

GROUP MUSIC THERAPY AT GREEK POLICE: AN OBJECTIVIST CASE STUDY
RESEARCH

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GROUP MUSIC THERAPY AT GREEK POLICE:
AN OBJECTIVIST CASE STUDY RESEARCH

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ABSTRACT

There have been extensive studies and research done on both the subjects of music therapy and police; however, there is currently little documented research on the application of music therapy with police officers.

This dissertation focuses on the experiences of 10 Greek police officers who received group music therapy to address the following question, “What are the therapeutic benefits for police officers who practice music therapy?” This research uses an objectivist case study design. The goal of the research is to further knowledge concerning the practice of music therapy to reduce perceived stress for police officers. The researcher administered semi-structured interviews and the Perceived Stress Scale (PSS-14) (Cohen et al., 1983). to participants both pre- and post-intervention as well as at a follow-up 2 months later. In addition, self-report surveys before and after each music therapy session were conducted to investigate the change during the session.

Data were analyzed and coded to extract and identify themes found in police officers experiences and reactions with thematic analysis. Four themes emerged from the study including relationships and music, music therapy group effects and stress, working on self-stigma and duty, motivation and resistances.

Participants reported that music therapy helped them to have lower levels of stress, willingness for connecting to others, motivation to express themselves and involve deeper to music. Suggestions for future studies on music therapy as a tool for growth that can support the psychological well-being of police officers are provided.

Key words: law enforcement, stress, music therapy, group improvisation, police, art therapy, self stigma, therapeutic aims.

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CHAPTER 1. INTRODUCTION

Researchers confirm that police officers have “an elevated risk for adverse mental and physical health outcomes” relative to the general population. Meanwhile, music has been associated with therapeutic, medical, and curative powers throughout history and across numerous disciplines (MacDonald, Kreutz, and Mitchell, 2013).

Plato’s *Republic* gives us one of the first accounts of music reaching far into the dimensions of agency and the self by equipping individuals with the attitudes and characteristics needed to cope with the challenges of everyday life. In the *Republic*, the Dorian mode is described as the “harmony that would fittingly imitate the utterances and accents of a brave man who is engaged in warfare or in any enforced business, and who, when he has failed [. . .] confronts fortune with steadfast endurance and repels her strokes” (*Rep.* 3.399a5–c4, Woerther 2008, p.91).

So why not music therapy for police officers?

Chapter 1, is organized into six sections: background of the study, need for the study, purpose of the study, significance of the study, definition of the terms, and organization of the remainder of the study.

Background of the Study

Policing is generally understood to be a fairly dangerous and stressful profession. Much has already been written with respect to the specific causes of officer stress and the corresponding impact on officer health and organizational wellness (He, Zhao, and Archbold, 2002). It is ranked among the top 20 occupations (out of 130) related to increased health problems (Sijaric-Voloder and Capin, 2008). Research in the Australian context (Noblet and Rodwell, 2009) well as internationally has identified police work as being particularly stressful (Johnson, et al., 2005). Compared to other occupations policing is amongst the top three occupations most commonly reported by both occupational physicians and psychiatrists in the Occupational Disease Intelligence Network (ODIN) system for Surveillance of Occupational Stress and Mental Illness (Collins and Gibbs, 2003).

Police officers around the world acknowledge that this line of work is challenging, and research shows that the stress involved with this occupation leads to an increased risk of negative physical symptoms (Andersen et al., 2015). While both local and national governments spend substantial amounts of money on tactical training for officers, the budget is much less for needed resilience building as part of the police training process (Andersen et al., 2015).

Additionally, “The policeman thinks he is supposed to be the problem solver for the world. He is taught to hold it in, to adapt. When the other helping professions—doctors, social workers, priests—have their backs to the wall they call a cop. Who does a cop call?” (Morris and Newhall, 1981, as cited in Dantzker, 1986, p.41).

