach with a group of families about two years before. Laughing brightly, she cheerfully described how her sons had fun drawing in the sand and how the others fooled her into dancing in front of everybody. Ann associated this experience with the freedom she had when she was single.

When Nami asked Ann what she would like to take from the session, Ann replied: "I still would like to talk more. There is still so much to tell. I poured out so much today and I can go home with a light heart." Then she quickly said, "I would like to be your friend." Nami sounded taken aback and responded hurriedly without a clear answer: "Maybe, um ... for now we should focus on the sessions. After the therapy, I am sure

we will bump into each other from time to time." The session ended with Nami reminding Ann to pay attention to any positive experiences in her life.

f. Supervision

Nami reported that she was still "conscious of doing well". She expressed her dilemma of wanting to listen to Ann and guiding her to focus on the supportive resources and she asked how best to select supportive music.

In the supervision, I went over how to balance listening with guidance to the supportive resource, providing examples and role plays. I advised Nami to encourage Ann to recollect and feel her emotions rather than provide a detailed description of the event. I provided sample music and we explored musical choices.

I sensed that Nami engaged with Ann beautifully but at times I felt the boundary might be a little fused. Nami laughed loudly with Ann and responded to her almost in too friendly a way. I explored Nami's feelings towards Ann and she admitted that she felt closer to Ann because she was Mike's mother and this made it difficult for her to separate Ann from Mike at times.

g. Analysis

It took almost an hour before the music and imagery section started (*difficulty, intervention*). In the prelude, Ann poured out the resentment towards Lee that she had accumulated over the years (*affect, difficulty*). Even when she talked about the happy moments (*supportive imagery*) in the transition, grudges slipped through (*affect, difficulty*). Nami's efforts to divert her attention did not seem to work until Ann had vented her emotions sufficiently (*intervention, affect, difficulty*).

Throughout this process, Nami was patient and attentive, empathetically listening to and supporting Ann (*intervention, affect, relationship*). Nami's interaction with Ann sounded natural and sincere. It was interesting that Ann said talking to Nami made her feel refreshed and that it was the best part of the session (*expressive media, affect, change, relationship, supportive resource*). This sounds very similar to her description of how her drawing made her feel: refreshment from the strong wave breaking, as if her hardened bitterness broke away as she let it out and her need to be understood was acknowledged (*expressive media, affect, intervention, relationship*).

In the postlude, this release of feelings through expressive media led Ann to remember another pleasant memory of a family trip a few years ago (*supportive resource, affect, change*). Ann seemed to have had some good memorable experiences in her life but her pent up pain had buried them too deeply for her to recognize them. (*affect, difficulty, supportive resource, change*).

As a supervisor, I was concerned about such a prolonged first part but now I wonder if Ann simply needed such a long time to release her pent up feelings (*learning, intervention, affect*). This release of emotions may have helped Ann be able to focus on her positive experience for the rest of the session (*expressive media, affect, supportive resource*). Perhaps, the act of pouring out what had bothered her and being understood was Ann's supportive experience, as seen in the previous case of Sera and Lin (*supportive resource, affect, relationship, expressive media, intervention*).

It is interesting that Ann wished to be friends with Nami. This brought attention to Nami's feeling towards Ann (*learning*). Nami recognized she was ambivalent towards Ann, wanting to get closer and help her, at the same time pulling away as Ann's emotional dependency scared Nami (*relationship, difficulty, affect*).

8.2.5 Session five

a. Prelude/Transition

As soon as the session started, Ann complained that she had had a headache and difficulty sleeping over the past two days. When Nami enquired further, Ann said that the symptoms were "not serious" but she was concerned she might get worse. She reported that since she started therapy, she had felt better as her emotional burden were eased. However, "out of the blue", in the last two days she saw people fighting in her dreams. Nami responded sympathetically but she stayed away from investigating it further, saying "you must be worried ... but I think it is better for you not to be too preoccupied with it."

She then moved on swiftly. She reminded Ann that this was the second to last session and she checked how Ann had been since the last session. Ann commented that there had been many positive changes in her. She thought therapy seemed to help her to overcome her depression. Ann said that she had been less irritable with her children and had been able to keep her "equilibrium", with her "sinking feeling being alleviated"

since the third session. She stated her resentment towards Lee had lessened so much and she commented, "It felt like I found myself, I was like this (before my marriage)." Ann said that after she had poured out much of her resentment to Nami, it decreased and she became generous towards Lee. While Nami searched for Ann's supportive resource, Ann repeatedly described how recently she had been feeling better and better. She was concerned that because there had not been "any particular event to report", the session would be "unexciting". This made Ann suddenly become conscious that she was part of a research project and she worried she might not have enough material to contribute to the study.

With Nami's assurance and guidance, Ann talked about how relaxed and how happy she felt in the evening with her sons. She chose to work on this happy evening scene (*supportive imagery*) in the session. After listening and commenting on four pieces of music, Ann chose Sicilienne for cello and piano, Op.78 by Fauré (1898) to match these relaxing evenings.

b. Induction

After a few breathing exercises, Nami instructed Ann to: "let yourself be comfortable. Remember yourself in the evening. You are with your sons. ... enjoying the comfortable and relaxing evening ... when the music starts, allow yourself to go where the music takes you."

c. Music and imagery

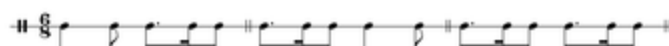
Music

Sicilienne for cello and piano. Op.78 by Fauré (1898).



Sicilienne_for_cello_and_piano by Faure.mp3

Sicilienne (Siciliana) is an aria type or instrumental movement from the 17th and 18th centuries that may have its origin in a Sicilian shepherd's song or dance. It is characterized by slow 6/8, dotted rhythms (Sadie, 1988, p. 695):



This duet between the cello and the piano is charming, elegant and gentle with a moderate tempo. The Sicilienne's dotted rhythmic pattern creates a gentle rocking movement. It is in the rondo form, ABACA, and the key theme A keeps recurring. Regardless of the varied melodies, the piece feels strongly unified because of the consistent rhythmic pattern of the Sicilienne.

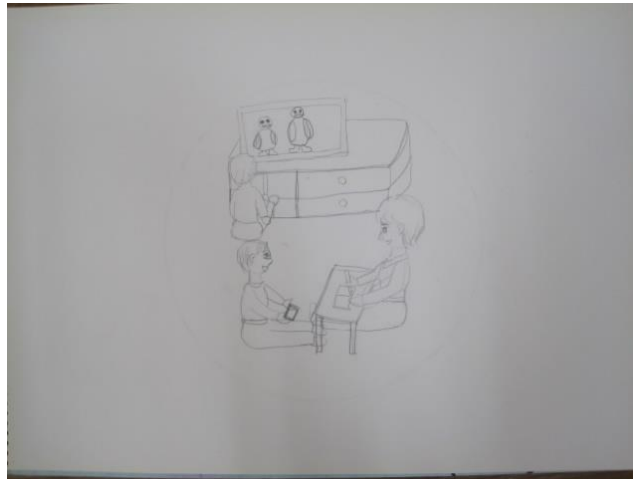


Figure 8.5 Drawing from session five. Title: The comfortable evening time with my sons.

When the music started, Ann did not start drawing immediately and listened to the music until the end the second time the music was played. Nami reported that Ann took some time to complete the drawing (Figure 8.5), talking softly to herself as she drew: "The image of me and my children (soft laugh) ... each of us is comfortable ... Nick plays Nintendo --- Mike watches TV ... how should I draw this? (laugh)" Even though Ann said that she could not draw accurately, she seemed to be very involved in her drawing. She sounded cheerful as she drew, laughing lightly and humming.

d. Postlude

Ann explained that she drew the comfortable moment in the evening when she and her sons did whatever they liked. Ann said she tried to allow her sons to have free time and for herself to be free from her sons. She sounded relaxed and calm as she described the scene.

Nami asked how the music related to the drawing and Ann answered that she felt the calm and low tone of the music helped her to associate it with such a relaxing evening.

Ann sounded satisfied with her drawing, commenting, "Aren't we happy (harmonious) here?" Nami asked Ann to focus on the feeling of the relaxing and happy time and played the music again. After the music, Ann reflected further that she became more relaxed and generous with Lee as her feeling for Lee had been "thawing". She recognized the difference between her and Lee and they were in the process of overcoming their differences. She said: "It has been really difficult. Wow! How incredible I am ... and he has endured and has kept our marriage!" Ann sounded truly proud of herself and Lee.

Before the session ended, Nami reviewed the session with Ann. Ann said she used to drag herself to come to the session because she was still depressed but she did not feel this drag any more. Ann expressed her appreciation of the therapy and of Nami: "An hour each time, I have been able to talk about something deep in my mind. Five sessions of that, I poured out so much in here." Laughing brightly, she asked herself, "With whom else could I have been able to do that?"

Nami gave Ann a CD with many pieces of supportive music. Ann took the CD with excitement, saying, "Wow! I am so looking forward to it. ... With eyes closed, I was able to appreciate the music deeply ... I am so glad that I took this therapy."

e. Supervision

Nami was deeply reflective in her written report. It sounded as if she confessed to "wrong thoughts and feelings" she had towards Ann. Nami wrote about her dilemma of not wanting to continue with Ann, as she was not comfortable with Ann's (potential) psychiatric problems. She sounded like she felt guilty about it and she had my approval for her choice not to continue with Ann. She wrote that she did not mention the possibility of extending the therapy because it felt it would be a burden for her to continue with Ann: "I am not too sure if I could handle her problems, her anxiety, her hypersensitivity, her hearing noises ... I feel uncomfortable and confused about my feelings towards Ann."

Nami felt that the musical choice representing the warmth of a mother that I (supervisor) recommended in the previous supervision helped Ann in sessions four and five. She acknowledged her tendency to demand much from Ann and from herself. She wrote that she felt rather critical of Ann for her having difficulties finding her

supportive resources and her not colouring her drawing. However, she later changed her view: “As I review the session, I found Ann talked about her resources and acknowledged her changes. I could feel Ann was fully immersed and enjoying her experience in the session.”

Reading her delicate reflection and her conviction over the choice of music, I am embarrassed to see that my written feedback sounded rather insensitive and critical about many aspects such as her choice of music and her lack of spontaneity. I no longer agree with my feedback and I think the criticism was not necessary. Her choice of music was good. Although Nami tended to be too serious and lacked spontaneity, she was patient and allowed Ann to feel deeply, which I now value greatly.

As Nami was too ambitious for her client, I too was too ambitious for Nami. As Nami felt she was not happy about failing to solve all of Ann's problems, I too, perhaps, was not happy about Nami not yet being a completely comfortable, confident and mature therapist. Why could she not relax and feel comfortable when I asked her to? I also felt Nami's dilemma over whether she should continue with Ann or not.

