The Impact of a Single Music Therapy Session on Group Socialization and Traumatic Symptom Reduction for Japanese Adult Evacuees from the Great East Japan Earthquake

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This thesis titled
The Impact of a Single Music Therapy Session on Group Socialization and Traumatic Symptom Reduction for Japanese Adult Evacuees from the Great East Japan Earthquake

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Abstract
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The Impact of a Single Music Therapy Session on Group Socialization and Traumatic Symptom Reduction for Japanese Adult Evacuees from the Great East Japan Earthquake

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The Great East Japan Earthquake of March 11, 2011 caused thousands of people to evacuate Tohoku due to flooding, earthquake damage, and nuclear contamination. Many evacuees suffer from a variety of psychological traumas and can never return home. Because of their displacement, they seek activities at community centers. The purpose of this study was to observe how a single music therapy session impacted group socialization and traumatic symptom reduction for Japanese adult evacuees. The researcher provided a ninety-minute music therapy group for eight Japanese females from rural Tohoku now in a metropolitan area, and conducted follow-up individual interviews. After content analysis of video and audio recorded data, the researcher concluded that the music therapy group resulted in physical and verbal relaxation, increased group cohesion, and freer expression of their feelings. Further, the evacuees appeared to enjoy the benefits of “recreational” music therapy activities while avoiding the label of receiving therapy.
Dedication

This work is dedicated to evacuees who shared their experiences through music.

I thank you for being open to a music therapy session.
Acknowledgments

I would first like to thank my thesis advisor, Dr. Kamile Geist for being a role model of realizing a dream at a later age. I feel so grateful for her continuous support and encouragement. I would also like to thank my committee members: Dr. Laura Brown, Dr. Richard Wetzel, and Dr. Gregory Janson for their support and wisdom. Maureen, thank you very much for all your knowledge, inspiration, validation, support, and friendship. You are there for me rain or shine. This accomplishment would not have been possible without you. Jennifer, thank you for your encouragement and friendship.

Last, but not least, I must express my very profound gratitude to my parents, my husband, my sister, and my aunt for providing support and love throughout my journey. Thanks so much.
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Preface

As a music therapist committed to the importance of my practice, I chose to explore the capacity of music therapy to help a community of Japanese displaced by the March 11, 2011 the Great East Japan Earthquake. Let me briefly explain who I am. I have lived in the United States multiple times, being a student at high school, college, and graduate school as well as being a homemaker. The Great East Japan Earthquake happened when I was in U.S. Having felt an urgent need to do something, I contacted one of my music therapy professors from a graduate school in Japan to see if there was anything I could do. She suggested I do what I can do then in U.S., meaning I should finish my graduate work first in U.S. Having known 9.11 survivors and become interested in trauma since then, I had taken counseling courses at graduate schools in both countries.

Immediately after passing the music therapy board certification exam, I returned to Japan and read whatever available at the time to learn the needs of disaster survivors. I attended symposia, listened to lectures, and read journals and books. I then decided to volunteer for one of the only allowed ways to help in the disaster area in 2012, clearing rubble. Once every other month, buses ran from one cosmopolitan city in Greater Tokyo area to one of the disaster areas. These bus rides were overnight, 10-hour drives. We arrived exhausted the next morning, and were instructed to clear rubble that day and the following morning. It was very hard work, and we were given only short breaks for rest and lunch. Over dinner, we heard stories from the area’s survivors, as set up by the city government-related social welfare organization, the organizers of the trip. Then we were
loaded back into the bus for the long ride back.

What was disturbing was that, while the volunteer opportunities were available, the government made them as uncomfortable and restricted as possible. I found it upsetting that we were specifically instructed not to speak to any local people, outside of organized social contact. This may have been because of fears that volunteers might hurt survivors’ feelings through thoughtless or inconsiderate comments. Around that time, the media were broadcasting such sentiments.

However, I was determined to reach out somehow. On the way to the restroom (that is, outside the dining area), I tried to start a conversation with a survivor. This woman was acting very shy. She was trying to avoid engaging personally with the volunteers, and it seemed as if she had been instructed not to talk to volunteers. I found myself wishing I could do more than clear rubble. I wanted to use my music therapy education experiences to help my fellow Japanese.

Soon after I returned from this volunteer bus trip, I became aware that many people were evacuated and relocated in Greater Tokyo areas. The government had given various kinds of aid such as material comforts like housing and appliances, but social and psychological services were very limited. I felt that the evacuees needed more. It seemed to me that there would be, or should be, an important role for music therapists in this situation. With my experiences at a local social services organization, I knew that evacuees felt uprooted from their communities, anxious about their futures, and generally misunderstood. They had begun meeting on their own at a karaoke bar after their regular craft-making meetings. I asked to join them, which was not easy considering I was an
outsider plus a younger person. They seemed to accept me, and have confidence in my outreach.

I felt that here would be an interesting case study for my thesis. First of all, the group was already seeking what you might call their own music therapy, through the shared experience of karaoke. Second, since Japanese culture in general is very resistant to therapies of any kind, this would become part of the case study—how to gain their trust in order to offer music therapy in a group setting. As a Japanese person, educated both in Japan and in the U.S., I felt I could approach these cultural differences with a special sensitivity. I also felt strongly that music therapy would help these evacuees deal with their trauma.

With my thesis advisor’s help, I began to design a case study for this situation. Considering the nature of the population and their situation, I knew this case study would take time but I was determined to make it happen. Though the literature in music therapy and trauma in the Japanese context is limited—but growing—I hope that this study will add to the body of work by shedding light on an under-studied area, and help to highlight the ability of music therapy to help trauma victims in general.
Chapter 1: Introduction

On Friday, March 11, 2011 at 14:46 (JST), strong foreshocks began under the Pacific Ocean just 70 kilometers (43 miles) east of Japan’s Northeastern Coast. This main event occurred at magnitude 9.0, large enough to knock the earth slightly off its axis. The ensuing tsunami waves reached over 130 feet high in places, and affected about 2,000 km of Japan’s coastline. Moreover, the tsunami waves engulfed the Fukushima Daiichi nuclear power plants, causing several reactors to explode or melt down as cooling generators were flooded with seawater. In the years after the meltdown, radioactive contamination continues to be discovered in groundwater and in the ocean nearby, and in some food products such as rice. As of June 10, 2016, Japanese Government Reconstruction Agency announced 15,894 confirmed deaths and 2,558 missing. As of September 30, 2016, the Japanese Government Reconstruction Agency reported 3,523 “disaster-related deaths” after evacuation. In Fukushima Prefecture alone, 2,086 people died after evacuation from the nuclear power plant disaster. The damage to the coastline, cities and towns, farmland, buildings, and infrastructure such as roads and airports was incalculable– partly for the reason that some areas will never be rebuilt.

Japanese Evacuees

Approximately 154,000 people were evacuated from Fukushima in total, of which 109,000 are from the "Evacuation Order Area" (Reconstruction Agency, 2016). The evacuees from areas near the Fukushima Daiichi Nuclear Power plant have experienced problems that persist until today. These evacuees were faced with sudden and tremendous physical and psychological losses. Homes, possessions, family members and friends were
lost. Family bonds among three generations sharing a household, and bonds within close-knit communities were severed permanently. These survivors lost all hope for the future. They were instructed initially to evacuate, and led to believe that they could return to home soon. However, many of them ended up relocating from one place to another, placed on long bus rides, and living in substandard temporary housing. They never imagined that they would not return to their homes; it was only later that the government designated their home areas “Restricted Area” or “Deliberate Evacuation Area.” Therefore, it was urgent for these evacuees who suddenly had to face the physical and psychological losses to receive social support services.

**Services Provided for Evacuees**

There were many services offered for the evacuees to help with daily living. The Japanese government, NPO organizations, and volunteers provided materials such as food, medication, and clothing. The government provided temporary housing. In addition, financial compensation including free housing was provided. Upon request, Tokyo Electric Power Company (TEPCO) provided to evacuees certain basic home appliances free of charge, or the equivalent in cash. Non-profit organizations such as Peace Winds Japan and Tono Magokoro Net (Nagai, 2011) distributed food, blankets, stoves, hygiene, and other goods immediately after the Great East Japan Earthquake, followed by longer-term recovery assistance for livelihoods and local industries, social welfare services to children, and disaster preparedness workshops for local municipalities by Peace Winds Japan. These evacuees also received help in removing some personal
articles from their former homes. Only months later did volunteer social workers begin to offer mental care services.

**Psychological counseling services in Japan.**

In addition to physical and material services, some psychological services were also offered for people affected by the Great East Japan Earthquake in Japan. Counseling services are scientifically known to be effective treatment for people affected by disasters (Crowe & Colwell, 2007). Counseling services have been shown to be particularly valuable to help people talk about their trauma. However, counseling services in Japan are not as common as those in other countries such as the United States. Although the word “depression” has been broadcast countless times by media, and people are aware that clinical depression is not uncommon, people in Japan generally tend not to accept the concept of and need for mental care services. In the case of evacuees from the Great East Japan Earthquake, some counseling services by volunteer social workers were reported in their writings, and the importance of counseling has been repeatedly mentioned. However, more often Japanese apply the word “Gambatte” or “Do your best” to those affected people. The researcher witnessed that there were written boards placed all over the affected areas, saying “Gambatte Tohoku” or “Do your best, Tohoku.” Survivors including the research participants and those with whom the researcher conversed in Tohoku affected area, have stated that there were others who did not survive, so they should feel fortunate and not complain about their sufferings. Thus, as Kayama (2011) mentions, due to survivors’ guilt many evacuees do not seek mental help.
Counseling through recreation.

Counseling services are sorely needed, yet these services must be framed as “recreation” in order to be accepted by those affected by disaster. The general characteristics of Tohoku people of “gambaru” or “do your best,” “strive” and the bias against counseling in general prevented these evacuees from articulating the need to receive counseling services. However, the researcher felt such a need, judging by the verbal and facial expressions of evacuees she met in home visits. Many of these evacuees had lost someone they knew (family, relatives, friends, acquaintances) and most of them had to leave their homes suddenly. Their physical and psychological losses were enormous and even years later needed to be addressed.

Gfeller (2008) states that music can be used therapeutically and flexibly because it can be enjoyed through various forms such as listening, singing, and playing instruments. Gfeller also states that, since music is so embedded in most people and their lives, there is no reason why music cannot be used clinically as well as recreationally. Music can and should be utilized as part of a recreational medium, administered by licensed professionals educated and trained in music therapy, from accredited institutions approved by American Music Therapy Association.

Thus, by creating music recreational activities such as making music or musical games, people suffered from traumatic events might be able to talk about their feelings freely and not worry about being offered counseling.
Music Therapy and Trauma

Music therapy has been shown to be effective in dealing with people who have experienced trauma (Loewy & Stewart, 2004); these include soldiers, veterans, people who experienced physical assault, and those affected by disasters. By definition, Music Therapy is the “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association, 2017), and can be used to address the needs of those who suffer from trauma. In trauma treatment, music therapy aims to elevate mood, increase self-confidence, facilitate connectedness among people participating in music therapy setting, and foster feelings of success. Bensimon, Amir, and Wolf (2008) found in their study that some traumatic symptom reduction had been observed among post-traumatic soldiers, following group drumming. These symptoms reduction included increased sense of openness, togetherness, belonging, and sharing. They concluded that a creative and safe environment through music might have facilitated an outlet for rage and regained a non-intimidating access to traumatic memories and a sense of self-control (Bensimon, Amir, & Wolf, 2008). Thus, by using music therapeutically, many targeted goals such as elevating mood, increasing self-esteem, and facilitating connectedness can be addressed in a non-threatening situation (Unkefer & Thaut, 2005).

Music Therapy and Disaster Relief

The music therapy community has responded to many global disasters by providing support for affected families (Crowe & Colwell, 2007), who are known to
suffer from trauma for years afterward. The American Music Therapy Association (AMTA) and regional chapters of AMTA have joined together often to provide services to the survivors of some of disasters. Scheiby (2002) describes how a variety of expressions including fear, anger, frustration, hope, playfulness, abandonment, loss, freedom, isolation, connectedness, and chaos were all expressed musically and verbally in the context of a community of caregivers. Offering a safe environment through music therapy encouraged those people to feel safe in their community, and to connect with others.

Ties to the community play an important role in implementing music therapy services to evacuees. Individuals affected by disasters and trauma might still be suffering from symptoms including phobias, and might not feel ready for those therapies when they are still desperately trying to maintain calm. If that is the case, music therapists must be conscientious enough to think creatively about how to best implement music therapy. Music therapy services are currently provided for a variety of populations in Japan, and Japanese music therapists provided some services for those who were affected by the Great East Japan Earthquake (Inoue, 2011; Saji, Kitamura, & Okubo, 2014; Yamazaki, 2011).