Law enforcement officers must have the proper tools to manage the often intense and negative stress of their environment (Christopher et al., 2015). Intention in maintaining police officers’ wellness seems demanding as it has direct impact on their ability to be effective; because the police officer doesn’t act only as a law enforcement officer but also as an instrument of social service, an agent of social change and the protector of the rights and duties of the people (Police Executive Research Forum, 2018).

Need for the Study

Meanwhile, creative arts therapies, as professions, began during the 1940s, when a number of psychotherapists and artists began collaborating in the treatment of severely disturbed members (Johnson, Lahad, and Gray, 2009). Music has been used to enhance health and well-being for centuries (Daykin, Bunt, and Söderback, 2009) and has been referenced as a therapeutic device in the Bible, Greek and Roman literature, and Egyptian records. Music therapy is a science, interpersonal relationship and art (Bruscia, 1989, p. 6).

Fiske (1996) eloquently dismantles the common notion that “music is a language of the emotions” (Fiske, 1996, as cited in Lesiuk, 2005, p.174). Music may also serve as an anxiolytic treatment, that is, an anxiety preventative or anxiety reducing measure (de Witte, et al., 2019). Anxiety related to feelings and the issues they represent may be reduced by the structure and symbolic representation inherent in the arts (Goldberg, Coto-McKenna, and Cohn, 1991).

There are also a number of studies in the music therapy field that address stress. Selected music has been recommended to help promote relaxation and stress management

skills (Thoma et al., 2013). However, all of the studies include clinical samples, and none of these studies address the problem of stress's presence and disruption in society empirically with community samples and group music therapy improvisation methods.

At the same time, police officers begin their careers in excellent physical health and retire early or die from job related stress disorders demonstrates the cost of continuous pressure and the need for ongoing emotional readjustment (Waters and Ussery, 2007). Although research suggests a general acknowledgement of the need for officers to seek stress-related mental health services, there remains a gap between acknowledgement and action (Toch, 2002).

What is also not known is whether there are additional benefits and important experiences when music therapy practices are incorporated into the mindsets of law enforcement professionals, thus, there is an existing gap in current psychological research on the use of music therapy within police officers.

This study is based on the need to find a more effective intervention to help the majority of police officers who are relatively normal individuals in a highly stressful job and not merely the ones most debilitated by stress.

Purpose of the Study

It is critical for law enforcement professionals to be able to maintain composure and clear thinking, as they may encounter life or death decisions at a moment's notice (Kelley and Lambert, 2012) and systematic help to reduce stress is needed.

Therefore, the purpose of this study is to explore the impact of Group Music Therapy at Greek police officers and gain a greater understanding of their experiences especially at the expression of their stress. As research and practice of music therapy with law enforcement personnel is an emerging field, there is a lack of knowledge in the field.

A greater understanding of the effect of music therapy to police officers, may allow the development of new training programs and resources to help Police Organization provide a more consistent and positive impact on the members of their agencies and their communities.

Significance of the Study

Policing as an occupation involves a wide range of activities, as also many health and safety issues surrounding (Parsons, 2004). There are many cases at a police officer's life that evoke a variety of feelings. The entire life of police officers seems to be full of tension and stresses. Although there is a scarcity of research that investigates mental health services utilization, one study found that less than 10% of officers who endorsed symptoms of anxiety or depression sought mental health services (Berg et al., 2003). Therefore, the disproportional psychological health of LEO (Law enforcement officers) is unknown due to a scarcity of research and the reluctance among officers to seek help or treatment (Johnson, 2016). Anecdotal evidence and articles published in police specific magazines suggests that officers often attribute the reluctance to the stigma that exists around treatment seeking (Johnson, 2016). Although research suggests a general acknowledgement of the need for officers to seek stress-related mental health services, there remains a gap between acknowledgement and action (Toch, 2002).