In the supervision, we explored Nami's complex feelings towards Ann and the burden of taking this case for my research. We also explored Ann's being conscious that she had to contribute to the research. After examining this, I assured Nami that this research was about the experience and not to find improvements in the therapy. I supported Nami's choice not to continue with Ann and advised her to provide information on a psychiatrist in case Ann needed help in the future.

f. Analysis

Like in the previous sessions, Ann started with what troubled her and problems with her sleep (*difficulty*), but with Nami's guidance Ann was immediately able to divert her focus to working on her supportive resource (*intervention*). It felt almost like a child showed her wound to her mother and, with reassurance, the problem did not seem to bother her anymore (*difficulty, affect, relationship, intervention*).

The rest of the session was about the positive changes Ann had made. Ann's mood was relieved from the sinking feeling of depression (*affect*). She seemed to find her equilibrium, which affected her relationship with her family and with herself. Ann

claimed it felt like she found herself the way she was (*supportive imagery*) before her troubles started. She credited this changes in her to the SMI therapy she had received. Her relationship with her children and husband had improved.

Ann seemed to take in every moment of the session. She was deeply involved and emotionally engaged in the music and imagery process (*affect, expressive media*). Music brought back the relaxing mood of the evening and she could reflect upon her happiness from her drawing. After deeply feeling, appreciating her supportive resource through the music, drawing and processing it in words, Ann gained an insight that she did not need to be emotionally too dependent on Lee (*expressive media, learning*).

It may be that, as Ann integrated the satisfying feeling from her supportive resource she felt she did not need to find this support from anywhere else. She became confident, was proud of herself and became generous to others (*change*). As Ann repeatedly announced, talking about “something deep” in her mind to Nami in the session seemed to be extremely supportive for her and promoted changes in her (*affect, supportive resource, intervention*).

In contrast to Ann’s great satisfaction, Nami was critical of herself and conflicted about her feelings towards Ann (*affect, relationship*). Nami was torn between being engaged with Ann and being too cautious in how she approached her (*difficulty*). Regardless of Nami leading the session skillfully, I was demanding and critical of her. Like a very demanding Korean parent, I kept raising expectations which would be exhausting for Nami to meet (*relationship*).

8.2.6 Sessions six

a. Prelude

Ann reported that she had been very active since the last session. She had started studying beauty care and had enjoyed learning something new and spending time with her colleagues. Ann proudly said that she had approached and made friends with her neighbour. This was something she had never done before as she was shy. Ann informed Nami that she had listened to all the music on the CD Nami had given her as well as to all the music used in the previous sessions that Nami had provided. Ann spoke about how the music made her feel “great, buoyant ... open to the world”.

Nami let Ann look at previous drawings and they explored the changes in her: “I also think I have changed. . . . It is like a big stone in my heart has lifted. I feel light and have more energy.” Ann added that, as her relationship with Lee had improved, so had his relationship with the children. The boys had become more relaxed and happy. She realized how much her relationship with Lee affected their children.

b. Transition

Nami asked Ann to close her eyes and to remember the many positive experiences she had recounted earlier in the session. She asked Ann to choose one of these experiences to work on in the session. Ann chose the happiness she felt during her new beauty care training. She said she was very motivated and took “every precious word the teacher said” and enjoyed her learning. She described: “We practice massage on each other's faces. At the end of the class, our faces shine, they twinkle (laugh).”

During the process of choosing the music, the exchange between Nami and Ann was light and cheerful, interspersed with laughter. For music to match her chosen imagery, Ann chose “Summer Rainbow” by Jeon Suyeon (2005).

c. Induction

After a simple breathing exercise, Nami instructed Ann to relax and recall the fun and lively experience of learning in the class. Nami asked Ann to let the music help her memory.

d. Music and imagery

Music

“Summer Rainbow” by Jeon Suyeon (2005)



Summer Rainbow by Jeon, Suyeon,.mp3

This is a short and extremely simple piano piece. It is gentle and quiet. It is slow in a waltz rhythm, which lends it a gentle movement. The sweet, songlike melody is within a small range of the scale in a gentle stepwise motion. The fresh ringing tone of the piano sounds clearly brings out the melody. The structure is in a very simple ABA form, the main melody A returns after a short middle section. The piece is so simple

and short (just a minute) that it is easy to sing back and remember. Ann began humming the music soon after listening to it.

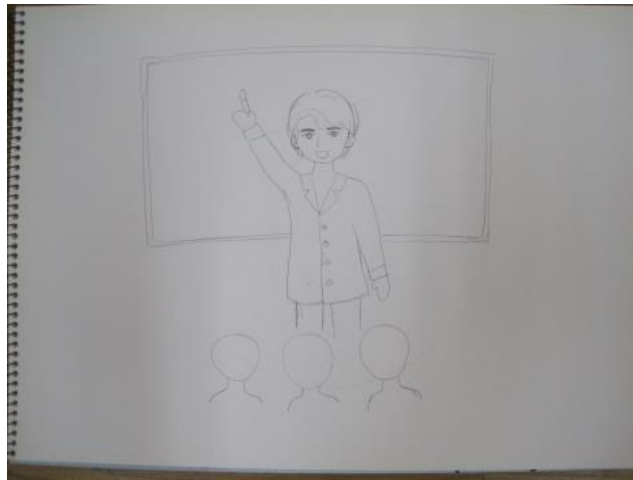


Figure 8.6 Drawing from session six. Title: Learning.

Nami reported that Ann paid close attention as she drew (Figure 8.6).

e. Postlude

Ann explained that she drew her role model, the beauty care class teacher, Mrs Lee, lecturing Ann and her two friends. Ann was very impressed by Mrs Lee being always “energetic, fresh [looking] and lively” every day. She hoped to be like her when she got older.

Ann hoped that she would not give up the class, she wanted to complete what she had started. She treasured her friendship with her colleagues and she wanted to keep their friendship even after the course ended. Ann titled her drawing "Learning."

Nami asked Ann to focus on her passion for learning before turning on the music again. After the music, Ann stated how she would like to be more active and more giving in her relationships with others. She expressed her gratitude for taking SMI therapy: “After pouring out so much, I feel relieved and refreshed, ... I am changing from the bottom up. (laugh).”

The session ended with Nami encouraging Ann to use music in her life. She reminded Ann how much she loved to dance to music and Ann responded positively. Ann also expressed her wish to learn how to play an instrument.

f. Supervision

Nami sent her report a month after the therapy was terminated. She wrote that she realized that she needed some time to reflect on her experience in this case and her report showed this. Nami prepared herself before the last session by working on "Therapist Reflection Music and Imagery" (Paik-Maier, 2008, 2010), a self-experience reflective exercise. But she felt that the work had not been enough to resolve her mixed feelings towards Ann. She was thus rather confused during the session. She was reluctant to continue with Ann but did not definitively tell Ann that.

Nami thought that this was the hardest case she had ever conducted and she needed some time to process what she had learned in this case. She thought that her perfectionism was often the obstacle, confessing that she set too high a standard and was overly concerned with her "mistakes" in the session. Because of this tendency, she focused on herself rather than on seeing and hearing Ann as she really was.

I was proud of Nami. I felt she had done very good work with Ann and I appreciated her efforts. I congratulated and praised Nami. In the supervision, we explored her concerns. I encouraged her to continue to explore her perfectionism in her therapy. Nami expressed her gratitude for my teaching and I thanked her for participating in my study.

g. Analysis

Ann reported that she actively pursued changes: making friends, enrolling in a class, expressing herself verbally. This was the first time that Ann picked her *supportive imagery* (resource) outside of her family. In session two, Ann acknowledged that she needed to satisfy her own needs. Ann finally fulfilled these wishes by being trained in a new skill she enjoyed. It seemed she finally did something to satisfy her needs (*change*). The confident teacher may reflect her transformed inner self, confident, energetic with a good mood (*change*).

Ann started actively integrating what she learnt from the session in her life (*change, learning*). She began using the supportive music Nami had provided to feel good. She

recognized how music changed her feelings, “feeling great and buoyant”, being “open to the world” (*affect, expressive media, change*).

Ann spoke of how her changes affected her. It felt as if a big stone in her heart had lifted, making her feel light and energetic (*affect*). She learnt to express her feelings, which had created a benign cycle in her family relationships (*affect*). She learnt to take opportunities offered to her.

Regardless of how smoothly the session progressed, Nami reported that leading this session was the most challenging for her and she felt conflicted towards Ann (*difficulty, affect*). I did not take her critical view of herself too seriously, regarding it as a personal trait, but now I realize that Nami felt conflicted towards Ann and felt guilty having such hidden feelings (*intervention, learning, difficulty*). Perhaps her conflictual feelings may have swelled as Ann complimented her about how much she had helped her and how much she appreciated the support from the session. I wish I had recognized this and supported Nami then.

Despite her inner unease, I find Nami had always impressed me by her carrying the session beautifully and by how she learnt from the tireless reflections on her feelings about the client and the session (*learning, intervention*).

8.3 Summary

Throughout the course of the therapy, Ann had actively engaged in the SMI process and had made meaningful changes for herself. She started to use music as a supportive resource in her life and actively made friends, enrolled in a class that satisfied her, expressed her feelings and let her needs be known. Her favourite teacher, the chosen supportive imagery (*resource*) shown in her drawing in the last session, might have represented her newly found confident, energetic and happy self (*change*).

Ann effectively used each music, drawing and words for cathartic release of her pent up emotions (*affect*) and for integrating her resources (*supportive imagery*) found in her daily life. Unlike other clients with severe problems, Ann seemed to trust the SMI process more readily and she was able to internalize her gains from the therapy (*learning, relationship*). I wonder if this trusting aptitude, the way she related to and

used expressive media and the way she trusted her therapist even when a difficult emotion was stirred, was based on her apparently healthy relationship with her mother.

Nami was open and trusting in the supervisory relationship with me and it seemed to impact her learning process. Applying her learning, Nami intervened effectively to contain Ann's difficult emotions and guided her to focus on working with her supportive imageries to make positive changes.