**Rationale for Study**

Due to the hardships experienced by the researcher’s participants, evacuees from the Great East Japan Earthquake, there was a strong need for music therapy services and for governmental officers to realize the need for and efficacy of music therapy. Because of limited literature in disaster relief work and trauma itself in the field of music therapy,
as well as unique characteristics in Japanese culture with regard to therapy, music therapy researchers, practitioners and students may benefit from this study by learning how to “connect” to people who suffer from traumatic events, and learning how music therapy can be introduced to assist these people from a conservative culture.

**Purpose of Study**

The purpose of this study was to observe how a single music therapy session impacted group socialization and traumatic symptom reduction for Japanese adult evacuees from the Great East Japan Earthquake. Specifically, the researcher wanted to determine (1) whether music therapy experiences would enable a group of evacuees to relax physically and verbally, noted through positive emotions and verbal comments, and (2) whether music therapy experiences would promote group interaction among members and between evacuees and the music therapist who conducted the session.

The research question is “How did a single music therapy session impact group socialization and traumatic symptom reduction for Japanese adult evacuees from the Great East Japan Earthquake?”
Chapter 2: Related Literature

Evacuation Orders

The combination of tsunami, earthquake, and nuclear contamination that occurred suddenly on 3.11.2011 created chaotic conditions for the affected residents. As a result, communication between the central government and local officials was erratic at best. Some towns which received timely orders from the Japanese central government or local government quickly issued mandatory evacuation orders, while other towns initiated mandatory evacuations on their own. Hino (2015) reported that, about six hours after the event, the Fukushima local government instructed people living within a 2km (1.24 mile) radius of the nuclear plant to evacuate. Thirty minutes later, the Japanese central government increased the evacuation radius to 3km, and instructed those residing 10 km radius to stay inside buildings. The next morning central government officials ordered evacuation for those in the 10 km radius; until then, people were not aware that they were in danger of exposure to high levels of radiation.

Tohoku Evacuees

According to Hino (2015), the evacuees living near the Fukushima Daiichi Power Plant (261 km or 162 miles away from Tokyo) lost their close-knit communities, and many were moved multiple times, contributing to their disruption. Some members of the same town were able to stay together, but the majority of them were not. Evacuees could no longer communicate frequently with people from their area.
Tohoku People’s Characteristics

Tohoku people are known for being self-reliant. A guide to one disaster site called Yuriage told the researcher and others that Tohoku people did not easily express their needs or give up, and were stubborn in not accepting help from outsiders. They speak with a distinct dialect and accent that is usually recognizable by “standard” Japanese speakers, and are more comfortable talking with their own dialect, even in their new locations.

Challenges in Urban Living

The evacuees in urban areas were accustomed to living in relatively large homes sounded by nature, and using cars since public transportation was less available than in urban areas. Therefore, navigating the public train and subways in urban areas can be challenging.

Nittetsu Gijyutsu Jyoho Center (2006) introduces the kind of Seniority-based hierarchy that occurs commonly in Japanese society. This may be due to Japanese society’s emphasis on respect over the older based on the agricultural history background and the Confucian ethic influence from China. In their evacuated urban areas, Tohoku evacuees did not experience the same kind of group cohesion and group harmony practices they were accustomed to in their former communities.

General Problems Faced by Evacuees

Housing.

The majority of the evacuees from towns near the Fukushima power plant were still living in the same small apartments in urban areas that had been provided by the
government after the mandatory evacuation, supported by government compensation. However, as of March, 2017, Japanese Government (2016) announced that most evacuees residing temporary housings would be unable to renew their lease, and thus will need to find other accommodation (Fukushima governmental site, press released in July 2016; retrieved in Feb. 26, 2017).

**Continuing problems.**

People who evacuated from Tohoku region due to the Great East Japan Earthquake often find themselves being alienated at events sponsored by the NPO and local governments. According to Hino (2015), Kumamoto who had evacuated from Fukushima to Tokyo stated that she could not express her angers freely and share her frustration with other attendees in presence of local social service officials. In addition, Eguchi (2015) points out that compensation from Tokyo Electric Power Company (TEPCO) differs among evacuees depending on where exactly they resided and other variables (factors); therefore, these differences created unnecessary gaps and conflicts between evacuees.

**Trauma**

**Definition.**

Lowey (2002) defines Trauma as serious injury, wound, or shock to the body or mind that can lead to temporary or chronic psychological and/or behavioral disorders. Today the word, “trauma” is often cited or referred to casually in public. As a result, it is not uncommon to hear people use trauma and Posttraumatic Stress Disorder (PTSD) interchangeably. People may encounter traumatic events big or small; however, the United States Department of Veterans Affairs, National Center for PTSD (2010) points
out that not all people who experienced traumatic events actually suffer from a mental disorder such as PTSD.

**Signs and symptoms of PTSD.**

Despite the fact that not everyone who experiences a traumatic event will develop mental disorders such as Posttraumatic Stress Disorder (PTSD), some still suffer from PTSD. Since stress reactions are so pervasive after a major disaster, it may not be easy to know when a stress reaction is more severe and may require clinical treatment. For example, severe reaction after disaster include the following: intrusive re-experiencing, extreme emotional numbing, extreme attempts to avoid disturbing memories, and hyperarousal. The first one, intrusive re-experiencing, includes nightmares, terrifying memories, or flashbacks. Extreme emotional numbing includes completely unable to feel emotion or feeling empty. Third, extreme attempts to avoid disturbing memories include substance abuse. Last, hyperarousal includes panic attacks, extreme irritability, rage, intense agitation, and violence (National Center for PTSD, 2010).

The PTSD diagnostic criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013) specifically defines these criteria for PTSD for diagnosis. In order to meet the criteria for a diagnosis of PTSD, an individual experiences high levels of either of the following to trauma-related stimuli: Depersonalization, which is the experience of being an outside observer of or detached from oneself (e.g., feeling as if ‘this is not happening to me’ or as if one were in a dream) or Derealization, which is the experience of unreality, distance, or distortion (e.g., ‘things are not real’). Also, full diagnostic criteria are not met until at least six months after the
trauma, although onset of symptoms may occur immediately (National Center for PTSD, 2017). Therefore, even though people experience symptoms such as flashbacks, nightmares, and trauma-related thoughts, if it lasts less than a month, they will not be diagnosed as PTSD, but diagnosed as Acute Stress Disorder.

On the other hand, the National Center for PTSD (2010) also states that the mechanisms of natural recovery from traumatic events are strong, and that fear, anxiety, re-experiencing, urges to avoid, and hyperarousal symptoms will gradually decrease over time as the psychological outcome of a community as a whole will be resilience. The common stress reactions in the wake of disaster are emotional reactions, cognitive reactions, physical reactions, and interpersonal reactions.

First, emotional reactions include fear shock, grief, anger, guilt, shame, feeling helpless, feeling numb, and sadness. Second, cognitive reactions include worry, confusion, indecisiveness, shortened attention span, and trouble concentrating. Third, physical reactions include fatigue, tension, insomnia, bodily aches pain, startling easily, racing heartbeat, nausea, change in appetite, and change in sex drive. Last, interpersonal reactions include conflict, withdrawal, distrust, work or school problems, irritability, loss of intimacy, and feeling abandoned (National Center for PTSD, 2010).

Iwai (2001) mentions that some people who face life-or-death circumstances may have suicidal thoughts or feeling of guilt called survivors’ guilt, and this survivor’s guilt has been observed among the Great East Japan Earthquake survivors. Kayama (2011) also points out that the survivors from the Great East Japan Earthquake whom Kayama met have often been feeling survivor’s guilt. They would turn off heaters, sleep on
blankets as others in shelters were doing, and avoid eating delicious food out of feeling sorry that only they survived.

Physical and psychological reactions to traumatic events are often delayed. Iwai (2001) states that the emergence of symptoms is often delayed due to the primacy of basic needs such as eating, sleeping, and securing adequate clothing and shelter. Walsh (2011) claims that Maslow’s hierarchy of needs supports this point, since the most basic need (physiological) is at the bottom of the pyramid. Safety, love and belonging, self-esteem, and self-actualization follow.

**Areas to address in trauma work.**

According to Scheiby (2002), a number of areas of need can be addressed in trauma work. Physical needs include physical stress management, release of the fight and flight impulse, relief of insomnia or nightmares, regain grounding, regain ability to focus, regain bodily flow, relief of depression, summoning spirituality or hope, processing trauma related to early history reevaluating identity, facilitating creativity and playfulness, and promotion of self-comfort. Psychosocial needs include emotional release, stress management, developing coping skills, re-associating, processing of grief and anger, regaining psychological flow, developing intrapersonal and interpersonal listening skills, regaining emotional support, regaining trust, and regaining emotional control. With both physical and psychosocial needs addressed, people who have experienced a traumatic event may begin to feel psychological pain.

An individual’s functional capacity is closely related to reactions and emergence of symptoms after disaster. For example, symptomatic individuals who can keep functioning
affectively at work or at home are at much lower risk for developing psychiatric disorders than those functionally incapacitated (National Center for PTSD, 2010).

**Government Goals**

It has been six years since the Great East Japan Earthquake. According to the Japanese Government Reconstruction Agency (2017), government long-term goals have shifted from the Intensive Reconstruction Period (2011-2015) to Reconstruction and Revitalization Periods (until 2020) – in which the government intends to assist evacuees in recovering from the disaster on their own (Japanese Government Reconstruction Agency, 2017). The central government says it will offer grants to NPOs who support evacuees. Moreover, the local governments have been contacting evacuees regarding information from their original prefecture. Some evacuees made friends with other evacuees from Tohoku regions through attending events and workshops sponsored by the government and NPOs.

Some individuals are more at risk for severe stress responses than others. U.S. Department of Veterans Affairs, National Center for PTSD (2010) points out there are four risk factors for severe reactions: Trauma and stress, Survivor characteristics, Family context, and Resource context. First, trauma and stress include severe exposure to the disaster, especially injury, threat to life and extreme loss. Living in a highly disrupted or traumatized community might negatively affect trauma survivors. Second, survivor characteristics include females, ages from forty through sixty, ethnically minority, low socioeconomic status, and psychiatric history in prior to the disaster. Third, family context includes having children in the home, the presence of a spouse, and having a
significantly distressed family member, interpersonal conflict or lack of support at home.

Fourth, resource context includes lacking belief in one’s ability to function, and few, weak, or deteriorating social resources.

Therefore, in order for disaster survivors not to develop trauma-related symptoms, survivors should use natural supports as well as talk with friends, family, colleagues, and those with whom they feel comfortable at their own pace. National Center for PTSD (2016) state in Guidelines for mental health providers’ response to the events of 9.11.2001 that, if survivors from traumatic event want to speak with professionals, they are encouraged to do so. For professionals, they are encouraged to listen supportively and actively without probing for details and emotional responses, let the survivors say what they feel comfortable saying not pushing for more, and validate and normal natural recovery.

Support Groups

University professors Harada and Nishikido (2015) reported some evacuees had proactively established their own support groups to meet regularly and exchange useful information. Hashimoto and Tsuga (2015) introduce that evacuees themselves established their support groups. They strive to convey voices from each and connect with other support groups locally. In addition, there are NPOs that promote support groups, and sponsor workshops and gathering places with free legal advice. Other NPOs host an annual festival that includes games, dancing, and music played by professional musician to attract more evacuees to come and receive useful information. There is an NPO associated closely with local government that has been trying to meet evacuees’ needs by
providing necessary services. This organization used to hire approximately 25 social workers and other related professionals for them to visit evacuees’ houses to assess their needs and make necessary arrangements. Due to budget cuts and a change in governmental policy, the organization downsized considerably. Currently, an association of clinical psychologists has taken over the organization. Since they kept the same organization name, many of the evacuees do not realize there is a drastic change in organizational structure and decline in services provided. As long as people look at government announcements about services they are offering, it looks as if the government continues to offer as many services and support as it used to.

Supporters’ Dilemma

Harada and Nishikido (2015) reported on the current situation of evacuees residing in one prefecture outside the Tohoku region. They state that providers of support for evacuees are “unsure whom to reach, what kind of support to give, and how long they should keep giving support.” This prefecture also provides free housing, free appliances, and reduced or free utility bills. It hosts gathering events for evacuees to meet, and provides information for child rearing, education and health. In addition, government and NPO volunteers visit evacuees’ houses to hear their needs. However, this has caused problems because there are local residents in need with similar situations to evacuees who haven’t received such services.