Police officers belong to a unique culture (Papazoglou, 2013). This can lead to secrecy, closing off, and the "blue wall of silence" (Nolan, 2009). Officers are trained to trust themselves and other officers but to remain vigilant against "outsiders" (Kappeler, Sluder, and Alpert, 1998). Other scholars contend that professional and peer supervision is important in helping police officers reflect on the critical incident they experienced which, in turn, leads them to personal development and growth (Tehrani, 2010). Meanwhile, the capacity of music for creating familiar and safe environments is intimated (Brooks, 1989; Mark, 1988; Well and Stevens, 1984).

Because of these facts, the researcher inspired from her double role as a police officer and the same time as a music therapy student, and with the valuable mean of music, assumes to offer her "blue brothers" the opportunity to experience music therapy, enabling them to express themselves and reduce their stress when experiencing between their colleagues.

The researcher anticipates the envisaged outcomes of this study to:

- transform police environment
- work-on self stigma at police
- create new knowledge about how police officers could benefit from music

- give an opportunity for police officers to cope effectively with their feelings
- gives new motivation for several interventions at police officers
- extend the practice of music therapy and the range of populations to be applied

Definition of Terms

The following operational definitions include search strategy terms. The research terminology might bear more than one accepted definition.

Law enforcement. The active process of situational interpretation, enforcement, and application of the laws by authorized agencies and persons is law enforcement (Shapiro, Jazaieri, and Goldin, 2012).

Stress. Stress is defined as a process in which environmental demands strain an organism's adaptive capacity resulting in both psychological demands as well as biological changes that could place at risk for illness (Salleh, 2008). An individual's feeling of pressure and strain is referred to as stress, includes anxiety, threat, and defense (Lazarus, 1993, as cited in Pelletier, 2004).

Perceived Stress. The perception of stress, the degree to which situations in one's life are appraised as stressful (Cohen, 1988).

Music therapy. "Music therapy is a science, interpersonal relationship and art" (Bruscia, 1989, p.6). An "interpersonal process where music experiences relationship that occur within may work as powerful powers of change" (Bruscia, 1989, p.42).

Group improvisation. Group improvisation is a fundamental technique for developing awareness of social processes, expressing feelings and enhancing self-esteem (Bruscia, 1987; Bunt, 1994).

Police. The police shall provide for the protection of public safety and the rights of all persons (Office of the United Nations High Commissioner for Human Rights, 2004).

Art therapy. Creative arts may stimulate therapeutic processes which help clients in ways different from more traditional verbal therapies (Kagin and Lusebrink, 1978).

Self-stigma. Self-stigma refers to an individual's perception that their own behaviours or attitudes are not socially acceptable (Corrigan, 2004).

Therapeutic aim. "Therapeutic" is used as an adjective that changes or transforms in a positive, healthy or healing way. "Therapeutic aims" can be addressed through relationship and through the musical interactions which evolve (Bruscia, 1998). Aims may include understanding and managing emotions and feelings, developing communication and self-expression, managing stress, developing physical abilities, and maintaining or improving psychological health and well-being (Aigen, 1995) proposes that music affords unique experiences associated with therapeutic potential. The therapeutic outcomes of music experiences have traditionally been believed to be much more profound (Aigen, 2005, as cited in Wheeler, 1983) and obvious (Bruscia, 1998) if accompanied with verbal processing of the experience.

CHAPTER 2. LITERATURE REVIEW

Methods of Searching

Music therapy is a social activity. Therapy occurs in a psychosocial context. The way people respond in a therapeutic situation is determined by the way in which they understand that situation. According to (Yin, 2009), case study research is meant to increase the understanding of a topic being researched, although it may not be generalized to a population. Case study research investigates a phenomenon; in this case music therapy among Greek police officers, within its real-life context.