CHAPTER 9: DISCUSSION

9.1 Introduction

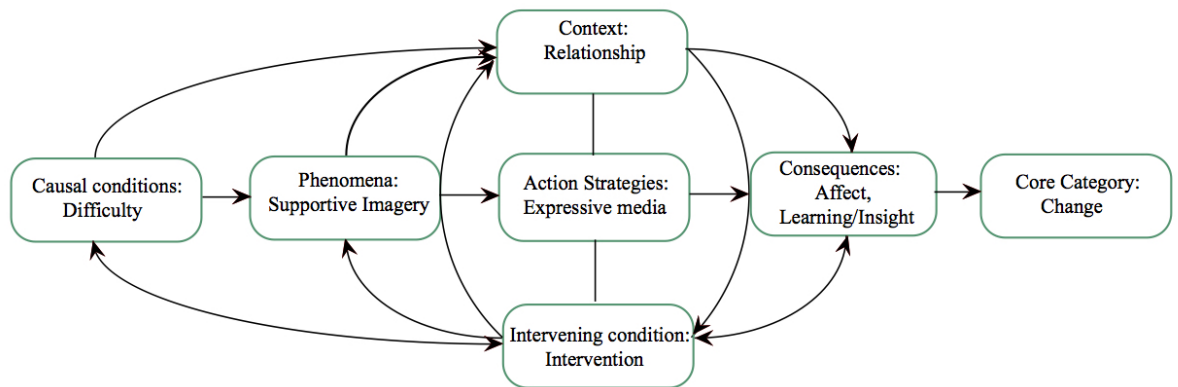
I started the thesis by providing a general background to this study: stating the purpose of the study and how and why I became interested in studying SMI for my thesis. I explained how I became involved in SMI training in Korea, described how the SMI therapy was developed and provided a literature review for the study. I also provided a general background to Korea, its people and its culture.

In Chapter 2, I described the procedure of data collection, the participants' details and general background information on the data. Based on my philosophical assumptions, I explained the framework for the grounded theory method and described the detailed process of grounded theory data analysis. The outcome of the grounded theory analysis was an eight category matrix, including the interactions between the categories. In order to present the categories and their interactions in real cases I embarked on six case studies (Ch.3-8) whose structure was underpinned by the GT analysis.

In this final stage of the study, I will evaluate how far I have generated a model (or theory) of the processes in SMI and the interaction between them, how robust it might be and what areas need further work, either empirically or conceptually. The chapter is organized in three main sections: the summary and discussion of the findings; limitation, strength, recommendations for future research and contribution of the study; conclusion.

9.2 Summary and discussion

Through the matrix of eight GT categories (see Chapter 2, Figure 2.13), I have developed an interaction model (theory) of SMI and each category represents a component of the SMI process presented in the six selected case studies.



Several of these categories are design features of SMI and some can be found in Summer's manual (2007, 2008a) to a certain degree, i.e. supportive imagery, music and arts (parts of expressive media), aspects of therapeutic intervention and affect. This study examines the relationship between the categories in order to improve the understanding of the process. I will now discuss the generated interaction model of the process of SMI in this study.

9.2.1 The generated interaction model (theory) of SMI

A desirable *change* in SMI is achieved when the client's resource (*supportive imagery*) is integrated and the positive experience of the resource (imagery) is felt (*affect*) deeply through *expressive media*, enabling her to gain insights (*learning*) from it. Therapeutic & supervisory *intervention* attends to any *difficulties* in the process and facilitates the course of the therapy. A good alliance (*relationship*) between therapist and client, and therapist and supervisor plays an important role in promoting the SMI process. Specific characteristics stemming from the therapy being conducted in Korea were found predominantly in the relationships between participants.

The process of SMI is an ego enhancing process (*change*) by internalizing the client's good object (*supportive imagery*) through *expressive media*. Klein (1946) asserts that the introjecting good internal object, such as "the gratifying breast" is crucial in the ego development (p.297) and repeated gratification by the external good object helps the infant to endure disintegrating "schizoid states" (p.301). A similar ego-enhancing process occurs with the integration of the supportive imagery. Within the short term

SMI therapy process, the clients in all six cases demonstrated some changes through integrating their supportive imagery (resource).

To evaluate how the changes were made in the SMI process, I will discuss each category and how the categories interacted with each other during the process of SMI therapy set in South Korea.

a. Supportive imagery

The chosen *supportive imagery* (resource) was the good object that the client could identify within herself and it was the initial gateway that led to the client's rich, healthy and sound inner state. When the client deeply felt (*affect*) her *supportive imagery*, the healthier representation of the self was found through the *expressive media*: music, arts and words. This process was helped by the therapist's focused and active guidance (*intervention*) and the *supportive imagery* experience was internalized as a good object (*change*).

The study indicates that the client's relationship with her primary care giver(s), especially during her childhood, seemed to affect the way she related to her supportive imageries. Sue and Kim in the first group, who apparently had relatively good supportive relationships with their parents, seemed to more readily relate, work on and actively integrate their supportive resources in the sessions as well as in their lives. In contrast May and Lin in the second group, whose relationships with their parents were conflictual or not nurturing, seemed to struggle to develop trusting relationships with their supportive resources. Being an identifiable resource within the client, supportive imagery needed to be based on the actual experience, which she could relate to and resonate with. Premature and manufactured supportive imageries did not seem to be effective as seen in Sera & Jade's case.

When the client could not access her resource (*supportive imagery*), the therapist's supportive *intervention* and the supportive *music* could be used as supportive imagery seen in Yuna & May's session five.

b. Difficulty

The difficulties posed challenges in the supportive therapy. *Difficulties* experienced by the client as well as the therapist created anxiety (*affect*), which hindered or prevented the process of the *supportive imagery* being integrated. Thus an occurring difficulty

needed to be acknowledged and any anxiety needed to be contained by supportive and empathetic *intervention*. When the client felt she was heard and her pain was acknowledged by her therapist (*relationship*), she tended to be able to refocus and work with her supportive imagery (May, Ch.6, S.3). When the therapist's *difficulties* were acknowledged and supported by the supervisor (*relationship*), she was able to support her client to work on the *supportive imagery (intervention)* (Hana, Ch.4, S.2). When the difficulty was not acknowledged and the anxiety was not taken care of, the opposite reaction in processing the supportive imagery was observed (Sera and Jade, Ch.5, S.2 & S.3).

Each case faced difficulties in processing the supportive resource in the session. In general, the clients with severe *difficulties* had a harder time processing their *supportive imageries* as a lot of effort had to be expended by the therapist to contain (*intervention*) the disturbed emotion (*affect*). They were then able to process the supportive imagery. It seems that the outcome of the therapy was very affected by how well the difficulties were taken care of as this had a strong impact on how well the imagery could be integrated and internalised. Thus, clients with severe difficulties may need additional sessions to deal with these difficulties.

c. Intervention

The therapeutic *intervention* was a key condition that affected how the *supportive imagery* was integrated. For the *supportive imagery* to be integrated effectively (*change*), *interventions* were made to manage the *difficulties* and to contain complex feelings (*affect*), to select and focus on processing the *supportive imagery* and to apply the *expressive media* to promote the feelings (*affect*) and *insights*. When *interventions* were made with a supportive attitude, the alliance between the participants was strengthened and the strengthened alliance (*relationship*) then influenced the effectiveness of the intervention and how successfully it was received/accepted (*change*).

Overall, there were two approaches in providing intervention: supporting and managing the emotional experience of the client/therapist and guiding the process of SMI in its technical/procedural aspects.

It appears that being attentive by listening well was the most basic and crucial intervention for supporting the client's emotional experience in the SMI therapy process. The study indicated that there were positive changes in the client when the therapist supported her client by empathetic listening and validating the client's emotional experience. As supervisor, I needed to listen to the therapists and understand their thoughts and their emotional experiences.

The technical/procedural intervention is important/necessary in order to actively guide the client through the SMI procedure and to keep the session focused on working on the supportive image. Effective use of the supportive imagery and expressive media facilitates the positive feelings and the gaining of insights.

Supervisory intervention also attends to the therapist's emotional experience and promotes the learning by use of reflexivity and by providing practical guidance on the skills and knowledge for conducting the sessions.

d. Relationship

The strength of the *relationship* between the client and the therapist, and the therapist and the supervisor affected how the client was able to engage emotionally (*affect*) and gain insights (*learning*). It also affected how the therapist understood (*learning*) her own emotion and comfortably engaged with her client emotionally (*intervention*). The *difficulties* affected the *relationship* among participants. How the difficulties were intervened and how the participants were supported emotionally affected the ways the relationships formed and changed among participants.

The client's relationship with her parents at an early age seemed to affect the way she formed *relationships* with herself and with therapeutic agents, especially with the *supportive imagery* and *expressive media* (see e. Expressive media, below). The Korean parent-child relationship could be found in the therapeutic/supervisory relationship. In addition, when there was a pre-existing relationship between the therapist and the client it affected how they felt towards each other and impacted the ways of working on the supportive imagery. All relationships affected the dynamics of the SMI process. As pointed out in this study, there were relationships with others (interpersonal) and within oneself (intrapersonal).

Relationship within oneself

When the client gained insight (*learning*) from the integration of an emotionally (*affect*) charged *supportive imagery*, her relationship to herself seemed to improve (Hana, Ch.3, S.6). This improvement led to positive *changes* in the client.

Relationships with other therapeutic agents

The relationships with others include not only the relationship between participants but also the relationships with the other therapeutic agents, *supportive imagery* and *expressive media*.

The personal therapeutic relationship in this study appeared to be heavily influenced by Korean hierarchical social aspects. Even though the Korean clients and supervisees tended to be non-confrontational, they would challenge their therapists and supervisor by assertively expressing their feelings (the client May, Ch.6, S.2 & S.3; the therapist Nami, Ch.3, S.2 & S.3; the therapist Sera, Ch.5, S.4). This reaction suggests that they seemed to be readily respecting and trusting authority figures enough to express their conflicts. Such apparently contrasting characteristics, being compliant yet being demanding of their needs towards authority, are similar to the clear role expectation found in Korean parent-child relationships (see Korean characteristics). Such relationship dynamics were also found between the clients and their mothers, as seen in Sue, Ch.3, S.3 and Kim, Ch.4, S.2.

Parallel process

A parallel process was often observed between the relationship of the client and the therapist and the *relationship* of the therapist and the supervisor. The emotion a therapist received from the client was often re-enacted towards me in the supervision and these emotions (*affect*) needed to be contained and understood (*learning*) (Sera, Ch.3, S.2 & S.3).

Multiple therapeutic relationships among five therapeutic agents

This study found that in SMI, the therapeutic relationship is no longer a dual relationship between the therapist and the client but it is multiple (quintuple) relationship with the added objectifiable therapeutic agents of *imagery*, *music* and

creative arts. These therapeutic agents play important roles in the therapy process and have complex therapeutic relationships.

In general music therapy, the important role music plays creates a triadic relationship (Bruscia, 1998d, p. 76; Summer, 2005, 2007, 2008a). Wrangsjö (1994, p. 41-42) wrote that music functions as a holding device, container, trigger and co-therapist. He further explains that the co-therapist relationship between the therapist and music can create different transferences towards the therapist and the music on a parallel level in the client. This could be understood as splitting the transference.