Music Therapy in Japan

As in all cultures, music has been embedded in that of Japan. Davis and Gfeller (2008) state that, since ancient times, music has accompanied medical rituals, as people
believed that music played an important role in healing the sick. The modern form of
music therapy, however, is not generally accepted in Japanese culture; the Japanese in
general are resistant to therapies of any kind. In Japanese culture, mental illness or
psychological difficulties are stigmatized, and so too is their treatment. People do not talk
about therapy appointments in public as they are ashamed or embarrassed to admit that
need. Although Japanese people enjoy listening to music and singing Karaoke, they
generally do not see the difference between casual music activities and structured music
therapy.

**Lack of Music Therapy Licensing in Japan**

Another reason music therapy is not well-accepted is because the status of music
therapists has not been established. Mori-Inoue (2011) reports that the Japanese Music
Therapy Association has been striving to acquire national certification from the
government for decades; however, it has not happened. Music therapy in Japan is facing
the same kinds of challenges previously met in Western countries. In addition, insurance
companies in Japan do not cover the cost of music therapy sessions; therefore, Hirokawa
(2011) states that hospitals, schools, facilities for the old and governmental offices are not
willing to hire music therapists. If they do, the salary is minimal.

**Research in Music Therapy and Trauma**

Compared to other research areas in music therapy, research on trauma work
directly related to music therapy interventions is limited. However, there are some music
therapy programs that were collaborations with other health care professionals. One is a
music therapy program by Scheiby (2002). She illustrates the 40-minute community
music therapy session she provided with 48 participants who had experienced trauma
directly or indirectly after the 2001 World Trade Center attack (Scheiby, 2002).

Loewy (2002) describes the format of music therapy sessions that she provided.
Each session lasted 90 minutes. The first 45 minutes included music experiences led by a
core music therapist followed by 45 minutes featuring an invited speaker who specialized
in trauma, grief, or trauma-related topics. This may be one of the examples where the
word, “therapy” was not mentioned on purpose when inviting participants, in order to not
scare off the potential participant. Whitehead-Pleaux (2005) points out the importance of
making connections to work with related local organizations and having strong financial
support when providing services to the survivors and loved ones of the Rhode Island Fire.

Analytical Music Therapy

Group psychotherapy music therapy interventions combined with art and verbal
therapy have proven beneficial for releasing emotions and enabling a feeling
connectedness and togetherness. Scheiby (2002) used Analytical Music Therapy (AMT)
as an intervention. AMT is defined as the analytically informed symbolic use of
improvised or composed music as intervention in order to effect therapeutic change.
Musical experiences and the musical relationships between the client and the music
therapist are the main dynamic factors in the therapeutic process. Scheiby described that a
variety of expressions including fear, anger, frustration, hope, playfulness, abandonment,
loss, freedom, isolation, connectedness, and chaos were all expressed musically and
verbally in the context of a community of caregivers. This has been evidenced by facial
expressions, verbal expressions, self-reporting, and interviews. The majority of
participants from these music therapy interventions of the New York City Music Therapy Relief Project reported positively toward their experiences with music therapy. Scheiby concluded that horrible things that had been created by traumatic events were transformed itself into something meaningful in a community context.

**Music Therapy in Posttraumatic Stress Disorder**

Bensimon, Amir, and Wolf (2008) discuss an intervention using music therapy for people who suffer from trauma. This study presented music therapy group work with six soldiers diagnosed as suffering from combat or related PTSD. The authors collected data from digital recordings, open-ended in-depth interviews, and a self-report of the therapist. Bensimon, Amir, and Wolf (2008) conclude that some reduction in PTSD symptoms was observed after drumming. For example, increased sense of openness, togetherness, belonging, sharing, and intimacy as well as achieving a non-intimidating access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control were observed. This study exemplifies how drumming can assist clients to deal with PTSD. In addition, this study suggested the drum as an efficient instrument for coping with the above mentioned negative feelings.

**Needs in Literature**

There is a body of music therapy literature related to PTSD. However, as Bensimon, Amir, and Wolf (2008) mention, as long as there is a war in the world, there will be soldiers suffering from post-traumatic stress. Therefore, we will need more research on this area in the field on treatment of music therapy. In fact, even since the Great East Japan Earthquake, multiple natural and man-made disasters have occurred.
Music Therapy Relief Work in Japan

There are several examples of music therapy relief work conducted and reported by Japanese music therapists.

Chida.

Yamazaki (2011) reports that a Japanese male music therapist, Chida conducted music therapy with his assistant for evacuees. Chida made recommendations for music therapy sessions regarding the type of music to use and age appropriateness. He cautioned music therapists to be sensitive to the cultures and circumstances of their evacuee participants, and suggested that music therapists be flexible on the spot regarding their music choices. Chida began his music therapy session with exercise and stretching, followed by requested songs. These music therapy participants sang together with Chida or his assistant’s instrumental accompaniment such as guitar and keyboard. Sometimes, Chida improvised music. The significant part in his providing music therapy sessions to evacuees was that Chida was from Tohoku and he had already practiced music therapy with Tohoku people prior to 3.11. Because of his prior connection to facilities and the people working there, a nurse suggested he continue giving his music therapy to evacuees. These prior connections may have played an essential role in allowing him to build rapport with evacuees from Tohoku.

Nagai.

In another example, Nagai (2011), a female Japanese music therapist certified by an organization called the “Japan Music Therapists Association,” (different from Japan Music Therapy Association) who is also a dance therapist and psychological social
worker (PSW), reported music sessions she gave with her volunteer assistants to evacuees with developmental challenges who evacuated to Kamogawa, Chiba Prefecture. Nagai stated she planned four 60-minute music therapy sessions in two days; singing, dance therapy, instrument playing, and music listening by assigning each a session leader. Participants were aged 6 through 50s. Nagai conducted her music therapy session by assessing evacuees’ needs in the moment and making sure the evacuees had fun. She used piano, percussion, keyboard, electric guitar, djembe, Japanese drum (wadaiko), shamisen and clarinet (Nagai, 2011).

Inoue.

In a third example, Inoue (2011), a Japanese female with Norway national certification as a music therapist, conducted a 75-minute community music therapy for evacuees from Aomori Prefecture. The “Let’s play with music” session include a greeting song, instrumental activities, exercise and music games. Inoue stated that it was essential that local music therapists from the disaster site take the initiative in forming a team with local therapists and listen to unheard voices (Inoue, 2011).

Saji, Kitamura, and Okubo.

Lastly, Saji, Kitamura, and Okubo (2014) self-reports that three Japanese female music therapists conducted volunteer music therapy relief work for 3.11 earthquake survivors. They administered a questionnaire from their participants one month and three years after the earthquake. Saji et al. stated the results: First, soon after the earthquake, food, clothing, and shelter were greatly needed; three years later, problems with the food supply have been solved, but the need for clothing and shelter remains, and the demand
for jobs and homes has risen. Second, residents live in temporary housing in small spaces, with the constant need to speak quietly because noise is easily heard from one neighbor to another. Therefore, music therapy was necessary for them as it provided time and space to speak loudly and freely.

Third, immediately after the earthquake, about half of the participants responded that music therapy was enjoyable, with a few saying it was a nuisance. Three years later, however, the negative answers had disappeared, and all responded that it was enjoyable.

**Characteristics among four examples.**

Common characteristics observed from the above-mentioned music therapists’ reports were their carefully planned music therapy sessions and conscientious consideration to include local staff who knew the music therapy participants and could give feedback in both planning and execution phases of the music therapy.

**Summary**

Natural and man-made disasters have an enormous psychological impact on survivors, yet the effects of trauma may be delayed until basic food and housing needs are met. The literature shows that various kinds of therapy can address the psychological traumas of survivors. Support group therapy can help survivors regain emotional control, develop coping skills and process grief. The literature indicates that additional benefits of a group setting are building rapport and fostering a feeling of community. Although the literature related to disaster relief work and trauma has increased in recent years, the specific effects of music therapy relief work is little-explored.
In Japan, the effects of the Great East Japan Earthquake are still being felt in the Japanese population. Only a handful of studies (mostly published in Japanese, and therefore not so accessible in the West) have emerged detailing music therapies administered to survivors of the Great East Japan Earthquake. However, the literature indicates that very little psychological support in general has been given to these trauma victims. Since the Great East Japan Earthquake affected thousands of people, and since Japanese people are generally resistant to any kind of therapy, it is critical that Japanese people realize the ability of music therapy to positively benefit survivors of trauma.
Chapter 3: Methods

Purpose Statement

The purpose of this study was to observe how a single music therapy session impacted group socialization and traumatic symptom reduction (for Japanese adult evacuees from the Great East Japan Earthquake). Specifically, the researcher wanted to determine (1) whether music therapy experiences would enable a group of evacuees to relax physically and verbally, noted through positive emotions and verbal comments, and (2) whether music therapy experiences would promote group interaction among members and between evacuees and the music therapist who conducted the session.

The design of the study was a qualitative case study. The researcher provided a ninety-minute group instrument ensemble session, collected data through video and audio recordings of the music therapy session and conducted two face-to-face interviews of people in the group following the session. The researcher also kept a journal during all phases of the study. The researcher received university IRB approval for the project (see Appendix A).

Background

Concerned about the effects of the Great East Japan Earthquake of March 11, 2011 on the many people evacuated from the site, the researcher was curious whether music therapy could have a positive impact on the evacuees. She began volunteering at a facility in the Tokyo metropolitan area where groups of evacuees met on a regular basis to make crafts or engage in other activities they found interesting. When formulating her study, the researcher contacted a representative of this group to solicit volunteers for the
Researcher’s music therapy session. Further, the researcher decided that follow-up individual interviews would be useful to gain further information about the group music therapy session, since Japanese people in general do not freely express their thoughts while in a group situation.

**Setting**

The meeting venue took place in a community building where local residents could reserve a room to hold various habit groups, social gatherings, and cultural lessons. Participants resided in the area and had registered as a group organization in order to reserve rooms. The researcher used one of the conference rooms available for cultural gatherings or training sessions. The room’s capacity was 24. It contained a white board, conference tables (rectangle tables each seating three), and conference chairs. Microphones could be rented through the office that manages these meeting rooms; however, they were not needed given the size of group in relation to the size of room. (The researcher’s voice was easily heard.) The researcher had conducted music therapy sessions there before and was allowed to reserve a room and time for the session to take place for this study.

**Group Session Participants**

**Recruitment.**

The selection criteria for this study were that the participants be part of a group that was evacuated from Northeastern Japan (Tohoku) due to the Great East Japan Earthquake. These participants, relocated to a metropolitan area, had established a “habit group”—that is a group for evacuees to gather at a community center to make crafts.
They would meet twice a month. The participant ages ranged from the 40s through 70s, and prior to the Great East Japan Earthquake they were occupied as factory employees, store owners, housewives, or retired businessmen. Eight participants joined the study.

**Announcement of music therapy group.**

The president of this habit group announced upcoming events verbally at each session, and she had agreed to announce on one occasion that the researcher’s music group was happening on a certain date. The typical procedure for the center was that events open to the general public were occasionally posted on a wall near the elevators; however, private event information such as this one associated exclusively with the Great East Japan Earthquake participants was not announced publicly. The president of the habit group announced the music group a few times in advance to ensure that people would come the day of the music group. Prior to the music group, the researcher asked several people to participate later in a one-on-one interview. Two people agreed to be interviewed.

**Informed consent.**

The researcher did not know who would be attending the music group until the very day of the music group. As a result, informed consent was obtained immediately before the music therapy session. The researcher explained the consent form verbally before providing the consent form in English as well as in Japanese. The letter of consent included the researcher’s information, purpose of the study, an estimate of time commitment, known risks or benefits, confidentiality, and the proviso that all interviews
and session would be video recorded. Interviews with the researcher took place face-to-face at a conference room after the group session.

**Data Collection and Data Analysis Procedures**

Data sources for this study included a video record of the music therapy session and audio records of the two interviews, a music therapy session written plan for this study group of participants, photographs of the music therapy session, and notes from the researcher’s journal and interviews. The written plan and photographs of the music therapy group session were for information purposes only, and will not be used for any other purposes. The researcher intended this research project to be a case study, and transcribed the entire music therapy group session, as well as the two follow up interviews, word for word. The researcher also described the case and analyzed its context by coding the data, classifying the coded data into themes, and developing naturalistic generalizations of what was learned (Creswell, 2013). The researcher analyzed the content by using a streamlined codes-to-theory model for qualitative inquiry as outlined in Saldana (2008). The researcher identified thoughts of the participants, typical settings for music therapy and identified relationships that emerged during the music therapy group session.

**Analysis Procedures**

The researcher used a “Data Analysis Spiral” (Creswell, 2013) to organize and analyze the data from the research study. Creswell (2013) describes the spiral in five sequential categories: “organizing the data,” “reading and memoing,” “describing,
classifying, and interpreting data into codes and themes,” “interpreting the data,” and “representing and visualizing the data.”