Following Wrangsjö's idea of a parallel, splitting transference, in SMI's multiple therapeutic relationship, the client could have a transference split between the therapist and the other three therapeutic agents, supportive imagery, music and arts. Bruscia (1998e) suggests that through "self-object" transference (Kohut, 1984, p. 23), clients are using their therapists to develop parts of themselves. Applying this to SMI, the clients may take parts of these therapeutic agents to develop parts of themselves.

e. Expressive media: music, arts, words

All *expressive media* have expressive quality and have the capacity to bring up strong emotions (*affect*) in clients. Because of these qualities, the positive experience (*affect*) from the *supportive imagery* was represented and expressed through *expressive media*. The different expressive media enriched the imagery and supported the emotional internalisation and manifestation of the imagery from different angles, thus re-enforcing the imagery, a healthier representation of (aspects of) the self. Thus, the expressive media were a vehicle for the ego enhancing process of one's resource in SMI. However, the emotional qualities in expressive media could stir repressed feelings in the client when she was in conflict (see d. Difficulty, above). Each of the expressive media has its distinct role in the process and I will discuss the therapeutic function of each of them.

Words

The clients with considerable emotional issues, mostly in the graduate group, had very strong emotions to express (Jade, May, Lin, Ann). Words were a very effective cathartic medium for them to express their *difficult* feelings (*affect*) and to communicate. As a result, the client's *relationship* with her therapist as well as with herself was improved and she was able to focus on her *supportive imagery*.

The function of words was distinctly different to other expressive media/arts in this study. Even though words can be abstract when used in a metaphor, words, compared to arts and music, were less abstract in meaning. Because of this quality, words were able to describe the thoughts and feelings in a most articulate way. When the clients talked, or wrote of their pent up feelings, their thoughts seemed to be more organized and processed. Articulating what they were experiencing in words made the experience tangible and concrete. When their inner experience became tangible, it seemed to become easier for them to understand their troubles, which then became less threatening (*affect, learning, change*). Through this process the clients often gained greater insights (*learning*) and could manage their anxiety (*affect, difficulty*) more easily. These were moments that initiated *change*.

Expressive arts: Drawing

In theory, the supportive imagery can be expressed in any form of art but every session in this study used drawing so I will specifically discuss drawing here.

The imagery became a tangible object one could see and touch when expressed (*affect*) in a drawing. Drawing grounded the supportive imagery experience of the client. In the process of drawing, the *supportive imagery* transformed, becoming richer and deeper (*change*). The solid presence of the drawing helped the client approach her inner resources more easily as she appreciated the representation of her imagery that was readily available. The client could remember and treasure the rich experience of the imagery as it is kept in a fixed format. For May (Ch.6), throughout the course of the therapy, drawing was a dependable object like the chair she drew in her first session that symbolized her mother's constant support.

Summer (2005, 2007, 2008a) listed several functions of imagery in music psychotherapy. Most of these functions apply directly to the specific function of drawings (and writings) in SMI. These functions are: serving as projective containers for an internal experience, the client learning about her internal world through her internal experiences projected outward, increasing feelings of constancy of the internal world and strengthening of the relationship with the internal world. While drawing may include the whole subjective experience of the imagery, writing helps to clarify and articulate the imagery experience.

Music

Because of its strong emotional characteristics (*affect*), music was used to match and bring up the positive experience of the *supportive imagery*. Music enhanced the transformation process of the imagery integration (*change*). However, because music resonates in the human psyche and because of its transient nature, music could provoke anxiety in the client when underlying conflictual feelings were not contained. Thus the conflictual feelings (*difficulty, affect*) needed to be taken care of before applying music (*intervention*). There are numerous examples of different ways in which music affected the client. I will give a few below:

- i. Music enriched the affective experience of the imagery by being applied repeatedly and holding the client to focus and fully immerse herself while she drew the imagery experience: “Fully satisfying, I am communing with the piano as if we are one” (Kim, Ch.4, Postlude).
- ii. Music deepened and expanded the client's inner resources further (Sue, Ch.3, S.4).
- iii. Music evoked forgotten resources and memories: “It [music] awoke good feelings that I had forgotten. ... Such happy memory.” (Ann, Ch.8, S.2, Postlude).
- iv. Music brought insights. After the clients immersed themselves in the imagery experience fully by listening to the music repeatedly they often gained new insights: “As I was listening to the music, I felt I should find myself and live fully” (Ann, Ch.8, S.2, Postlude).
- v. Supportive music held a holistic experience of the supportive imagery (Kim, Ch.4, S.5).

f. Affect

Affect is a very important and powerful component in the SMI process. The whole integration process (*change*) of the *supportive imagery* is geared to promote a strong emotional experience (*affect*) from the supportive imagery. The deeply felt emotion from the supportive imagery leads to changes in the client. Thus *intervention* made at each step of the SMI structure aimed to bring up a positive feeling (**affect**) from the *supportive imagery* and the repeated process of positive experience from the supportive imagery, especially by applying *expressive media*, allowed the supportive imagery to be integrated. Empathic therapeutic and supervisory intervention supported the emotional involvement of the client and the therapist in the process. Good rapport

between the client and the therapist allowed the emotional engagement during the SMI process.

As mentioned above in 'Difficulty', if the client's anxiety was not properly handled at the beginning of the session, the repetitive nature of the SMI method and the expressive media could stir complex feelings and the client could be trapped by them as seen in Sera & Jade's case.

The importance of catharsis (affect)

The clients needed to express any pent up feelings in order to appreciate their resources. This cathartic expression (*affect*) proved to be very important and often led to *changes* in the client and the course of the therapy. After May (Ch.6) expressed how refreshing and gratifying it was "crying as if water gushing out from a faucet", she had insight about how she could relate to her son (S.3, Postlude).

g. Learning

When the client deeply engaged (*affect*) with her *supportive imagery* through the expressive media this often led to insights (*learning*). The therapist needed to assist the client to process this new learning during the postlude. The cohesive therapeutic relationship allowed the client to fully gain insight about her resource and the new insight then improved her *relationship* with herself by integrating her positive object (change).

The therapist's learning through the supervision process affected the SMI process in general. The practical skills and knowledge allowed them to lead the session effectively. The supportive supervisory intervention and use of reflexivity contained the therapist's anxiety and allowed the therapist to understand her emotions.

Briggs (1997) explains Bion's (1962) concept of containment as follows:

"The baby experiences containment from the mother's emotional work ['reverie'] of first allowing the infant's experiences to permeate her, making sense of these communications before responding to the baby, through her words, gestures, and deeds, conveying her understanding of his needs. The idea that the mother, through her reverie, transforms the infant's emotional

experiences is based on a three-dimensional model of the container and contained.” (p.19)

The understanding of her countertransference allowed the therapist to engage with her client and support her client more effectively.

h. Change through symbolic formation

Spillius et al. (2011, p.190-2) write that the field of aesthetics is closely related to symbol formation and explain that Klein (1937, p. 334) “links the urge to create with the impulse to restore and repair the injured object after a destructive attack” (Spillius et al., 2011, p.190). Segal (1986) explains that symbol formation is the ego’s attempt “to deal with the anxieties stirred by its relation to the object” (p.52) and she explains the process of symbol formation as “... a continuous process of bringing together and integrating the internal with the external, the subject with the object, and the earlier experiences with the later ones” (p.60). The supportive imagery and music in SMI resembles the symbol formation of the good part of the self. In SMI, the whole process of focusing and enhancing the experience of the supportive imagery could be understood as a reparative process of symbol formation. The process of SMI resembles the symbol formation of the good part of the self.

9.3 Questions/considerations regarding the SMI method

After having gone through a summary of the categories and their relationships I am including some additional points concerning the structure and chronology of the therapy sessions.

9.3.1 Setting

a. Structure

The SMI structure seemed to help the clients in all the cases to focus on and gain a rich experience from the supportive imagery. As discussed above in the sections on the interactive model and the categories, the structure is a key factor for the processes to work effectively. The progressive step-by-step approach taken by the therapist using the structure contained the clients and the focused and repetitive structure held their attention. The systematic structure seems to help the therapist to focus on guiding the client.

For some clients with more severe difficulties, the pain appeared to be too great and deep to be contained in the SMI structure at times. For them, I believe, the SMI method needs to be applied more flexibly to hold and manage their distress. As I suggested earlier, extending the realm of resources to include supportive music, the therapist and the therapeutic space could expand ways of supporting the client's use of their resources. Additional sessions might be necessary which leads me to consider the duration of a brief SMI therapy.

b. Duration

The general aim of SMI is to find and then to integrate one's supportive resources. With such an aim, SMI also empowers and encourages the client to utilize in her life what has been gained in the session. I wonder if six sessions were enough in all cases for the client to achieve these aims. SMI is not aiming to find a solution to all the problems the client has, SMI works as a vehicle that initiates the healing process through one's own resources. With this intention, I feel the clients in this study were nurtured by their own resources. Their outlook on their lives and their view of themselves changed positively and they gained an appreciation for what they already had. However, the clients in the second group indicated that they wished to do more sessions yet they declined to continue when they were given the option. Had they gained enough strength to utilize their resources by themselves? I wonder if a few more sessions should have been provided to strengthen and anchor what they had gained from the SMI sessions. Would this time-limited, short-term approach allow them to work on themselves independently?

Many theorists, such as Rank, Alexander, the theoreticians of the drive/structural model and Mann (time-limited therapy), believe that the brevity of the therapy accelerates the process as it creates an urgency and intensity in the dynamic. (Messer & Warren, 1995; Selva, 1996; Mander, 2000). Many therapists in a dynamic brief therapy are rather particular in selecting clients suitable for a brief therapy, usually they prefer clients that have enough ego strength and are not too severely damaged psychologically. Summer's SMI model does not directly deal with complex issues and dynamics. Clients with great problems may not be suitable for SMI. However, Summer applies the SMI method as a part of a continuum of clinical practice (Summer, 2015), meaning SMI can be used in conjunction with re-educative and GIM methods in accordance with the clinical progress of the client. Another way of dealing with complexity might be to extend the

resource by utilizing the SMI experience itself, including music [arts], therapist and therapeutic space, as a surrogate resource to soothe, comfort and embrace the client. Perhaps the six session format may need to be adapted according to the needs and the types of clientele. This area needs to be examined in the future.

c. Intervals between the sessions

Unlike most verbal psychotherapies, there are longer intervals between the sessions. This is a well-accepted practice among GIM therapists as the effect of a GIM session often lasts more than a week. This may be because using a combination of expressive modalities may stimulate and impact emotional and psychological responses more than the use of words alone. This longer interval between the sessions in SMI therapy may be acceptable because of the focus on the positive experience of the resource in SMI.

The therapy process was to support the client to integrate her resources. The therapist had to respect the client's own pace to develop and mature using her resources. As there was no time pressure, even though SMI is time-limited, the sessions in SMI were rather sparsely spaced occurring once every three to four weeks. Cases I have supervised outside this research seem to indicate that a shorter interval, regular weekly or biweekly SMI sessions, intensified the effect of the therapy. The clients were able to internalize their resources more easily because they experienced the resources more frequently.

d. The first session, treatment plan and goals

In general, in a brief dynamic therapy, therapists hold the view that the first interview session is very important to assess the client and develop a treatment plan (Molnos, 1995). SMI assesses the client's resources as well as gathering the general background of the client in the first session. However, the SMI in this study did not pay particular attention to assessment or treatment planning. Within the broad aim of working on one's supportive resource, the focus was wide and flexible, following the client's choices and the way the therapy unfolded.

Because of the limited time frame I believe setting the overall goal and direction of the therapy at the beginning, as is done in many brief therapy models, would be more effective. The clients in this study made changes over the course of the therapy, i.e. anxiety was lessened, they gained confidence and began to have a better outlook of their situation, their relationships changed with their significant others etc. Based on

these changes, reasonable goals that SMI could have achieved within the six sessions could have been determined in hindsight. It seems plausible that one could set similar goals during the first session in future SMI therapy cases: an overall reasonable goal could be discussed and agreed upon for the end of the sixth session.

e. Use of homework

May (Ch.4) used her drawings between sessions to remind herself of her good feelings. Jade (Ch.5) listened to the music in between the sessions. Even though the positive experiences from the sessions affected the clients' lives, they had not actively sought out music and imagery to support them other than using the music provided by their therapists. Should I have suggested this homework more strongly to the therapist? Preston (1998, p. 242) wrote, "Taking on specific tasks between sessions - homework assignments - has been found to be an important part of a successful brief therapy." Summer (2014) lectured that, as we hardly have an opportunity to appreciate and focus on our supportive resources, this new way of thinking needs practice, like building muscles.

Since 2015, the trainees gently require their clients to use music and imagery between sessions. To my surprise, all of their clients have actively utilized music and imagery. Perhaps my conviction about applying music and imagery between the sessions may have convinced the therapists and they have, in turn, convinced their clients. I hope the clients carry on this newly gained habit after the SMI therapy is terminated. In future studies, the effectiveness of homework and the utilization of supportive resources in the client's daily life after therapy should be assessed.

9.4 Limitations and strengths of the study

9.4.1 Limitation of the study

As this is an exploratory study it naturally has limitations. As I was the only investigator, the data were used in a cumulative way and there were no other independent data available. Due to the small sample size of cases and the nature of data gathering, no statistical studies or other quantitative methods were used. In the absence of recognised quantitative methods and with the kind of qualitative data used here, there are limits relating to outcomes from each case and the cases taken together in that only descriptive outcomes can be inferred. There are other limitations or caveats related to the sample population and relationships among them or their roles. The small

number of samples and the homogeneity of the participants with respect to nationality, age, gender, profession and socio-economic bracket puts limits on the validity of the findings.

Due to the origin and the setting of the data the environment could not be critically controlled. Thus it was not possible to vary parameters in a controlled way or isolate and separately investigate specific factors.

There was a dual relationship between the therapists and the supervisor. We were both supervisor/supervisee in the research as well as in the (previous or, then, current) GIM training. We had a researcher/participant relationship. This may have put an extra psychological burden on the therapists as well as on me as a supervisor. I had to be extremely cautious and detect and explore any discomfort felt by the therapists and ensure there was a boundary for me as a researcher/research supervisor and their clinical supervisor.

In the SMI Graduate Group, there was a previous relationship between therapist and client. Because of pre-conceived ideas towards each other, there were signs of pre-transference and pre-countertransference. The dynamics observed in the sessions were therefore complicated.

As a supervisor, I was a participant in the therapy process while also being a researcher. This dual role needed careful handling but might have still had some impact on the study.

9.4.2 Biases

When I supervised the supervisees for the cases in this study, I constantly reflected my feelings towards them as Korean and any other of my biases about Korea: the culture, society, Korean church, music therapy etc. which might surface during the supervision process. Because I always provided written feedback first before the onsite supervision several days later, this gap in time allowed me to process any potential biases in my feedback.

I went through multiple examinations of my data over a prolonged time to be freer of my biases listed in chapter two: my biases related to Korea, my other biases such as music, clinical and theoretical biases. Since I supervised the cases, I revisited the cases numerous times spread over years during which I analysed the data and wrote about the

cases. This multiple examinations of the same cases over an extended time allowed me to reflect and be objective about my biases. I wrote a reflection of my biases as a researcher whenever they needed attention in a case study.

9.4.3 Strengths of the study

I develop a model of the SMI process and an understanding of SMI in terms of psychodynamic processes. In the model, I was able to evaluate, in depth, how the elements of SMI interact to apparently produce a powerful therapeutic experience for the clients, which they appear to find valuable.

The availability of recorded sessions allowed me to interrogate original data repeatedly instead of solely relying on notes and other derived data. Thus I could always go back and reflect further, check preliminary findings versus original data and investigate potential biases.

The rich data delivered a thick description, allowing for the study to provide a detailed exploration of how SMI worked and how the cases progressed and embark on the case studies. Thus I was able to analyse the process of SMI for the sample of clients and therapists, give a detailed description of the characteristics of the process of SMI for different client groups and of the supervision, qualitatively analyse its impact on the supervisees and their sessions as well as look at the effectiveness of SMI as a short-term therapy. The homogeneity of the population and the setting allowed me to compare the two different groups of clients and therapists without having to address certain other variables.

9.5 Research question revisited

I will now revisit and evaluate the research questions (RQ). At the beginning of the study, I proposed the following research questions:

The main research question was:

What are the processes of SMI for clients and their therapists undertaking SMI in Korea and how can these be characterised?

The subsidiary questions were:

- i. What differences can be identified and characterised between processes of SMI

- for different clients, including differences between clients with more and less severe problems?
- ii. What appears to be the impact of short-term SMI and how does this appear to differ between different clients?
 - iii. How do processes of clinical supervision impact on the SMI therapy?
 - iv. How do therapists in supervision experience the process of undertaking SMI therapy and how do they experience learning through supervision?
 - v. In what ways can the processes of SMI be theorised through an analysis of the interaction between therapist and client and the identification of changes made in the sessions?

I have addressed all research questions as far as I was able given the limitations of the study. By identifying eight categories of SMI therapy and demonstrating their interactions, the key components of the SMI therapy and their characteristics were addressed (main RQ) and a model for SMI was developed (RQ v.). The Korean specific characteristics were identified in the category 'relationship' (main RQ). In addition, an understanding of SMI in terms of psychodynamic processes was developed (main RQ and RQ iii.). This provides support for the fact that SMI therapy can have a powerful impact within a small number of sessions (RQ ii.).

The emphasis of the study was on the process of SMI and less on differences and outcomes, which relates to the fact that this is a first exploratory study of SMI. Differences for different clients and client groups (RQ i.) were explored with two findings, followed by suggestions for further research (see 9.2.1.d and f; 9.3.1.b). The positive impact of the SMI therapy could be observed in all cases but further research is necessary to analyse the outcome of SMI therapy and the durability of the results.

When researching the supervisory process, it became clear that there was a deep need to take care of the therapist's anxiety in the supervision, especially because the conflicts/difficulties of the client were not explored or resolved in the sessions. They needed to be contained by the therapist to facilitate a smooth application of the SMI process. In this sense, supervision turned out to be a very important constituent of successful SMI therapy. The therapists' experience of supervision was explored in detail in some of the case studies (RQ iv.), but this would benefit from future studies

that focus more explicitly on the supervisory relationship, potentially through regular questionnaires for therapists over the course of the therapy.

9.6 Recommendations for future research

In this study, I have developed a model for the SMI therapy process and demonstrated the value of SMI. Hence additional research seems justified. Earlier in this chapter I have, where appropriate, already mentioned useful and relevant directions for future research on SMI. In this section I will talk about additional recommendations.

As this study was focused on the process rather than on measuring the outcome of SMI there is a need for research that focuses on the outcome and the associated category of effectiveness. This is typically done through clinical trials, which follow clear processes for comparing the outcomes of an intervention with other (or no) interventions. To apply good quality outcome research, the right choice of outcome measures is important. McLeod (2010, p. 80-81) recommends that consideration should be given to “the reliability and validity of the scale”, “a questionnaire that is acceptable to clients (e.g., clarity of questions, cultural sensitivity, length of time to compare)” and “the scale sensitive to change”. A typical and widely used measure is the Clinical Outcomes in Routine Evaluation (CORE)/CORE Outcome Measure (CORE-OM). It is easy to use and is designed to measure the outcome of the clinical effectiveness of psychotherapy (Barkham et al., 1998). Evans et al. (2000) claim that CORE/CORE-OM presents good “internal reliability”, “test-retest stability”, “excellent convergent validity” (p.250) and “good sensitivity to change” (p. 247).

The client population in this study is relatively homogeneous in nationality/culture, age and gender. Although the analysis seems to point at a wide applicability for the SMI method, qualitative studies that vary these parameters could be useful to confirm this and determine variations in the value of the method for clients. The cultural aspect might be the most valuable variant.

This research already mentioned the usage of the client’s inner resources in daily life. Future research could look at the medium to long term effect of this aspect by interviewing clients to see how they reflect on SMI and which aspects they have retained in their lives such as how they utilize their inner resource (imagery). Such research would have to look at supportive resources over time, music and imagery used

and the internal dialogue on supportive resources.

SMI focuses on supportive aspects and ego strengthening. Clients with more complex psychological issues would probably go on to other forms of therapy like Re-educative MI/GIM therapy or other psychodynamic therapies. Future research could look at the paths these clients take and how having taken SMI affects clients in these therapies.

9.7 Contribution to the literature

SMI is a new method and is still evolving. I developed a model of psychodynamic SMI process and the interactions of its components. This research contributes to the further development of the SMI method as well as to the knowledge of the field of brief psychotherapy and to the wider range of music therapy/music psychotherapy in the following ways:

- It provides a model of the SMI components and their interactions and an understanding of the psychodynamic processes in SMI.
- This research demonstrates the merit of SMI as a distinct therapy and, therefore, furthers knowledge about music therapy and its application. It shows that SMI has the potential to enrich/augment the range of therapies available to treat/help people with mental health difficulties
- This is the first formal research conducted on the SMI method and it is a relatively rare study of a brief psychotherapy/music psychotherapy.
- It represents the first research conducted on supervision in SMI and also is a rare example of detailed research on supervision in a short-term psychotherapy/music psychotherapy. This research may provide useful information and insights for future SMI supervisors and supervisors of brief psychotherapy and music therapy.