The researcher “reduce[d] the data into themes through a process of condensing the codes” (Creswell, 2013). Creswell defines coding as “the process of aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code.” More specifically, the researcher read all the notes that she had written in the transcripts to see if some of them could be grouped together into categories. The researcher continued to categorize those remarks and named each category or code.

**Coding Procedure**

After the researcher wrote her observation notes and summaries of the data in the margins of the full sets of transcripts, the researcher read through these additional notes in the margins. The researcher then found out that there were similar remarks or expressions that had been made verbally or physically among participants, and that these remarks could be aggregated. The researcher thought about category words that could best represent these similar remarks. For example, when the researcher found participants’ words, “I felt energized” and “I felt warm,” she wrote, “temperature word” in the margin. These became code words. Another code word was “frequent laughter.” These code words were grouped into the theme of “Positive Emotions” (See Table 1 for Development of Themes).
Organization of Data

The researcher organized the session video and interview audio recorded data into computer files and collected the entire filed notes from all the phases of the research study. Then the researcher transcribed the words of the audio and video recordings in the original language of Japanese research participants from ninety-minute music therapy group session and two 30-minute one-on-one interviews.

Translation of Data

After organizing and transcribing all the data, the researcher translated the entire transcriptions into English. Then, the researcher read the transcripts in both languages multiple times to ensure that the researcher’s translated transcriptions had not missed any subtle nuances from the original Japanese transcribed texts. In addition, the researcher watched the music therapy group session recorded by a second video recorder that the researcher had used as a backup in case the other recording device failed (which it did not). By watching the same session from a different angle located in the same room, the researcher was able to record some of participants’ behaviors and physical expressions that were not visible from the other camera. After that, the researcher made notes in the margins of the full sets of transcripts. These notes were additional observations and summaries of the data. The researcher read them several times and watched the recorded session another time to ensure that these remarks represented what the researcher was seeing in the video.
Journal Notes

The researcher kept a journal in order to have a record of her internal process, so that she could come back to her thoughts later and see what had been happening during or after the session or interviews. This was a valid way for the researcher to reflect upon how she had felt then. By so doing, the researcher saw it as objective data and used it to prevent any biases that may have arisen when dealing with participants. Beer (2016) also states “a written journal is to track [your] own dilemmas, outlying thoughts, and potential areas for future investigation.”

Credibility Techniques

Credibility is involved in establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research. Validity was obtained through triangulation (Creswell, 2013) in which researchers “ma[de] use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence for validating the accuracy of their study.” The researcher selected a part of the video for a neutral third party to review, in order to assess the accuracy of the data. The researcher had another person to read the transcribed information to corroborate that themes emerging from that transcription were the same as the researcher’s. Peer review or debriefing provided an external check of the research procedure. The role of peer debriefing was to “ask hard questions about methods, meanings, and interpretations, and provide the researcher with the opportunity for catharsis by sympathetically listening to the researcher’s feelings” (Creswell, 2013). The researcher asked her peer to review the transcribed information in order to prevent the
researcher from disclosing her own bias as a Japanese person. The peer was a board-certified music therapist, who has experience conducting qualitative research. By means of this credibility check, the researcher ensured that peer saw what the researcher had seen in the recorded session.
Chapter 4: Results

Description of the Participants

The number of the research participants in the group was eight Japanese females whose ages ranged from 40 – 70 years old. They were part of a group that had been evacuated from the Great East Japan Earthquake. They were from different villages. These participants, relocated to a metropolitan area, knew each other through a habit group where they met twice a month at the community center to make crafts. It had been approximately four years since this habit group was established.

Group Session

The music therapy session was conducted by the researcher, a board-certified music therapist, in one of the conference rooms in the same building where participants met twice a month. Obtaining informed consent took 15 minutes. The researcher began the music therapy session with a 5-minute opening discussion about how the participants were feeling. This was followed by a 10-minute music and movement experience warm up. The researcher then took 5 minutes to see how the participants were feeling after the music and movement experience. The music instrument ensemble experience followed and lasted approximately 40 minutes. After this, the researcher had a 25-minute closing discussion with the participants to see how they were feeling and what they were thinking.

Opening discussion.

The researcher greeted each participant and asked how they were feeling. This was a quick “check-in” assessment by the researcher.
Music and movement experience.

Following the opening discussion, the researcher played relaxation music on a CD player. The two relaxation songs the researcher used were chosen by a Japanese medical doctor as part of a CD titled “Jiritsushinkei ni yasashii ongaku” or “effective music for autonomic” at a record shop. The title of the first song was “Shizukana gogo,” or “A quiet afternoon.” The second one was titled “Atatakai kioku” meaning “Warm memories.” (The composer’s description of this song was “Memories from happy times.”) Neither song had words. (Makino, 2007, tracks 2 and 6).

Reasons for music selection.

There were a few reasons why the researcher decided to use these songs. One was because of the research data presented the effective use of relaxation music in the CD’s booklet. That research was conducted by a medical doctor, Makino, who produced this CD and also is a music therapist. It showed that the songs significantly improved the affects of their research subjects. Another reason for selecting these songs was because of the composer’s descriptions; that is, “A quiet afternoon” was composed to encourage listeners to imagine a calm scene, to breathe deeply, and to loosen tight shoulder muscles. For “Warm memories,” the second song, the composer’s note said, “When experiencing difficulties, you tend to only think negatively. If that is the case, recall happy memories. If you could thank those past experiences, then it would warm your heart. These melodies will help you feel calm.” The last reason why the researcher chose these two songs in particular was because of their musical components. Both contain simple repetitive melodic lines with steady, slow tempi, which the researcher thought would promote
listeners to imagine peaceful scenes. The instrumentation was also simple with only few instruments such as piano, violin, and harp for the first song, and piano and violin for the second one. In addition, the medical doctor who produced this CD said it had been composed to prevent prospective listeners from autonomic imbalance.

*Procedure of exercise.*

The procedure of this music and movement exercise consisted of two parts. In the first, the researcher asked participants to watch what the researcher did and imitate the researcher’s movements. In the second part the researcher encouraged freer movement: as the music and movement exercise proceeded the researcher asked participants to move in any way they wished. Movement can be a powerful tool for personal expression or to enhance self-awareness (Gfeller & Thaut, 2008), and this music and movement exercise proved no exception. The researcher used the first song for a warm up, and used the second one for participants to sit down on a chair and move their body parts such as rolling shoulders or shaking legs.

*Second check-in discussion.*

The researcher asked participants again how they were feeling because some of the participants mentioned backache during the opening discussion. The researcher wanted to make sure that they were okay. They were.

*Music instrument ensemble.*

The researcher showed the participants a set of tone chimes and demonstrated how to hold, play, and stop the sound. The researcher then asked the group to try out the
chimes before leading them in an improvisational pentatonic ensemble. The use of improvisation in music has been reported as being effective (Gardstrom, 2007).

**Pentatonic choir chimes ensemble.**

The pentatonic (white-tone scale) ensemble can be used effectively for many music therapy interventions. Beer (2016) states, “All adaptations of the pentatonic are the qualities of being open.” With pentatonic notes, there are no “wrong” notes to disharmonize with other notes. Therefore, the outcome of the harmony with tones adding one by one sounds soothing and relaxing for participants. Due to the fact that there were no perceived “wrong” notes, the exercise brought to this ensemble group feelings of connectedness and success, which led participants to feel supported musically by other participants. Therefore, the reason for use in pentatonic accompaniments is to “ensure client success” (Stewart & McAlpin, 2016).

**Procedures.**

The researcher made sure that everyone had a chance to play at least once. The researcher was the first conductor who pointed toward each participant to let the person know who played next. The participants took turns conducting the ensemble.

**Selections of songs.**

Next, the researcher conducted two seasonal songs to the group of participants so that they could play tone chimes when cued by the conductor. When selecting songs, the researcher made sure that none of their lyrics mentioned ocean, sea, waves, or anything that might remind the participants of tsunami. This would prevent re-traumatization (Turry, 2002).
The researcher selected these songs based on their music characteristics and their general popularity. The simple and repetitive melodies were easy to remember. The first song, “Haru no ogawa” or “A stream in spring,” was composed in 1912 (Ashiba, 2001); the second song, “Haru ga kita” or “Spring has come,” was composed in 1910 (Ashiba, 2001). These songs are popular and universally known to most Japanese who learn them in elementary school. Therefore, while participants focused on playing tone chimes per the researcher’s cues, they could still enjoy singing the well-known songs.

**Benefits.**

This instrumental and vocal ensemble was therapeutic because by playing tone chimes and singing songs simultaneously, participants focused on playing their role as a group, which resulted in group cohesion. In addition, participants may have felt empowered and may have gained self-esteem upon successful completion of the songs. (Houghton, Scovel, Smeltekop, Thaut, Unkefer, & Wilson, 2005). Moreover, lyrics such as “beautiful,” “stream,” “gentle” and flower names with imagery words, may have promoted relaxation for participants.

**Levels of involvement.**

For the first song, the participants played the melody lines on the conductor’s cue, but they had a chance to play both melodic and harmony lines for the second song. This way, participants increased levels of involvement in the activity. The music therapy session lasted approximately one hour followed by approximately 30-minute verbalization time.
Closing Discussion.

The researcher asked the group to verbalize how they had perceived their group experiences, and discuss how their feelings had changed, or not changed, during the session. Questions the researcher asked the group included “How did you like or not like the music experiences?” “How were you feeling before and during the music group, and how are you feeling now?” The researcher used counseling techniques such as reflection, an open question, and paraphrasing. (Gardstrom, 2007).

Procedures for the Individual Interviews

Participants.

The researcher asked several members of this habit group if they were willing to participate in a one-on-one interview with the researcher, and two agreed. The researcher then explained to these two prospective interviewees about their voluntary involvement for the study, and distributed an informed consent both in English and Japanese. Criteria for selection were that participants be those who had evacuated from the Great East Japan Earthquake, who regularly attended their habit group, and who had agreed verbally to participate in an individual interview.

Interview Procedure.

The researcher conducted 30-minute individual interviews with two participants. These one-on-one interviews took place on the same day as the music therapy group session took place, in a conference room in the same building where they regularly met for their habit group. The researcher audio-recorded the interviews, transcribed them, and analyzed the data through content analysis (Moustakas, 1994). The interview questions
were as follows: “Why do you come to this community center?” “Why do you like this habit activity group?” “How do your activities here help you cope with your daily life?”

The researcher used counseling techniques again to show empathy and empower the interview participants.

**Themes and Categories**

As a reminder, data sources for this study included a video recording of the music therapy session, audio recordings of the two interviews, a music therapy session written plan for this study group of participants, photographs of the music therapy session, and notes from the researcher’s journal and interviews.

The codes the researcher identified from the verbatim transcripts of the session were “togetherness,” “one,” “teamwork,” “relaxation,” “softness,” “warmth,” “unlock,” “anticipation,” “excitement,” “not acclimatization,” “worrisome,” “lock,” “frustration,” “pride,” “voices,” “power,” “healing,” and “joy.” The researcher sorted the codes and put them in thematic categories. Those themes are “Negative Emotions,” “Positive Emotions” “Group Cohesion,” and “Therapy through Recreation.” The researcher described these themes as shown below.

**Example.**

For example, the participants were verbally expressing their frustration over their mandatory evacuation from the nuclear plant disaster site. The frustration was evidenced by participants’ statements such as, “When I was back in the country, we felt open. Yes, my heart was open. We were straightforward and open… Here in the city, we only have this place to talk [i.e. their regular gathering meetings]. The fact that ‘There is nowhere
else but here we can talk’ is the greatest obstacle for us.” In this example, the researcher underlined words such as “only have this place to talk” “nowhere else but here” and “the greatest obstacle” in the transcripts, and wrote “frustration,” “isolation,” “alienation,” and “loss of control” in the margins of the transcripts. In addition, the researcher watched the recorded video where the physical expression “frowning” was observed while making these statements. Thus, the researcher noted “frowning,” as a physical indicator of negative feelings.

**Development of themes.**

Similarly, when the researcher found participants expressing negative feelings in another place in the transcript, she underlined their words and wrote a word or two that best represented these words. The researcher kept categorizing transcripts in this manner (underlining words, describing them in the margins, and categorizing them.) This was how the researcher developed the themes (see Table 1).
Table 1

Development of themes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Description</th>
<th>Physical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Negative Emotions</td>
<td>Negative feelings such as frustration, disapproval of what one used to do before, isolation, loss of control, alienation, or dislocation</td>
<td>Frowning</td>
</tr>
<tr>
<td>(2) Positive Emotions</td>
<td>Positive feelings when client verbalized being relaxed or feeling warm or excited</td>
<td>Smiling, Laughing, Nodding</td>
</tr>
<tr>
<td>(3) Group Cohesion</td>
<td>Togetherness when client verbalized being together with peers, becoming one in a group, or doing team work</td>
<td>Looking at each other in their eyes, Nodding, Smiling, Touching another person’s arm</td>
</tr>
<tr>
<td>(4) Therapy through Recreation</td>
<td>When clients acknowledge therapeutic outcomes in recreational activities, by verbalizing being in a safe place, the freedom to talk openly, or healing</td>
<td>Smiling, Looking at each other’s eyes</td>
</tr>
</tbody>
</table>

General Observations During Session

Start of session.