9.8 Conclusion

The SMI therapy is a short-term intervention that aims to identify or strengthen what is termed the supportive resource of the client and is designed to assist the client to internalize/integrate the positive experience from the supportive resource.

As mentioned in the Introduction, some of my original motivation for this study came from my surprise about the effectiveness of SMI as a short-term therapy and my desire to understand SMI and its success more deeply. The main research question and

subsidiary questions were raised to explore the SMI process for samples of clients and therapists in Korea and how the supervision impacted their SMI therapy experience.

To answer the research questions, grounded theory analysis identified eight components/categories: *supportive imagery, difficulty, intervention, relationship, expressive media, affect, learning, change*, with *change* being the core category. The matrix of categories and the interactions between the categories describe the underpinning processes in the SMI therapy. I have demonstrated how the components of the SMI model work together, understood them in terms of psychodynamic processes and this leads to an appreciation of how SMI can have a powerful impact on clients within the framework of a small number of sessions. The categories and their relationships demonstrate how the therapist's interventions and the ensuing successful use of the therapeutic components in SMI identify and strengthen the supportive resource, allow for successful internalisation and have the potential to enable ongoing use of a modified SMI process in daily life. I identified some moments of change, the core category, that could be considered an outcome category. Future studies might be able to further assess the outcome and longer term impact of SMI therapy.

During the study I used Strauss & Corbin's idea of interrogating the data with an open mind without preconceptions, but later on, when it came to theorising and developing ideas I drew on some psychoanalytic ideas to impart sense and structure on the process of SMI and the relationships between client, therapist and supervisor.

The supervision supported the therapist to gain skills and knowledge to provide effective sessions. It also assisted the therapist to understand her countertransference so that she could provide emotional support to her client. The therapeutic relationships between the participants in this study resembled hierarchical Korean parent-child relationships that tended to be trusting yet complex, often with fused boundaries. The therapeutic alliances between the client and the therapist and between the therapist and the supervisor proved to be important in affecting the SMI process.

9.9 Closing comment

This study explored the process of the six-session model with two different groups, the Trainee and Graduate Groups. The trainee therapists were able to conduct sessions rather confidently, regardless of their limited skills and knowledge in the method. This may indicate that therapists could quickly be trained in the six session SMI model.

The Graduate Group, with more challenging cases, illustrates that clients were able to find their supportive resource and integrate it into their lives, despite their stressful and poor environment. This perhaps indicates a wider applicability of the six session SMI method than was originally thought.

Even though, within the limits of this study, outcomes could not be tested, findings from these cases indicate that some people can benefit from this six-session approach. Thus, further study of the six-session model could be valuable in exploring in which circumstances and for which kinds of clients this approach may be beneficial (and conversely, where the necessity of longer therapy is indicated).

A user-friendly short term SMI model attuned to the client – as seems conceivable from this study – that can be used with a wider variety of clients and in which practitioners can be trained relatively easily may be an attractive option for mental health services in current contexts where cost-effective shorter therapies are in demand. In addition, the SMI method could also be used alongside other therapies; this is already being done in a music therapy context where it is used as a method to strengthen the ego, but it could also be used alongside other more psychoanalytic methods. In conclusion, the six session SMI may offer a useful option for mental health services, either on its own or within a broader care plan.

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For the convenience of the reader, musical references have been listed separately at the end of this section, and organised by chapter.

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Ch. 3 Nama & Sue

S.1

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S.2

Madden, J. (1999) 'Twisting of the rope', in *Joanie Madden: Song of the Irish Whistle 2* [CD]. San Rafael, CA: Hearts of Space.

S.3

Naoto (2007) 'Blue'G", in *Image 6: emotional and relaxing* [CD]. Tokyo: Sony Music Japan International Inc.

S.4

Bizet, G. (1875/1882) 'Intermezzo from Carmen' [Recorded by Balian (Flute), Mercz (Harp)], in *Music for the imagination: creative* (1996) [CD]. Gilsum, NH: Barcelona Publishers, Licensed by Naxos of America (8.550741).

S.5

Micaco, H. (2000) 'The Morning' in *Song of a Forest*. Recording information unknown.

S.6

Obispo, P. & Florence, L. (2002) 'L'envie d'aimer (final)' [Recorded by Daniel Lévi (vocals)], in *Les dix commandements* [mp3]. Universal.

Ch. 4 Hana & Kim

S.1

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S.2

Yiruma (2001) 'Dream a little dream of me', *First love* [CD], Seoul: STOMP Music.

S.3

Yiruma (2001) 'Love me', *First love* [CD], Seoul: STOMP Music.

S.4

Bolling, C (1976/2002) 'Irlandaise' [Recorded by Claude Bolling (piano), Jean-Pierre Rampal (Flute), Max Hédiguer (bassoon), Marcel Sabiani(drum)], in *Suite for flute and jazz piano trio* [CD]. Vincennes, France: Frémeaux & Associés.

S.5

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S.6

Menken, A. and Rice, T. (1992) 'A whole new world', in *Aladdin: original motion picture soundtrack* [mp3]. Burbank, CA: Walt Disney Studios.

Ch. 5 Sera & Jade

S.2

Kern, K. (2002) 'Through the arbor' in *More than words* [mp3]. Real music.

Kern, K. (2002) 'Sundial dreams', in *More than words* [mp3]. Real music.

S.3

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Narita, T. (1916) 'Hamabe no uta (Song of the seashore)' [Recorded by Mischa Maisky (Cello), Pavel Gililov (Piano)], in *Maisky's elegie* (1996) [CD]. Hamburg: Deutsche Grammophon GmbH.

S.4

Paganini, N. (1818) 'Moses-fantasie' [Recorded by Werner Thomas-Mifune (cello), Münchener Kammerorchester (orchestra), Hans Stadlmair (conductor)], in *Harmonies du soir: virtuoso celloromantik* (1986) [CD]. München: Orfeo International.

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S.5

Haydn, J. (1761-65) 'Cello concerto no.1: the second movement' [Recorded by Capella Istropolitana (Orchestra), Breiner, Peter (conductor), Kanta, Ludovit (cello)], in *Music for the imagination: supportive* (1996) [CD]. Gilsum, NH: Barcelona Publishers. Licensed by Naxos of America (Catalogue No: 8.550059).

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S.6

Narita, T. (1916) 'Hamabe no uta (Song of the seashore)' [Recorded by Mischa Maisky (Cello), Pavel Gililov (Piano)], in *Maisky's elegie* (1996) [CD]. Hamburg: Deutsche Grammophon GmbH.

S.7

Bach, J.S. (1748) 'Wachet auf, ruft uns die Stimme, BWV 645 (Sleepers, awake)' [Recorded by The New Symphony Orchestra of London], in *The no.1 Bach album* (2007) [mp3]. London: Decca Music Group Ltd.

Ch. 6 Yuna & May

S.1

Narita, T. (1916) 'Hamabe no uta (Song of the seashore)' [Recorded by Mischa Maisky (Cello), Pavel Gililov (Piano)], in *Maisky's elegie (1996)* [CD]. Hamburg: Deutsche Grammophon GmbH.

S.2

Elgar, E. (1899) 'Chanson de Matin, op.15 no. 2' [Recorded by London Philharmonic Orchestra, Adrian Boult (conductor)], in *The most peaceful classical album in the world...ever!* (1993) [mp3]. EMI classics.

S.3

Schumann, R. (1849) 'Fünf Stücke im Volkston op.102, no.2. Langsam'. Recording information unknown.

S.4

Fauré, G. (1893) 'Berceuse (a cradle song) from Dolly Suite op56' [Recorded by Orchestre de Paris, Serge Baudo (conductor)], in *The most peaceful classical album in the world...ever!* (1993) [mp3]. EMI classics.

S.5

Fauré, G. (1887) 'Pavane op.50' [Recorded by New Philharmonia Orchestra, David Willcocks (conductor), Gareth Morris (flute)], in *Fauré: requiem: pavane* (1993) [CD]. EMI classics.

S.6

Skinner, J. S. (n.d.) 'The cradle song, for flute and ensemble' [Recorded by Chris Norman (flute), Robin Bullock (cittern, guitar, fiddle), Anne Marie Morgan (Viola da gamba), Pete Sutherland (Fiddle)], in *Man with the wooden flute* (1992) [mp3]. Troy, NY: Dorian Recordings. Available at <http://www.allmusic.com/album/man-with-the-wooden-flute-mw0000293741>

Ch. 7 Sera & Lin

S.1

Bizet, G. (1875/1882), 'Intermezzo from Carmen' [Recorded by Balian (Flute), Mercz (Harp)], in *Music for the imagination: creative* (1996) [CD]. Gilsum, NH: Barcelona Publishers, Licensed by Naxos of America (8.550741).

S.2, 3, 7

Narita, T. (1916) 'Hamabe no uta (Song of the seashore)', [Recorded by Mischa Maisky (Cello), Pavel Gililov (Piano)], in *Maisky's elegie* (1996) [CD]. Hamburg: Deutsche Grammophon GmbH.

S.3, 4

Jang, S.Y. (2006) 'Capuccino', in *Second Memory* [CD]. Seoul: HUKS music.

S.5

Mozart, A. (1787) 'Horn concerto no. 3, 3rd movement in E flat major K447', [Recorded by London Symphony Orchestra, Peter Maag (conductor)], in *Wolfgang Amadeus Mozart clarinet concerto / horn concertos nos. 1 and 3* (2010) [CD]. Buckinghamshire: Pickwick Group Ltd.

S.6

Hoppe, M. (2006) 'The waltz of whispers' [recorded by Tim Wheater (alto flute)], in *Romances*. Diepholz, Germany: Erdenklang.

Ch. 8 Nami & Ann

S.1

Kern, K. (2001) 'Fantasie lullaby' in *Embracing the wind* [mp3]. Sausalito, CA: Real Music.

S.2

Yiruma (2006) 'Before stars sleeping' in *Spring waltz OST* [mp3]. Seoul: KBS.

S.3

Jang, S.Y. (2005) 'Loving you' in *Love letter: the most beautiful letter* [mp3]. Seoul: HUKS music /EMI.

S.4

Silvestri, A. (1994) 'I'm Forrest ... Forrest Gump (feather theme)', in *Forrest Gump the soundtrack*. Sony Music Entertainment Inc.

S.5

Fauré, G. (1898) 'Sicilienne for cello and piano, op.78' [Recorded by Steven Isserlis (cello)], in *Cello for relaxation* (2001) [mp3]. RCA.

S.6

Jeon, S. (2005) 'Summer rainbow' in *Love letter: the most beautiful letter* [mp3]. Seoul: HUKS music /EMI.

APPENDIX I-IV

Appendix Ia. Research Information Sheet

Research Information Sheet (Sample One, Therapist)

"An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea."

You are being invited to participate in a research study. This information will explain this research and what it will involve. Before you decide to participate, please take time to read the following information and feel free to ask any questions. You are free to withdraw from the research at any time.

1. What is the research about?

This study will explore the process of SMI and will try to build a psychological theory of SMI. The study will thus help therapists and students who apply SMI therapy in the future.

2. How will the research be undertaken?

The research will study the SMI therapy that you have already completed as a trainee. It will analyse the audio/video recordings and other information provided by you for the SMI sessions. The study will try to find the general pattern of the SMI process from all the participants, not just focusing on your case and you. Any identifiable personal material, including your name will be kept confidential to ensure anonymity.

3. How will the research affect you?

Not at all.

4. What are you being asked to do?

You are being asked to consent that use the content of the SMI therapy you provided as a trainee can be used in the research. As a participant in this research, you may be asked to complete questionnaires about how you experienced the therapy.

The results of the study will be used for the completion of a PhD thesis and may be used for conference presentations, training and publications. In addition, the data may

be used for further study and professional purposes. If you are interested in the result of the research, you can obtain a copy of the completed study from the researcher.

For further information, or to answer any questions you may have, please do not hesitate to contact the researcher, Sumi Paik-Maier at +44-20-8946-1498, or spmaier96@googlemail.com

Thank you very much,

Sumi Paik-Maier

Research Information Sheet (Sample Two, Client)

"An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea".

You are being invited to participate in a research study. This information will explain this research and what it will involve. Before you decide to participate, please take time to read the following information and feel free to ask any questions. You are free to withdraw from the research at any time.

1. What is the research about?

This study will explore the process of SMI and will try to build a psychological theory of SMI. The study will thus will help people who apply SMI therapy in the future.

2. How will the research be undertaken?

The research will study the SMI therapy you are taking. The SMI therapy will take place normally and the research will not interfere at all with the therapy process. The research will study the content of the SMI sessions and the sessions will be audio or video recorded. The study will try to find the general pattern of the SMI process from all participants, not just focusing on your therapy and you.

Any identifiable personal material, including your name, will be kept confidential to ensure anonymity.

3. How will the research affect you?

Not at all.

4. What are you being asked to do?

You will carry on taking SMI therapy as normally. There will be questionnaires for you to fill in at the beginning and at the end of the therapy. There may be a questionnaire sometime after the the therapy.

The result of the study will be used for the completion of a PhD thesis and it may be used for conference presentations, training and publications. In addition, the data may be used for further study and professional purposes. If you are interested in the results of the research, you can obtain a copy of the finished study from the researcher.

For further information, or to answer any questions you may have, please do not hesitate to contact the researcher, Sumi Paik-Maier at +44-20-8946-1498, or spmaier96@googlemail.com

Thank you very much,

Sumi Paik-Maier

Research Information Sheet (Sample Two, Therapist)

"An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea".

You are being invited to participate in a research study. This information will explain this research and what it will involve. Before you decide to participate, please take time to read the following information and feel free to ask any questions. You are free to withdraw from the research at any time.

1. What is the research about?

This study will explore the process of SMI and try to build a psychological theory of SMI. The study will thus help people who apply SMI therapy in the future.

2. How will the research be undertaken?

The research will analyze information written by the therapist (you) for SMI sessions and sessions will be audio or video recorded. The study will try to find the general pattern of the SMI process from all the participants, not just focusing on your case and you. The SMI therapy will take place normally and the research will not interfere at all with the therapy process. Any identifiable personal material, including your name, will be kept confidential to ensure anonymity.

3. How will the research affect you?

Not at all.

4. What are you asked to do?

You will carry on taking SMI therapy as normally. There will be a questionnaire for you to fill in at the end of the therapy.

The results of the study will be used for the completion of a PhD thesis and may be used for conference presentations, training and publications. In addition, the data may be used for further study and professional purposes. If you are interested in the results of the research, you can obtain a copy of the finished study from the researcher.

For further information, or to answer any questions you may have, please do not hesitate to contact the researcher, Sumi Paik-Maier at +44-20-8946-1498, or spmaier96@googlemail.com

Thank you very much,

Sumi Paik-Maier

Appendix Ib. Research Information Sheet, Korean

연구 설명서 (Research Information Sheet (Sample One, Therapist))

지지적 음악과 심상 치료(Supportive Music and Imagery, 이하 SMI) 과정과 이의 심리 이론 기반 확립을 위한 연구: SMI 치료의 한국 연구

당신을 이 연구에 초대 합니다. 다음은 이 연구의 목적과 연구에 관한 간단한 설명을 적은 설명서 입니다. 이 연구에 참여 여부에 대한 결정을 하기 전, 설명서의 내용을 찬찬히 읽고 질문이 있으면 주저말고 해주시기 바랍니다. 당신은 언제나 이 연구를 도중에 자유로이 중단 할 수 있습니다.

어떤 연구인가?

이 연구는 SMI 치료 과정을 연구하고 심리 이론을 정립 함으로서 SMI 치료를 이용하는 모든 이에게 도움을 주는데 그 목적이 있다.

어떻게 연구가 이루어지나?

이 연구는 SMI 훈련 과정에서 당신이 기록한 리포트와 오디오, 비디오 자료 등을 통해 SMI 치료 사료를 분석한다. 이 연구는 여러 사례를 통한 SMI의 전반적 패턴을 연구하므로 당신의 개인 사례나 당신에게 초점을 두지 않으며 당신의 신분 보호를 위해 어떠한 경우에도 당신에 대해 유추할 수 있는 개인적 정보나 당신의 이름은 사용되지 않는다.

연구가 당신에게 어떤 영향을 미치나?

전혀 영향을 미치지 않는다.

이 연구가 부탁하는 당신의 역할은?

SMI 훈련 중 제출하고 지도 받은 사례 자료를 사용 허락하도록 당신이 동의를 해주는 것이다.

이미 마친 SMI 치료에 대한 당신의 경험을 요구할 수도 있다.

이 연구 결과는 박사학위를 수료하는 데에 이용되며 학회 연구 발표, SMI 요법 훈련, 저서등에 이용될 수 있다. 그리고 후에 있을 수도 있는 연구, 전문적 여러 목적에 사용 될 수 있다. 당신이 원하면 연구자로부터 연구 결과를 얻을 수 있다.

이 연구에 대항 정보를 더 알고 싶거나 질문이 있으면 백수미 연구자에게 연락 하기 바랍니다.

Sumi Paik-Maier at +44-20-8946-1498, or spmaier96@googlemail.com

감사 합니다.

백수미

이 설명서는 Tavistock / University of East London 윤리 위원회 비준을 받아야 합니다.

연구 설명서 (내담자) (Research Information Sheet (Sample Two, Client))

지지적 음악과 심상 치료(Supportive Music and Imagery, 이하 SMI) 과정과 이의 심리 이론 기반 확립을 위한 연구: SMI 치료의 한국 연구

당신을 이 연구에 초대 합니다. 다음은 이 연구의 목적과 연구에 관한 간단한 설명을 적은 설명서 입니다. 이 연구에 참여 여부에 대한 결정을 하기 전, 설명서의 내용을 찬찬히 읽고 질문이 있으면 주저말고 해주시기 바랍니다. 당신은 언제나 이 연구를 도중에 자유로이 중단 할 수 있습니다.

어떤 연구인가?

이 연구는 SMI 치료 과정을 연구하고 심리 이론을 정립 함으로서 SMI 치료를 이용하는 모든 이에게 도움을 주는데 그 목적이 있다.

어떻게 연구가 이루어지나?

이 연구는 당신이 받는 SMI 치료에 대한 연구 이다. 치료는 보통 SMI 치료와 똑 같은 방식으로 진행되며 이 연구는 당신이 받는 치료 과정에 아무런 영향을 미치지 않을 것이다. 치료 과정은 당신의 동의에 따라 오디오나 비디오로 녹화 될 것이다. 이 연구는 여러 사례를 통한 SMI 의 전반적 패턴을 연구하므로 당신의 개인 사례나 당신에게 초점을 두지 않으며 당신의 신분 보호를 위해 어떠한 경우에도 당신에 대해 유추할 수 있는 개인적 정보나 당신의 이름은 사용되지 않는다.

연구가 당신에게 어떤 영향을 미치나? 전혀 영향을 미치지 않는다.

이 연구가 부탁하는 당신의 역할은?

보통 SMI 치료와 다름 없이 진행하며 치료 시작할 때와 마친 후 설문 조사에 답해 주면 된다. 필요에 의하여 치료 마친 후 시간이 경과 한 후 설문에 답할 경우가 있을 수 있다.

이 연구 결과는 박사학위를 수료하는 데에 이용되며 학회 연구 발표, SMI 요법 훈련, 저서등에 이용될 수 있다. 그리고 후에 있을 수도 있는 연구, 전문적 여러 목적에 사용 될 수 있다. 당신이 원하면 연구자로부터 연구 결과를 얻을 수 있다.

이 연구에 대항 정보를 더 알고 싶거나 질문이 있으면 백수미 연구자에게 연락 하기 바랍니다.

Sumi Paik-Maier at +44-20-8946-1498, or sрмаier96@googlemail.com

감사 합니다.

백수미

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연구 설명서 (Research Information Sheet (Sample Two, Therapist)

지지적 음악과 심상 치료(Supportive Music and Imagery, 이하 SMI) 과정과 이의 심리 이론 기반 확립을 위한 연구: SMI 치료의 한국 연구

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어떤 연구인가?

이 연구는 SMI 치료 과정을 연구하고 심리 이론을 정립 함으로서 SMI 치료를 이용하는 모든 이에게 도움을 주는데 그 목적이 있다.

어떻게 연구가 이루어지나?

이 연구는 당신이 기록한 리포트와 오디오, 비디오 자료 등을 통해 SMI 치료 사료를 분석한다. 보통과 다름 없이 SMI 치료를 진행하며 이 연구는 치료에 아무 개입도 하지 않는다. 이 연구는 여러 사례를 통한 SMI의 전반적 패턴을 연구하므로 당신의 개인 사례나 당신에게 초점을 두지 않으며 당신의 신분 보호를 위해 어떠한 경우에도 당신에 대해 유추할 수 있는 개인적 정보나 당신의 이름은 사용되지 않는다.

연구가 당신에게 어떤 영향을 미치나?

전혀 영향을 미치지 않는다.

이 연구가 부탁하는 당신의 역할은?