At the start of the music therapy group session, all the participants appeared a little tense as evidenced by limited verbal interaction between participants and limited physical expressions among participants and toward the researcher who conducted the music therapy group session. Probably due to the fact that an informed consent procedure was conducted immediately before the music therapy session, it seemed as if participants were not sure what was going to happen next.
Initial check-in.

During the initial check-in discussion when the researcher asked the group how they were feeling, two participants verbally expressed physical discomfort (backache.) No one else mentioned physical discomfort. Researcher felt that this was not directly related to theme (1) negative emotions, but the fact that some felt back pain at start of the session might have implied that they had had tension coming to the group from anticipation or simply by their living circumstances.

Second check-in.

After the first music activity (music and movement,) the researcher conducted another check-in discussion with each participant in the group. Here, all the participants expressed positive emotions both verbally and physically, evidenced by their statement, “feeling good,” “feeling fresh,” “I became refreshed,” and “I’m now relaxed.” The participants laughed frequently. The researcher observed theme (2) positive emotions here.

Last check-in.

As the music therapy group session progressed, all the participants appeared relaxed as evidenced by frequent verbal interactions among participants and physical expressions such as laughter and eye contact. The researcher observed themes (2) positive emotions and (3) group cohesion. During the last check-in discussion, all the participants verbalized how much they had enjoyed the music activities. Some participants emphasized that they felt safe doing group music activities with familiar people. The researcher observed themes (2) positive emotions, (3) group cohesion, and
therapy through recreation in the participants’ verbal statement and physical
indicators.

**Theme One: Negative Emotions**

**Start of session.**

Negative emotions were observed from one of the participants at start of the music
therapy session. This participant came to the group wearing a face mask which covered
everything but her eyes and forehead. She was relatively new to the habit group where
the research participants belonged to, and she had stated to the researcher, who was
volunteering for the habit group a few weeks prior to the music therapy session, “Well,
everybody knows music is relaxing, so you do not have to prove it.” In Japan, it is not
uncommon for people to wear a white face mask in public when they have a cough or
cold. However, this was not the case with this participant. It was clear to the researcher
that she was using the mask as a way to shield observation of her facial expressions.

**Music and movement exercise.**

During the first music activity (music and movement exercise,) negative emotions
were observed. The researcher noticed that some participants had been a little puzzled
when the researcher suggested to “move freely” followed by proposing “This time, let’s
move like a waltz.” Because of the CD music was in triple meter with slow tempo, the
researcher started moving her body as if she had been waltzing, to give the participants an
example to follow. However, two participants laughed cynically to each other, and one
said, “Waltz? I am not sure.” Immediately after the music and movement exercise, the
above-mentioned participant stated, “My body and mind are all relaxed now.” All the
other participants, including this participant, laughed out loud because they realized and acknowledged that she had been sarcastic earlier. It was merely 10 minutes after the music therapy had started, but it seemed that everyone had known that this participant would be skeptical about the positive effect of music.

**End of session.**

Other than negative emotions observed from the above participant at the start of the session, the researcher did not recognize any other negative emotions throughout the music therapy session. At the very end of the session, the woman in the face mask started verbalizing her thoughts and it turned out that all her comments were positive. The fact that negative emotions exhibited at start of the music therapy group session were replaced by positive emotions by the end of the session is very significant because it indicates that group experiences through music had a positive impact on the participants.

**Theme Two: Positive Emotions**

**Verbal and physical representation.**

As the music therapy group progressed, more positive emotions were observed by frequent laughter and eye contact among participants, as well as with the researcher. Physical contact such as touching another person’s arm when talking among participants and between some participants and the researcher were also observed. All of these represented positive emotions. Moreover, positive verbal comments such as “What a beautiful sound it is!” and “Beautiful” were observed.
**Instrument ensemble.**

In addition, several participants showed a sense of humor when participating in the instrumental ensemble. All the participants exhibited frequent laughter while participating in music therapy experiences. One participant who was given two tone chimes raised these tone chimes with her hands and started dancing with them by stating, “Yes, let’s dance” followed by her brief dance.

**End of session.**

At the end of the session, all the participants expressed their positive emotions verbally and physically such as “I enjoyed it, moving my body,” “I felt warm afterwards,” “I sang, so I became energized,” “It was good,” “We had such a small group… and I thought was good,” “Moving bodies [to music] is also good! I felt energized,” and “I felt warm.” Positive emotions had been observed from the beginning of the group session; however, by the end, the participants’ body language had changed markedly. Their body gestures became bigger and more relaxed when they were conveying their positive emotions.

**Emotions.**

Music has powerful effect on emotions. Therefore, the researcher had a reasonable expectation that it would happen to the participants in the music therapy group session. The facts that positive emotions were observed among multiple participants immediately after the first music activity (evidenced by their verbal and physical indicators,) and that positive emotions were also acknowledged by all the participants at the end of session
mean that music therapy had a positive impact on the participants’ mental and physical state.

**Theme Three: Group Cohesion**

**Start of session.**

Immediately before start of the music therapy group session, the eight participants were talking in pairs. At start of the session, no particular group cohesion was observed, evidenced by no verbal and physical interaction between participants. However, as the music therapy session progressed, the researcher observed the development of group interactions, as evidenced by participants’ touching each other’s arms, looking into each other’s eyes, or smiling at each other. When playing an instrument group ensemble with a conductor, some participants who were playing the role of conductor became creative about how to conduct, promoting frequent laughter, which then elicited group cohesion. For example, one participant put her hands in the air and made several quick turns to give the group a cue to finish when she was finished conducting. Everybody laughed.

**Group dynamics.**

Also, as participants began to feel relaxed by music therapy experiences, they began talking about their country lives prior to the Great East Japan Earthquake; this seemed to make them feel connected. The participants started chatting, recalling their country lives before the Great East Japan Earthquake (how open their country lives were back then, and how closed their relationships to their neighbors were.) For example, the participants would find their neighbor already in their house when coming back from outside. Everybody in the town kept their front door and all the windows unlocked.
Therefore, the neighbors would come to the front door and open it by saying, “Are you there?” Even if nobody was home, it was acceptable for neighbors to enter. One participant stated, “There is no hesitation. Oftentimes, when you come from outside, you would find your visitors had already made themselves at home in your living room. The neighbor would then say, ‘You were not home, so I was watching your house!’” All the participants of the music therapy group nodded saying, “Yes, yes.” The researcher let their conversation continue without interruption, as she immediately recognized the therapeutic importance of the group dynamics happening on the spot (group cohesion) (Yalm & Leszcz, 2005).

**End of session.**

By the end of the session, the participants verbally expressed how they had felt connected and how much they enjoyed the music therapy group. The participants also expressed how relaxed they had become. Some of these participants’ comments include, “My body was hard, but became soft in a way. I felt my body becoming warm, but so did my mind.” “Music truly has a power to heal people. Actually, sounds themselves do it, but also everyone does, too.” “Without my notice, I think my heart and mind have become like one in such an atmosphere.” “It is good that everybody can enjoy, isn’t it?” “As the session progressed, I became excited. Yes, team-work.” The researcher found these remarks significant because it seemed as if participants had waited for this kind of moment to release their frustrations, letting their voices be heard.
Loss of country lives.

The music therapy group session promoted positive emotions for participants and made participants feel very connected each other in the group. More participants began to talk with each other in their Tohoku dialect, recalling their country lives. They also shared stories from their country lives with the researcher, who was not from their region. Initially the participants would wait their turn to talk when addressed by the researcher. However, as the session progressed, verbal interaction between participants and with the researcher, and physical expressions such as laughter, were observed. Due to the feelings of connectedness or togetherness formed through the music therapy group session, participants felt freer to verbalize their emotions. Since their evacuation from their rural communities, these participants have been inhibited from expressing themselves, due to dislocation and the generally more anonymous urban environment.

Theme Four: Therapy Through Recreation

Start of session.

The music therapy group session consisted of brief check-in, music and movement exercise, another check-in, music instrument ensemble (improvisational and melodic instrumental) and closing discussion. At start of the session, all the participants appeared curious about what they were going to do in terms of therapy, but avoided mentioning the word. Good weather was cited several times. “Well, today, the weather has been so good,” said one participant. “So, I anticipate something good will happen today, which I think it will with that hope. Yes, after this light [music and movement] exercise, I am feeling fresh.” Another participant stated, “Because the weather is good today, I think I
can do well today. When I moved my neck around just now, I noticed that I had been having such tight shoulders. I heard the sound, ‘kori kori’ on my neck when I moved. I am now so relaxed.” Other participants verbalized the feelings of receiving therapy after music and movement exercise such as, “It was a good exercise and I became refreshed.” Another participant described her anticipation toward the music therapy group session as “Music truly has a power to heal people.” “Also, ‘Is my turn next [when waiting for my turn to be a conductor for an instrumental ensemble]?’ That kind of waiting time for my turn to come was exciting.”

**Becoming one.**

One participant who was expressive stated, “It is not just the sounds themselves, but having everyone together in the group.” The same participant also stated, “As the session progressed, it was like everyone had become one. Everyone’s mind became one. About the country back home, we talked about that to each other without worrying about shame, reputation, pride, and the like. We shared how the country life was with each other. I felt as if a lock on my heart had become unlocked little by little.” “I feel like I am now in a place where I can talk about just anything.”

**Togetherness.**

The therapeutic part in the music therapy group session had not been obvious to a majority of the participants at start of the session; however, as the session progressed, participants began expressing their feelings of togetherness with and connectedness to other participants. Clearly group cohesion emerged through the development of the music therapy group session.
Group cohesion.

The group cohesion emerging from the music therapy session was very significant because the music was so powerful that it promoted participants’ physical and verbal states, which then enabled them to verbalize their emotions. Because of the group cohesion, the participants were able to experience therapy and its benefits, which they would not have otherwise. In the context of music, the participants were able to verbalize their feelings without having to feel obligated to do so. Because music was so embedded in their daily lives, the participants did not regard discussion times following music activities as therapy. Therefore, this kind of comfortable and casual atmosphere through music activities promoted the participants to talk without fear of receiving therapy.

Two Distinctive Participants

Selection criteria.

Two participants in particular stood out in the group session due to their verbal and physical expressions, which included a sarcastic tone and wearing a facial mask; therefore, the researcher took a closer look at their words and behaviors in order to concentrate on them in detailed analysis. One reason why the researcher chose these two participants was because negativities towards receiving a music therapy session had been observed among some participants including these two a few weeks before the research music therapy session and these negativities were also depicted in the two participants’ words and behaviors during the music therapy group session. Another reason why the researcher chose these two participants was because one of these two participants was wearing a medical face mask during the entire session time without exhibiting any
symptoms such as coughing or explaining why she was wearing it when she knew that everybody would sing. Another participant was selected because she had expressed her opinions about what she thought music therapy was and the rich imagery she depicted during the music therapy group. The researcher gave pseudonyms to these two participants, “Fuji” and “Sakura,” both females.

Fuji.

Fuji was in her early 70s, and was one of the new members to the habit group. Fuji and some other members had expressed concerns about receiving music therapy a few weeks prior to the actual research session during the habit group where the researcher was volunteering. As soon as the participants heard the word “therapy,” they said they did not need it, showing resistance. The researcher explained what exactly she was doing and that the participation in the research was completely voluntary. The researcher also reassured everyone that everything would be explained clearly beforehand, including the purpose of the research, possible risks and benefits, contact information, and other details, in both English and Japanese. The researcher emphasized that they would not have to participate any or all parts of the research if they decided not to.

Facial mask.

Fuji was one of the eight people who came to the music therapy group, but she was the only one that was wearing a facial mask. Fuji kept the mask on during the entire session, even when she was singing with other participants in a group. She did take it off at the end when refreshments were served. Due to the fact that Fuji was stating negative comments a couple of weeks prior to music therapy group research session, Fuji’s face
masks represents Theme (1), “Negative Emotions” defined by the researcher as negative feelings such as frustration, disapproval of whatever she does or did, isolation, loss of control, alienation, or dislocation.