보통과 다름 없이 SMI 치료를 진행하며 치료를 마친 후 설문 조사에 답해 주면 된다.

이 연구 결과는 박사학위를 수료하는 데에 이용되며 학회 연구 발표, SMI 요법 훈련, 저서등에 이용될 수 있다. 그리고 후에 있을 수도 있는 연구, 전문적 여러 목적에 사용 될 수 있다. 당신이 원하면 연구자로부터 연구 결과를 얻을 수 있다.

이 연구에 대항 정보를 더 알고 싶거나 질문이 있으면 백수미 연구자에게 연락 하기 바랍니다.

Sumi Paik-Maier at +44-20-8946-1498, or sрмаier96@googlemail.com

감사 합니다.

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Appendix IIa, Participant Consent Forms, English

Consent Form (Sample One, Client)

I, _____, consent to participate in Music and Imagery sessions (SMI) with a therapist in training, _____.

I understand and I agree to the content below:

1. I am volunteering for six (SMI) sessions involving imagery and music.
2. My therapist is a SMI therapist in training.
3. Sessions will include verbal discussion about me, my (positive) imagery, my relationship with music, and the expression of my feeling/emotions.
4. Sessions may change and may increase my awareness of feeling/emotions, thoughts, memories and relations with music.
5. There is no expected discomfort associated with this (Supportive) Music and Imagery procedure. However, I am free to end the session at any time. If I can, I will try to discuss about it with my therapist before I decide to do it.
6. All sessions will be audio / video recorded for professional purpose such as educational and research , in this case my name and my identifying information will remain anonymous.

Name of the client

Signature

Date

Sumi Paik-Maier

Name of researcher

Signature

Date

Consent Form (Sample One, Therapist)

Title of research: An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea.

Name of Researcher: Sumi Paik-Maier, MA, FAMI

17 Alfreton Close, London SW19 5NS, UK, spmaier96@googlemail.com

I agree to take part in the above study. I confirm that I have read and understand the information sheet for the above study and I have had the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving reasons.

Yes

No

Name of participant

Signature

Date

Sumi Paik-Maier

Name of researcher

Signature

Date

Consent Form (Sample Two, Client)

Title of research: An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea.

Name of Researcher: Sumi Paik-Maier, MA, FAMI

17 Alfreton Close, London SW19 5NS, UK, spmaier96@googlemail.com

I agree to take part in the above study. I confirm that I have read and understand the information sheet for the above study and I have had the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving reasons.

Yes

No

Name of participant

Signature

Date

Sumi Paik-Maier

Name of researcher

Signature

Date

Consent Form (Sample Two, Therapist)

Title of research: An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea.

Name of Researcher: Sumi Paik-Maier, MA, FAMI

17 Alfreton Close, London SW19 5NS, UK, spmaier96@googlemail.com

I agree to take part in the above study. I confirm that I have read and understand the information sheet for the above study and I have had the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving reasons.

Yes

No

Name of participant

Signature

Date

Sumi Paik-Maier

Name of researcher

Signature

Date

Appendix IIb, Participant Consent Forms, Korean

동의서 (샘플 1, 내담자) (Consent Form (Sample One, Client))

세션 동의서

나, _____ 는(은) 음악과 심상치료 (Music & Imagery Therapy) 를

_____ 치료자에게 받는 것을 동의하며 아래의 내용에 동의합니다.

1. 음악과 이미지를 다루는 음악과 심상 치료에 자발적으로 참여하겠습니다.
3. 세션은 나 자신에 관한 점, 음악과의 관계, 감정, 이미지에 대해 의논하고 표현하는 부분을 포함하고 있다고 이해합니다.
4. 세션은 나의 감정, 생각, 기억, 나와 음악의 관계 등을 활성화 시키고 변화시킬 수 있음을 이해합니다.
5. 나는 언제든지 세션을 중단할 수 있는 선택권이 나에게 있습니다. 단, 중단하기 전 이 점에 대해 치료자와 의논하려 가능한 한 노력하겠습니다.
6. 모든 세션은 비디오나 오디오로 녹화됩니다. 나의 모든 신상 정보의 비밀을 철저히 보장 받는 한에서 세션 내용이나 이미지가 교육, 연구 등 전문적 용도에 사용될 수 있음을 허락합니다.

이름: _____

서명: _____

날짜: _____

* 이 동의서는 이 연구가 시작되기전 훈련과정에서 받은 것임

동의서 (샘플 1, 치료자) (Consent Form (Sample One, Therapist))

연구 제목: 지지적 음악과 심상 치료(Supportive Music and Imagery, 이하 SMI) 과정과
이의 심리 이론 기반 확립을 위한 연구: SMI 치료의 한국 연구

연구자 이름: Sumi Paik-Maier, MA, FAMI

연락처: 17 Alfreton Close, London SW19 5NS, UK, spmaier96@googlemail.com

본인은 이 연구에 대한 설명서를 읽었고 이에 대한 질문을 할 기회가 있었음을
확인합니다. 본인은 이 연구에 자발적으로 참여 하며 이유를 밝힐 필요 없이 언제나
참여를 그만 둘 수 있음을 이해 합니다. 본인은 위의 연구에 참가함을 동의 합니다.

예

아니오

참여자 이름

날짜

서명

백수미 (Sumi Paik-Maier)

2009년 9월 24일

연구자 이름

날짜

서명

이 동의서는 Tavistock / University of East London 윤리 위원회 비준을 받아야 합니다

동의서 (샘플 2, 내담자) (Consent Form (Sample Two, Client))

연구 제목: 지지적 음악과 심상 치료(Supportive Music and Imagery, 이하 SMI) 과정과
이의 심리 이론 기반 확립을 위한 연구: SMI 치료의 한국 연구

연구자 이름: Sumi Paik-Maier, MA, FAMI

연락처: 17 Alfreton Close, London SW19 5NS, UK, spmaier96@googlemail.com

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참여를 그만 둘 수 있음을 이해 합니다. 본인은 위의 연구에 참가함을 동의 합니다.

예

아니오

참여자 이름

날짜

서명

백수미 (Sumi Paik-Maier)

연구자 이름

날짜

서명

이 동의서는 Tavistock / University of East London 윤리 위원회 비준을 받아야 합니다

동의서 (샘플 2, 치료자) (Consent Form (Sample Two, Therapist))

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연구자 이름: *Sumi Paik-Maier, MA, FAMI*

연락처: *17 Alfretton Close, London SW19 5NS, UK, spmaier96@googlemail.com*

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참여를 그만 둘 수 있음을 이해 합니다. 본인은 위의 연구에 참가함을 동의 합니다.

예

아니오

참여자 이름

날짜

서명

백수미 (Sumi Paik-Maier)

연구자 이름

날짜

서명

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Appendix III: UEL Ethics Approval

Mrs Sumi Paik-Maier

17 Alfreton Close
London
SW19 5NS

30th May 2014

Dear Mrs Paik-Maier

University of East London/The Tavistock and Portman NHS Foundation Trust: research ethics

Study Title: *An exploration of the process of the supportive music and imagery therapy and of its foundation in psychological theory: A study of supportive music and imagery therapy conducted in South Korea.*

I am writing to inform you that the University Research Ethics Committee (UREC) has received your UREC email, which you submitted to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that UREC approval was granted.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely



pp: Catherine Fieulleateau
Ethics Integrity Manager

For and on behalf of

Professor Neville Punchard








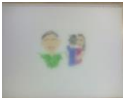




















Chair of the University Research Ethics Committee (UREC)

Tel.: 020 8223 6683 (direct line)

E-mail: c.fieulleteau@uel.ac.uk

c.c. Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust
Mr Will Bannister, Associate Director, Education and Training, Tavistock and Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London
Professor Neville Punchard, Chair of the University of East London Research Ethics Committee
Dr Alan White, Director of the Graduate School, University of East London
Mr David G Woodhouse, Associate Head of Governance and Legal Services

Appendix IV: The collection of drawings from all sessions

	S.1	S.2	S.3	S.4	S.5	S.6	S.7
Ch.3 Nami & Sue	A camp fire evening with church peers  Feeling maternal love for a lost child for my peers	Let's go. (resolution before the new term)  The feeling supported by God, like the vast ocean.	Mutual respect and love found between me and my mom  like the rainbow after the rain	Satisfying music event  Feeling fun, fresh, comfortable ... harmonious overall	Elevated feeling of confidence and self-respect  Growing me	Feeling freer, open and accepting of myself and of others  Freedom in the world and in nature	
Ch.4 Hana & Kim	A playful moment with my father as a child  Where is my mother?	Supportive parents  Similarities between me and my mother	Comfort and warmth from my mother  Feeling loved by my mother	Fun and happy time with a friend  Played music improvisation on 'Fun'	Enjoy playing the piano  Feeling happy and satisfied  Flying freely up high	Feeling hopeful, free and comfortable in myself.  Feeling hopeful like the bright and hopeful world we are facing.	
Ch.5 Sera & Jade	Family being playful in a field  Saplings are coming out 	Use the image of samplings  Focus on the light of the star Bird escaping from dark	Feeling Alive  Feeling confused, anxious over changes	Support from father  In the middle of a path...not knowing whether I [Jade] should move forward or backward	Feeling calm and comfortable by music  A woman holding a baby like my mother or I look at my	Not having lost my self  Someone helps me to fly  A bird flying into the sunset	I have grown, feeling in charge of my life now  The big tree enjoys sunlight... very satisfying.
Ch.6 Yuna & May	Support from mother  A dependable chair	Comfortable morning  	Happy moment while cooking  	Open path ahead of her  	Winding journeys  Resembled the ups and downs of life	A big window in my heart  With a paddle, I could steer into the direction I wish to go.	

Ch.7 Sera & Lin	The comfort and support felt from God  Small happiness shared with Ron	The consistent, dedicated quality in me  It is me, independent from Ron or my husband	Feeling satisfied investing in my growth  A shoot growing with sunlight at the window	The free and happy feeling of overcoming my complex  I will fly. I am trying my best today!	Feeling the excitement & pride at doing my best  Go, Lin! Fighting alone like a soldier, full speed!	Being consistent yet trying to grow, like a pine tree  I did well!	My life flowing  A wonderful family trip, It is amazing to see me grow!
Ch.8 Nami & Ann	Happiness in the morning  Distant relationship with my husband, reminiscing happy past	Chatting with my friend  Being unsupported by my husband, like the weak outer petals	Enlightened, amicable family atmosphere  Proud of keeping the marriage	Family dinner outing: free of shadows  Feeling refreshed: my bitterness broke away like strong wave breaking	Relaxing evenings with my sons  Feeling secure and free, independent from my husband	Finding happiness in my new class  I am changing from the bottom up: Happiness found in myself.	