**Limited verbalization.**

Fuji appeared reserved as evidenced by minimal participation during the start of the music therapy group. Because of the mask, most of her facial expressions could not be observed. But at the second check-in discussion after the first music and movement, Fuji stated, “My body and mind are all relaxed now.” Everybody laughed at her comments because the music therapy session had just started ten minutes ago and her comments sounded sarcastic to other participants and the researcher. Unlike other times outside music therapy group session, Fuji limited her verbalization until toward the end of the music therapy session. Theme (1), Negative Emotions.

**Increased participation.**

During last check-in discussion, Fuji verbalized her feelings and thoughts when asked by the researcher. Unlike the previous times, Fuji participated fully in the music therapy experiences by moving her body to music in a group, interacting verbally with other participants, playing musical instruments, and singing with other participants. Fuji had been avoiding eye contact with the researcher during the last check-in discussion time as if she had not wanted to provide her verbal comments about the music therapy group session. Therefore, when the researcher asked her to say something, she excused herself by saying “Oh, me? I was busy eating.” But at the very end of the session, she started talking freely about what kind of music she liked and what she thought. She also
showed an interest in the use of music therapy and its purpose as follows: “Well, you know, from now on, I will have to practice at home and come.” The whole music therapy group conversation then expanded to how their country lives were and how much they missed them. Fuji was nodding vigorously and laughed with other participants when they described the care-free atmosphere back in the country. Sometimes, Fuji shrugged her shoulders to show she agreed to what another participant had stated in a group discussion.

As the music therapy session progressed, Fuji’s participation toward group became active evidenced by more physical movements such as clapping hands, nodding heads, and touching another participant’s arm. Themes (2) “Positive Emotions,” (3) “Group Cohesion,” and (4) “Therapy through Recreation” were observed. Toward the very end of the music therapy group session, Fuji stated as follows: “In music, there are many genres such as classic and jazz, aren’t they? How would you use tone chimes?” “Don’t they use tone chimes in an orchestra?” “Are they mostly used to help people relax?” “Well, I like wind-instrument music. When I said good-bye to my friend at xyz station the other day, there was a brass band performing at their regular place. A music school is located in that city, so I think their students were playing. I was there for a little while, listening to their music. I really liked it.” Fuji was also nodding at what the other participants and the researcher had stated multiple times about them becoming one during the music therapy research group. Here, “Therapy through Recreation,” Theme (4) was observed where there was a client’s acknowledgement about therapeutic outcomes in recreational activities observed.
Sakura.

Sakura was in her late 50s and was one of the original members of the habit group. She had been an active member of their habit group, attended regularly, and took care to welcome new members. She also participated in an individual interview that took place after the music therapy group on the same day.

Response to music therapy.

During check-in discussions in the music therapy group session, Sakura verbalized her feelings as follows:

“Well, when I first saw tone chimes and heard that tone, I felt like I was being brought into the woods with my eyes closed. It was like I had been seeing some fresh green trees vaguely in a distance. I was thinking and feeling that way at first. I thought that I would get relaxed merely by listening to the sound. I also thought, ‘What a beautiful sound a tone chime creates!’ at first. But, during the tone chime ensemble today, I came to feel differently. By moving my body, singing, and listening to sounds, I noticed that I had been stimulated by those activities. Before, I thought music therapy was merely to listen to music and get relaxed. Today, I thought it was not just that. ‘Moving bodies [to music] is also good!’ I thought that way. I felt energized by doing so.” This represents Themes (2) and (4): “Positive Emotions,” and “Therapy through Recreation.”

Comparison.

Sakura also verbalized as follows: “When I was back in the country, we felt open. Yes, my heart was open. We were straightforward and open. Both sides. Both speakers
and listeners were all open there... Here in the city, we only have this place to talk [i.e. their regular gathering meetings.] The fact that ‘There is nowhere else but here we can talk’ is the greatest obstacle for us… So, the fact that we cannot behave or do what we used to do is very sad, or rather, frustrating...” “Here in the city, when we pass each other in an elevator and I say, ‘Hi,’ a person would look at me with a face saying, ‘Who are you?’” “People here in the city have an unseen barrier of ‘[I want to] stay out of your matters,’ don’t they?” The above statements represented Theme (1), “Negative Emotion.”

**Become one.**

Sakura depicted her feelings at end of music therapy group session during last check-in discussion as follows: regarding the consent form, “It says music therapist’s such and such in a title (of the form). So, I was wondering prior to starting the session what I would have to be doing. Well, I think everybody else felt the same way. At least, I felt that way.” Theme (1), Negative Emotions was briefly observed here. “But, as the session progressed, it was as if everybody had become one. Everybody’s mind became one. Regarding the country back home, we talked about that to each other without worrying about shame, reputation, pride, and the like. We shared how the country life was with each other. I felt as if a lock of my heart had become unlocked little by little. I feel like I am now in a place where I can talk about just anything… Without noticing, I think my heart and mind have become like one in such an atmosphere.” “Well, it is good that everybody can enjoy, isn’t it?” These sentences represented Themes (2), (3), and (4): “Positive Emotions,” “Group Cohesion,” and “Therapy through Recreation” respectively.
Interview Results

The researcher conducted two individual interviews, and one was with Sakura. These interviews took place later on the same day as the music therapy group session. Both interviewees expressed their frustration over their lives since evacuation, Theme (1); their positive emotions after music therapy experiences, Theme (2); their feelings connected with each other within the music therapy group, Theme (3); and their feelings in a safe place after the music therapy group, Theme (4).

Interview Sakura

Reminiscence.

At start of interview, Sakura stated, “When I came to the city… well, when I was living in the country, I did not feel self-conscious because I could just talk openly there. I did not feel any stress there. But, when I came here [to the city], I did not know anybody. So, when I talk, well, my dialect sounds kind of friendly in the country, but here in the city I am afraid that my dialect might sound harsh to people. So my dialect inhibits me from talking freely.” Sakura also stated, “I felt left behind and so isolated [when I moved to the city].” “Well, the world went upside down and the environment around us totally changed. We had never had that experience. So, I had no opportunity to self-analyze before. But, because of what happened, I thought about how I had been before.” “When I came to the city, I would walk along river, and cry so hard. It happened many times probably for the first month…. I cried so hard that I reached to the point where I needed to try something I had never done before [such as joining the habit group].” “The countryside is a healthy environment, but it is also good because of the people.” These
statements represent Themes (1) and (4), “negative emotions” and “therapy through recreation.”

**Imagery.**

Sakura described a music therapy group session as “so wonderful doing things with a group. We became excited when we did activities with other people. We also became energized.” “It was a lot of fun.” Sakura illustrated her imagery experience from the music therapy tone chime ensemble as “It was like I would see green trees or a field in the distance in the woods. I felt that way.” And “the sound of the melody made me think of fresh green trees or leaves afar in a thin morning mist.” Sakura continued, “It is a feeling as if you were able to see some light over there, coming from darkness over here. The tone of the music created that.” “The one that we did at the very beginning. The one where we let the music ring and stay…. I thought the sound was so soothing.” These illustrations fall into Themes (2) and (4), “positive emotions” and “therapy through recreation.”

“I” vs. “we.”

The researcher noticed that Sakura started saying, “I …” “I …”, but as she was talking about the whole group, she switched to we: “We got excited” “We felt like….” Using “we” represents Theme (3), “Group Cohesion” as well as Theme (4), “Therapy through Recreation.”

**Description of music and movement.**

Sakura also described the music and movement experience from the music therapy group as “very good. My body was relaxed and I felt my mind become relaxed as well.”
“Very good. It let us get prepared for accepting things… We felt like we were being prepared by doing it. That kind of movement.” These descriptions illustrate Themes (2), “Positive Emotions,” and (4), “Therapy through Recreation.” Sakura concluded her interview sessions by saying, “Actually, we have not had many occasions like this [music therapy group]. So it was a great opportunity. Thank you very much.” Themes (2), “Positive Emotions,” and (4), “Therapy through Recreation.”

**Interview Kiku**

The second interviewee’s fictional name is Kiku. She is in her 50s. Kiku participated in the music therapy group session prior to this interview. Kiku was also one of the habit group members who had expressed her frustration over not having control over their decision on the music therapy session.

**Background.**

At start of the interview, Kiku started the interview by saying, “I was born at B town in Fukushima. The beautiful ocean, the beautiful trees, and nice food. But, because of the nuclear power disaster, we all came here.” Although she was stating such powerful words, as “nuclear power disaster,” Kiku’s voice remained calm, which impressed the researcher, because those words are rarely mentioned and not included officially in the event’s name. The official name, the Great East Japan Earthquake, portrays the event as a natural disaster, thus avoiding mention of the tsunami and the resultant radioactive contamination. Further, the official name in effect evades the government and Tokyo Electric Power Company’s (TEPCO’s) responsibility for the nuclear meltdown and the slipshod evacuation procedures. By bringing up the words “nuclear power disaster,” Kiku
was asserting an individual opinion unusual for a typical Japanese. She would not have used that phrase in a group setting as it would have seemed too forceful and beyond the group “norm.” She did not state it with a powerful voice, but her words were nonetheless very powerful. From this the researcher sensed Kiku’s determination to accept her reality and live accordingly. Kiku continued, “We had an experience playing tone chimes in our group, and I have felt eased and relaxed.” Kiku not only expressed positive emotions verbally here, but she also seemed to have stated that time had finally come for her to do some music activities. This is an example of Maslow’s hierarchy of needs, cited earlier (Turry, 2002).

**Interruptions.**

There were two interruptions during the interview with Kiku; the second seemed an effort to disrupt the researcher’s additional time with a participant. A female representative of a NPO organization had been carefully observing our interview at a distance. She entered the room in the middle of the interview, stating “You are not supposed to be using this gathering space.” The truth was that it was a free space for evacuees, and that the researcher did not have to obtain prior permission. However, since we had already started audio-recording the interview, the researcher decided not to argue with this person but simply apologizing to her, saying “Is that so? Sorry.” They moved to another place to finish the interview. The researcher thought this interruption was a sign of the general uncertainty or anxiety people feel toward music therapy. The interruption cut the flow of the conversation and it took a few minutes to get Kiku comfortable again.
Perspectives.

When the researcher asked Kiku about her thoughts about the music therapy group session she had just attended, she stated, “Well, when it comes to singing, I usually sing Karaoke. We do not usually have a chance to talk out loud or move our bodies and sing together. So, I became relaxed and felt refreshed. I felt my body get warm. I think using my voice was good.” Kiku illustrated positive emotions (Theme 2). It is typical for Japanese to go to a Karaoke room with family, friends, and colleagues after work to sing together. It is said in Japan that these Karaoke experiences often result in promoting communication among family, friends, and colleagues.

Kiku continued, “In our daily lives, we talk but we do not sing…. The sound of the tone chime itself comforts me.” (Theme 4). She also stated, “I had imagined a tone chime was something like [a hand bell], but it was totally different. It was entirely new to me…The tone really was soothing” (Themes 2 & 4).

Anticipation.

Kiku expressed her positive tension by stating, “I felt a bit of tension, but good tension.” When the researcher asked Kiku for clarification, Kiku explained that “It was like anticipation [because the group did a tone chime improvisational ensemble directed by ‘a conductor’ in turns.] ‘Is my turn next?’ or being asked, ‘Be a conductor’ (Theme 2).” Kiku continued, “That was the fun part… Also, I was wondering if I could present myself confidently as a conductor.” (Themes 2 & 4). Kiku also stated, “When you see a person play the role of conductor, you may see her personality or ability, and say, ‘Wow, she is great.’…It’s that person’s way of expressing themselves. I thought that aspect was
also interesting… Some people are expressive…. Very expressive in their own ways.” (Theme 2).

**Curiosity over music therapy.**

Kiku also expressed her desire to do more activities by saying, “We even think we can do more than that. We want to do a variety of songs.” (Themes 2 & 4.) When the researcher asked Kiku if she had learned anything from the music therapy group session, Kiku stated, “Well, something I have learned….or rather something I became interested in was that I am curious to know how you would use tone chimes for someone with developmental challenges or someone with depression.” She continued, “I am so curious to know how these instruments can be used for people with difficulties… Also, I was curious to know what you could do for the elderly or the young.” (Theme 2.)

**Use of music therapy.**

Kiku then exhibited more interest in music therapy by stating, “I was wondering earlier in the session if there were differences between these people and us when you do music with. I was wondering if there were any differences physically for example, between the sick and those who are not sick…” The researcher explained that tone chimes were just one of the many musical instruments that could be used for groups, but that that particular one was easily acceptable for anyone in any occasion. The researcher continued, “Tone chimes are easy to carry and easy to handle. There will be no ‘wrong’ notes, so people do not feel like they can’t play the instrument. For this reason I selected tone chimes.” Kiku stated, “It was fun because it was my first time playing that instrument. Yes, I felt comforted and relaxed. We do not usually encounter that
instrument.” Kiku exhibited further interest in music therapy by stating, “I want to do different kinds of songs such as ones with faster tempi.”

**Combined Section of Themes**

Common themes which emerged from both group session and interviews were (1) Negative Emotions, (2) Positive Emotions, and (4) Therapy through Recreation. One of the interviewees briefly mentioned Theme (3), that is, Group Cohesion, when asked about the music therapy group which took place earlier the day.

**Summary of Results**

The research participants had lost their communities suddenly when the Great East Japan Earthquake occurred. Many of them were from close-knit communities. The areas where they currently live after mandatory evacuation were opposite in culture from their home communities. They lost houses, farms, stores, belongings, valuables, picture albums, and ancestor’s graves, friends, attachment to their houses, family bonds among generations, their close-knit communities, and hope for the future.

**Frustration and release of tension.**

These research participants were frustrated over their current situation where they could not talk freely because of being in an urban environment. Their frustration had been exhibited in many forms including resistance to receiving a therapy session prior to the music therapy group. As the music therapy session progressed, the participants loosened up their physical and mental tensions. Through the use of music in a therapeutic but enjoyable way, the participants enjoyed the time together and felt connected among their group. The participants were able to talk about anything in their Tohoku dialect, and
were free to voice their complaints. The music therapy research participants exhibited positive emotions about feeling safe with their peers from the same area of Japan, as well as negative emotions about tremendous physical and psychological losses that they had been facing after the Great East Japan Earthquake. These feelings of the participants were evidenced by facial expressions, and physical expressions such as laughter.

**Safe place.**

A place where the participants can feel safe needs to be provided by someone with whom they feel safe, and music helped these participants loosen up their physical and mental tensions, feel connected within a musical context and elicited verbalization afterwards to socialize with other participants.

**Hypothesis**

The researcher’s hypothesis was “Music therapy experiences made a group of evacuees feel so relaxed physically and verbally that they elicited positive emotions and verbal comments, and promoted group interaction among members and between evacuees and a music therapist who conducted music therapy group.” As described above, as the group session progressed, the research participants who had been exhibiting fight/flight reactions began eliciting positive emotions and verbal comments. The participants interacted verbally and physically among them, and between these participants and the researcher who conducted the music therapy group.
Conclusions

The researcher concluded the research with the following statement: music therapy experiences (music and movement, instrumental music ensemble) made a group of evacuees feel so relaxed physically and verbally that

(1) they promoted group interaction among evacuees, between evacuees and a music therapist who conducted music therapy session,

(2) they elicited positive emotions and verbal comments,

(3) they allowed evacuees to verbalize their frustration, dislocation, disorientation, and alienation towards what had happened to them on and after the Great East Japan Earthquake, which they usually did not disclose with those who were not from their regions.

(4) the evacuees could enjoy the “recreational” music-playing and music-making, and receive therapeutic benefits without feeling the obligations or responsibilities for receiving therapy.
Chapter 5: Discussion

Purposes of Study

The researcher observed how a single music therapy session impacted group socialization and traumatic symptom reduction for Japanese adult evacuees from the Great East Japan Earthquake. Specifically, the researcher wanted to determine (1) whether music therapy experiences would enable a group of evacuees to relax physically and verbally, noted through positive emotions and verbal comments, and (2) whether music therapy experiences would promote group interaction among members and between evacuees and the music therapist who conducted the session. The research question is “How did a single music therapy session impact group socialization and traumatic symptom reduction for Japanese adult evacuees from the Great East Japan Earthquake?”

Results

Overall.

The data showed that emotions were elevated as self-reported by both physical and verbal indicators. In addition, the data showed there was group cohesion among research participants as well as between the group and the researcher.

Positive outcome.

As the music therapy research group session progressed, research participants exhibited positive affect and positive verbalization as evidenced by frequent laughter and comments such as “feeling warm” and “feeling energized.” In addition, the researcher observed increased interactions, both physical and verbal, among the research
participants as well as between the participants and the researcher. During the session the research participants began making eye contact, touching each other's arms, and talking among themselves. The participants also began asking questions to the researcher during the music therapy group.

**Frustration, dislocation, disorientation, and alienation.**

When provided a final discussion time at end of the session, the research participants started verbalizing their feelings of frustration, dislocation, disorientation, and alienation as a result of the Great East Japan Earthquake, including relocation to an urban area. While Japanese evacuees from the Tohoku area generally do not open up to outsiders, after the music therapy session the researcher (not from Tohoku) noticed that participants were more open about their private feelings regarding the disaster and their subsequent relocation. The research participants were able to realize and recognize those feelings, and let them be eased by the music and group interaction. Each of the research participants stated that they had enjoyed playing and making music with their peers in a group situation.

**Therapy through recreation.**

By presenting music therapy activities in a recreational way, the participants could emphasize the joyful aspect of collaborating in group activities, without the stigma attached to the word "therapy." Thus, it was essential that the researcher avoid calling the music therapy session "treatment," so that the research participants would accept the activities.
**Interest in music therapy.**

Interestingly, by the end of the music therapy group session, the research participants showed more interest in music therapy. This observation was evidenced by these participants asking questions such as how music therapy could be used with other populations.

**Perspectives of music therapy.**

One of the participants shared her before and after views of music therapy. Before, she thought that music therapy was only to listen to music and get relaxed. After, she thought it was not just that but to become healed by moving the body to music, playing instruments, and singing in a group. This participant was very expressive and descriptive of her music therapy experiences. It seemed as if her stigma toward therapy had been resolved and that she might be open in the future to music therapy services. These positive outcomes from the research participants during the music therapy group session were observed verbally as well as in body language.

**Relaxation.**

As the music therapy session progressed, all the research participants’ postures and each movement of the body appeared to relax as evidenced by smoother transitions between each body movement, and the emergence of humor shown by several research participants. Frequent laughter occurred early in the session, but the researcher noted that by the end of the session laughter bubbled up more naturally among the music therapy research participants.
Venting emotions.

The most interesting result was that participants who were the most negative about the session at the beginning had loosened up physically as well as psychologically by the end. For example, one of these participants stated that she had now felt that she was in a safe place, and felt free enough to talk openly during the group session. Another participant literally stated, “Music was powerful, indeed” and “a positive change in my body and mind happened because of being with everyone [in the group].” Hearing all the positive comments from the research participants who had initially been reluctant to receive a therapy in any kind was significant. The researcher believes that feeling freer to vent emotions in a group setting gave participants an opportunity to validate their emotions and let them out with music, in the acceptable context of group dynamics.

Catharsis and group cohesion.

One of the positive outcomes for music therapy is catharsis (Corsini & Wedding, 2011), and the researcher witnessed that process during her research music therapy session. One of the research participants was stating, “I …” “I …” when verbalizing one of the music activities she had just finished earlier the music therapy session; however, as the group session progressed, she started using, “We” to describe her music therapy experiences with peers in the group. This might also illustrate that group cohesion had been exhibited and experienced by that participant. This is particularly important in the Japanese context because group cohesion is so important, and was a factor disrupted by the Great East Japan Earthquake and the subsequent relocation of evacuees.
Thus, the researcher for this study believes that above-mentioned hypothesis was proven by the positive outcomes described by the research participants’ own words and as evidenced by their physical gestures observed by the researcher during the session. This was backed up via the recordings when the researcher later analyzed the data.

**Impact of results.**

Today, there are natural and man-made disasters happening frequently around the world. Music therapists and their associations such as the American Music Therapy Association have provided disaster relief work and reported on their work. The music therapy literature on trauma has increased in recent years, but is still limited. Therefore, the researcher for this current study hopes that this research will be informative and encourage more music therapists, related professionals, or volunteers to focus on disaster relief work.

**Awareness.**

In addition, the researcher believes that this case study will raise awareness of the long-term effects of the Great East Japan Earthquake, which are still impacting many evacuees six years after the disaster. The researcher hopes that the research participants will use music relaxation techniques at home that they learned during the group session, and spread the word of music therapy’s benefits to their family and friends. Japanese music therapy deserves recognition as a nationally certified profession, and greater awareness of music therapy’s benefits may help further this goal. By advocating for the field of music therapy and the efficacy of music therapy to general public as well as to related professionals, the researcher believes that future disaster relief work might not
take as much time for music therapists to set up therapy sessions and to conduct more
sessions to survivors, resulting in more survivors receiving music therapy more
frequently.

**Limitations**

The researcher encountered many barriers to administering music therapy
techniques to trauma and disaster relief work in the Japanese context. For example, the
researcher needed to find persons who were willing to contact locals who could
encourage prospective research participants to attend the research study. Even after the
researcher acquired verbal consent from the research participants, there were restrictions
regarding time, place, and musical instruments that the researcher had to accommodate.
However, the researcher believes that due to perseverance ("nintai"), careful planning,
and implementation, her music therapy aims could be realized. The researcher hopes that
this study demonstrates the benefits of group music therapy for the Great East Japan
Earthquake evacuees, and that it may open the door to considering the efficacy of music
therapy in the context of disaster relief work.

**Outsider.**

Japanese culture in general is very resistant to therapies of any kind. Therefore, the
researcher, who was not from Tohoku, spent enormous time (a couple of years) building
rapport and gaining trust in order to offer music therapy in a group setting. The researcher
took a two-hour train ride each way in order to volunteer and attend the evacuees’ habit
group twice a month.
Negativities.

Many of the evacuees were friendly and agreed on attending the researcher’s music therapy session; however, some including two participants mentioned earlier were quite critical and doubtful about what the researcher was doing prior to music therapy session.

Reasons.

What the researcher thought the reason for that was because the session date had not been set much in advance due to waiting period for IRB’s approval. The researcher explained the situation, but some participants expressed their frustration over the researcher, stating, “Why do they (IRB) have to approve our session? We, the evacuees have already approved your music therapy session. It’s we who decide what we want to do, not them!” It seemed as if the evacuees were echoing frustration over their own circumstances—the feeling that they actually no longer have control over their own lives after the Great East Japan Earthquake. The researcher then asked these participants to sit down for coffee and explained why IRB approval was needed, and answered all the questions asked by these participants. They stated that they had misunderstood the researcher earlier, but that all was fine now. However, on the very day of the music therapy group, one of the participants mentioned above came wearing a face mask.

Music therapy by people from affected areas and outsiders.

After the Great East Japan Earthquake, many professionals reported that they had provided disaster relief work for those who were affected. Some music therapists who were originally from the Tohoku region or have lived in the Tohoku region were familiar with Tohoku cultural characteristics; they conducted music therapy sessions successfully
and reported their experiences (Yamazaki, 2011). They advised that people who were willing to do similar work to be sensitive to the character and difficult circumstances experienced by Tohoku evacuees. It is not unusual to hear in Japanese people say, “People outside the Tohoku region would not understand evacuees’ struggles and pain” and “People [outside Tohoku region] have already forgotten about the Great East Japan Earthquake” This feeling of undergoing a unique experience that outsiders cannot understand fully is shred with sufferers of PTSD, and contributes to negative affect and a feeling of isolation.

Tsunami survivors whom the researcher met in 2012, when she went to a disaster site with other volunteers to clear “gareki” or debris over the weekend, mentioned that they were “lucky” because they had survived while others lost their lives. These survivors insisted that they should not complain. This is an example of survivor’s guilt but it might also exhibit overly negative thoughts as described in PTSD symptoms.

Since it was not an easy task for the researcher who was not from Tohoku region to come to a point where she could finally conduct a music therapy session for evacuees, the procedures written in this researcher’s report will benefit other music therapists in conducting their own music therapy sessions.

**Ongoing sufferings.**

It is evident that those affected by the Great East Japan Earthquake are still suffering from physical and psychological losses. Therefore, readers of this case study should be mindful of the Great East Japan Earthquake evacuees’ circumstances and how music therapy could be of help. Also, the researcher hopes that this study will raise
awareness for Western readers of the importance of respecting cultural differences when conducting disaster relief work through music therapy or other modalities.

**Misdiagnoses of PTSD.**

In addition, greater media coverage of the concept of trauma and PTSD has led to some misconceptions as well as misdiagnoses of PTSD by some medical doctors in Japan. For example, some people casually mention they are having PTSD when they really seem to have meant experiencing trauma. It was broadcast on TV that some medical doctors criticized other medical doctors’ tendency to give a misdiagnosis of PTSD when their patients experience symptoms for less than a month. Therefore, although the researchers’ overview of trauma and PTSD was brief, the researcher hopes that her readers might benefit from acquiring some information about trauma and PTSD in the future, before they contact or work with people who have experienced disasters.

**Recommended studies.**

The research participants in the study group were acquainted previously with each other because they belonged to the habit group where they meet regularly to make some crafts; it would be useful to locate research participants who do not know each other to see if researcher's results would be replicated. In addition, increasing the number of music therapy sessions would bring greater insight and enrich the findings.

**Limitations**

**Consideration.**

There was an unknown factor in regard to population. All the habit group members were evacuees from the Great East Japan Earthquake; however, while majority
of the habit group members were evacuees from nuclear power disaster areas, there was one person who was a tsunami survivor. This person belonged to this habit group and would come to the habit group once a year or so. In the case that he showed up for the music therapy session, the researcher wanted to avoid any ocean-themed songs. The researcher made sure that music therapy sessions would stay on the surface level as known by “supportive music group therapy” (Houghton, Scovel, Smeltekop, Thaut, Unkefer, & Wilson, 2005), and not go deeper into insightful and unconscious level. If the researcher could have conducted a research music therapy session with a psychologist or a music therapist who had acquired advanced training on trauma, the researcher might have had more freedom in how to plan the music therapy and how to conduct the research music therapy group session.

**Restrictions.**

All the limitation stated above came from restrictions regarding time, location, and population; however, the research was done decently (successfully) as evidenced by all the research participants’ positive comments and behaviors at end of the session, considering all these limitations stated above.

**Suggestions for Future Researchers**

**Be conscientious.**

First of all, be conscientious about the research participants’ circumstances and respectful of their choices. People who survived a traumatic event as the Great East Japan Earthquake faced life-or-death situations and other tremendous difficulties. There was and is no way for researchers or outsiders to feel their pain. A music therapist whom the
researcher conversed with stated, “Don’t even think that you can feel their pain, because you cannot.”

**Make local contact.**

Researchers should contact local authorities or find someone familiar with the trauma population. Be modest and patient with regard to the research. Work around the research participants’ schedule. Researchers can only learn from the research participants. The researcher volunteered two years at a habit group where her research participants belonged to, allowing the group members to become acquainted with and accustomed to her. The researcher made the effort to learn about Tohoku culture, both through readings and by volunteering for weekend “debris cleaning” activities on-site.

**Be imaginative.**

Be imaginative when listening to participants’ voices that are not always well-verbalized or even heard. (Nagai, 2012). These evacuees might say with a smile, “Thank you for coming to our group, and please come again”; however, was there anything underneath that you would notice that they did not state? How about their body language? Are they really welcoming you or just trying to be nice? The researchers would need to “read between the lines” as some cues in Japanese culture must be inferred.

**Be open-minded.**

Researchers on this population might also want to be open-minded in seeking connections with those who know the research participants, and get their advice so that researchers could create an opportunity to conduct research.
Be mindful.

Future researchers on this population should take care to maintain their own peace of mind during all the phase of their study. Research on disaster relief work may require intensive work on trauma itself, demanding a lot of stamina and time. Researchers should schedule time off for their own wellness. Empathy is important in therapy especially when researchers listen to disaster survivors, but do not let sympathy sink down and sit in the researcher’s heart. This would negatively affect one’s mental health and delay the research process.

Be knowledgeable.

Before contacting research participants on this population, be knowledgeable about trauma, people with Acute Stress Disorder (ASD) or PTSD, disaster-related relief work, and all the possible information related to this population. The researcher’s research topic had been trauma for a long time; therefore, she had participated in multiple trauma-related conferences and workshops. The researcher had visited the disaster area, volunteering with a group under the supervision of the locals. Therefore, when the research participants mentioned disaster areas, it helped that she had been there. The researcher also reviewed publications and tried to learn about her population before meeting the habit group members who became the researcher’s research participants. This information helped the researcher when volunteering for the research participants’ habit group and listening to their conversations. Also, counseling techniques that the researcher had learned at school and at an internship site at an acute psychiatric facility
helped when conducting the research session for people from disaster survivors. Therefore, these counseling techniques are highly recommended.

**Summary**

**Attempts.**

The researcher hopes this research study contributes to the field of music therapy in Japan and other countries where disasters may occur because it shows how the research participants, evacuees from a traumatic event, were able to overcome their resistance to therapy and increase their feelings of well-being through group cohesion established during a music therapy session.

**Verbalization.**

The researcher also hopes this research study shows how music therapy allowed participants to overcome, to some degree, their habitual reticence and verbalize their experiences and affect during and after the music therapy session.

**Through recreation.**

Through this research study, music therapists, related-field professionals, volunteers for relief work, and people in general might pay more attention to the necessity for music therapy through rehabilitative activities to address the psychological well-being of evacuees from the Great East Japan Earthquake than before. Due to insufficient remediation to evacuees by the government and Tokyo Electric Power Company (TEPCO), Tohoku evacuees’ feelings of betrayal and abandonment had been added to the existing feelings of severe grief, loss, and dislocation.
Concept of therapy.

Group music therapy sessions have been shown to have positive benefits therapeutically for participants. Attending a music therapy instrumental ensemble where evacuees enjoyed playing instruments with their peers enabled them to overcome resistance to the concept of therapy. Evacuees were able to be “here and now” in the context of music, and feel achievement at end of each music activity. Providing such music activities as moving the body, singing songs, and playing an instrument together encouraged the research participants to relax in a casual atmosphere (Unkefer & Thaut, 2005).

Togetherness.

The music therapy activities strengthened a feeling of togetherness among the group of evacuees separate from their common practices. This case study shows that music therapy is a powerful tool for evacuees to achieve group cohesion, and fundamental characteristic of their culture and something that had been damaged by the Great East Japan Earthquake

Necessity of music therapy.

This case study demonstrates that there is a substantial need to provide music therapy services for evacuees from the Great East Japan Earthquake; government officials must realize the need for and value of providing music therapy. Because of limited literature in disaster relief work and trauma itself in the field of music therapy, and unique characteristics in Japanese culture regarding therapy, the researcher hopes this research study will fill a gap in demonstrating the benefits of music therapy for people
who suffer from traumatic events. Music therapy practitioners, researchers, and students in Japan and elsewhere can benefit from this research study.
References


Inoue, S. (2011). Hachinohe hisaishita katagata wo shiensuru jigyō ‘Oto to asobo’ ni sanka shite [Participating in ‘Let’s play with sound,’ in Hachinohe, Aomori Prefecture, a support group for those who were affected by 3.11. disaster]. In Higashinihon daishinsai: Kokoro no kea to ongakuryoho [the Great East Japan Earthquake: Mental care and music therapy]. The Music Therapy, 49, 12-13.


Appendix A: Ohio University IRB Approved Form

The following research study has been reviewed and approved by the Institutional Review Board at Ohio University for the period listed below. This review was conducted through an expedited review procedure as defined in the federal regulations as Category(ies):

Project Title: The Impact of a Music Therapy Instrument Ensemble on Group Activities for Japanese Adult Evacuees from a Recent Earthquake: A Qualitative Case Study

Primary Investigator: Mayumi Kobayashi
Co-Investigator(s):

Faculty Advisor: Karinie Geist
Department: School of Music

Shelly Rex, B.S., Compliance Coordinator
Office of Research Compliance
Approval Date 4-13-16
Expiration Date 4-13-16

This approval is valid until expiration date listed above. If you wish to continue beyond expiration date, you must submit a periodic review application and obtain approval prior to continuation.

Adverse events must be reported to the IRB promptly, within 5 working days of the occurrence.

The approval remains in effect provided the study is conducted exactly as described in your application for review. Any additions or modifications to the project must be approved by the IRB (as an amendment) prior to implementation.
Appendix B: Ohio University Group Participation Consent Form

Ohio University Consent Form
For Session Participant

Note: English consent form was translated into Japanese. Research participants read it in Japanese and signed on English consent form.

Title of Research: The Impact of a Music Therapy Instrument Ensemble on Group Activities for Japanese Adult Evacuees from a Recent Earthquake: A Qualitative Case Study

Researcher: Mayumi Kobayashi, MT-BC

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Explanation of Study

This study is being done because of the importance of documenting the impact of a group music instrument ensemble experience for Japanese adult evacuees from a recent earthquake.

If you agree to participate, you will be asked to allow the researcher to audio and video tape approximately a ninety minute long group session where you participate. You may then share your group music ensemble experience of how the group music therapy session has affected you and the music group in which you participated.

You should not participate in this study if you are not willing to be audio and video taped for the purpose of data collection for this project.

Obligations in this study include participating in a group session with other participants conducted by the researcher lasting approximately ninety minutes.

Risks and Discomforts

No risks or discomforts are anticipated.
It is not expected that the participants will have any physical discomorts for this research; however, if participants do not like any part of the research including group music activities, they can stop participating in the study at any time without being put in an awkward position. In addition to providing an informed consent before the session, the researcher will remind the participants of their volunteer participation verbally at the start of the session.

**Benefits**

This study is important to science/society because:
1) This research will add to the research of disaster relief in music therapy.
2) This research could possibly illustrate the benefits of music therapy to the social work community and related fields in Japan and how music therapy can help people who suffered from any kind of disaster move forward.
3) People who suffered from natural and/or man-made disaster will be informed of the potential benefit music therapy brings on this particular population.
You may not benefit personally from participating.

**Confidentiality and Records**

Your study information will be kept confidential by myself and no one outside of my research team (advisor and committee members) will be knowledgeable of your participation.

The researcher will provide a master list that indicates identifiable information, but store them separately from identifiable information. Likewise, the video and audiotapes will be stored at a different locked cabinet at the researcher’s home. All of these items will be destroyed by the researcher in April, 2016.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* National agencies, for example the Ministry of Justice has Human Rights Bureau whose responsibility is to protect human subjects;
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, and a committee that oversees the research at OU.

**Contact Information**

If you have any questions regarding this study, please contact myself, Mayumi Kobayashi, MT-BC at mk394205@ohio.edu or 080-xxxx-xxxx (Japan) or Kamile Geist, MA, MT-BC, Music Therapy Program Director at geistk@ohio.edu or (001)(740)593-4249.
If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University, (001)(740) 593-0664.

By signing below, you are agreeing that:
- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature_________________________________________ Date________________________
Printed Name____________________________________

Version Date: April 13, 2015
Appendix C: Ohio University Individual Participation Consent Form

Ohio University Consent Form
*Adult Participant Interview Consent*

Note: English consent form was translated into Japanese. Research participants read it in Japanese and signed on English consent form.

**Title of Research:** The Impact of a Music Therapy Instrument Ensemble on Group Activities for Japanese Adult Evacuees from a Recent Earthquake: A Qualitative Case Study

**Researcher:** Mayumi Kobayashi, MT-BC

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

**Explanation of Study**

This study is being done because of the importance of documenting the impact of a group music instrument ensemble experience for Japanese adult evacuees from a recent earthquake.

If you agree to participate, you will be asked to allow the researcher to audio and video tape a thirty to forty-minute long interview with you. You may then share your group music ensemble experience of how the group music therapy session has affected you and the music group in which you participated.

You should not participate in this study if you are not willing to be audio and video taped for the purpose of data collection for this project.

Obligations in this study include participating in an interview with the researcher lasting approximately thirty to forty minutes, and a possible follow-up interview to make sure that everything you said in the first interview is correct.

**Risks and Discomforts**

No risks or discomforts are anticipated. It is not expected that the participants will have any physical discomforts for this research; however, if participants do not like any part of the interview, they can stop participating in the study at any time without being
put in an awkward position. In addition to providing an informed consent before the interview, the researcher will remind the participants of their volunteer participation verbally at the start of the interview.

**Benefits**

This study is important to science/society because:

1) This research will add to the research of disaster relief in music therapy.
2) This research could possibly illustrate the benefits of music therapy to the social work community and related fields in Japan and how music therapy can help people who suffered from any kind of disaster move forward.
3) People who suffered from natural and/or man-made disaster will be informed of the potential benefit music therapy brings on this particular population.
   You may not benefit personally from participating.

**Confidentiality and Records**

Your study information will be kept confidential by myself and no one outside of my research team (advisor and committee members) will be knowledgeable of your participation.

The researcher will provide a master list that indicates identifiable information, but store them separately from identifiable information. Likewise, the video and audiotapes will be stored at a different locked cabinet at the researcher’s home. All of these items will be destroyed by the researcher in April, 2016.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* National agencies, for example the Ministry of Justice has Human Rights Bureau whose responsibility is to protect human subjects;
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, and a committee that oversees the research at OU.

**Contact Information**

If you have any questions regarding this study, please contact myself, Mayumi Kobayashi, MT-BC at mk394205@ohio.edu or 080-xxxx-xxxx (Japan) or Kamile Geist, MA, MT-BC, Music Therapy Program Director at geistk@ohio.edu or (001)(740)593-4249.
If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University, (001)(740) 593-0664.

By signing below, you are agreeing that:
- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
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- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature ___________________________ Date ____________
Printed Name ____________________________

Version Date: April 13, 2015