To conduct the literature review, this researcher investigates studies that music therapy furnishes information on the research question that dealt about programs aimed at preserving and promoting law enforcement officers' physical and emotional health. The major areas of interest are stress, self-stigma, police, art therapies and group improvisation. To obtain the literature, the majority of sources used are retrieved from the following databases and search engines – Google Scholar, APA, AMTA, PsycInfo, SAGE, Academia.edu, Policefoundation.org, National Police Foundation, UK Data Service, The American Journey of Psychotherapy, EBSCO, Police Executive Research Forum and ResearchGate. The following key terms were searched: law enforcement, stress, music therapy, group improvisation, police, art therapy, self-stigma, therapeutic aims. Textbooks and peer-reviewed journal articles, multiple music therapy and related journals were also used to develop a comprehensive literature review.

Theoretical Orientation for the Study

Policing is generally understood to be a fairly dangerous and stressful profession and much has been written already with respect to the specific causes of officer stress and the corresponding impact on officer health and organizational wellness (Zhao, He, and Lovrich, 2002). Police officers may be exposed to different health and safety risks creating circumstances to experience many psychosocial hazards such as stress, suicide, sexual harassment, and discrimination (Parsons, 2004). The entire life of police officers seems to be full of tension and stresses (Chandramani, 2015). It is ranked among the top 20

occupations (out of 130) related to increased health problems (Sijaric-Voloder and Capin, 2008).

Police officers closely associate on a daily basis with “the worst of people, and ordinary people at their worst” (Chandramani, 2015) as they are often involved in dealing with criminals, VIP’s security duties, outdated laws and collapse of other agencies of criminal justice system (Chandramani, 2015). They may be traumatized not only through the “anticipation of trauma” (van der Kolk, 1996) but also directly, for example, threatening events of their own lives, and indirectly (secondary or vicarious trauma), for example, child abuse cases and fatal traffic accidents (Atkinson-Tovar, 2003).

Further, police jobs are more stressful not only due to the nature of work but also because of the desired role and expectations of stakeholders in the society (Nerurkar, 2014). Because police not only acts a law enforcing agency but also as an instrument of social service (Chandramani, 2015).

The police fulfill an essential role in the society, but stress potentially reduces the effectiveness of the personnel. The stressed police officers pose a threat to themselves, their colleagues, offenders and/or to public safety (Chandramani, 2015). However, the officer must be able to recognize when stress is present, what causes it, and how to deal effectively with it (Dantzker, 1986). Studies have shown that when officers’ physical and mental health issues go unaddressed, job performance decreases, decision-making abilities are impaired, agency costs increase (Burton et al., 1996). The failure to identify and solve health and safety concerns of officers has potentially serious consequences for the health and well being of officers and their families (Dantzker, 1986). These consequences can include depression, divorce, suicide, and disease. Not addressing the health and safety issues associated with policing may also impact the general public. For example, if an officer is stressed or fatigued he may not perform his duties to the best of his ability reducing the contribution of policing to the community (Parsons, 2004).

Inventions in maintaining police officers’ wellness seems demanding as has a direct impact on their ability to be effective, because police not only acts a law enforcing agency but also as an instrument of social service, an agent of social change and the protector of the rights and duties of the people (Chandramani, 2015).

Review of the Literature

In recognition of the critical role that officer wellness plays in police work, law enforcement agencies across the world have created programs aimed at preserving and promoting officers' physical and emotional health.

Until the late 1960s, efforts to improve policing in US concentrated almost exclusively on internal management. Law enforcement organizations began to take notice of officer stress during the late 1970s (Patterson, Chung, and Swan, 2012). Interest in occupational stress research continued to grow (Burke, 1998) because of the link between the experience of occupational stress and adverse psychological and physical health of individuals and workplace performance difficulties.

For many years the standard method that police departments have offered to their officers in order to cope with the stress of police work has been through the presentation of traditional stress management techniques (Kirschman, 2006). These materials typically include topics such as: defining the meaning of stress, examining the physiological effects of stress, skills for managing job stress, skills for handling people pressures on the job, and skills for balancing home and work life. Most officers have been exposed to this material at several points in their career (Wilson et al., 2001).

Now days, the mental health and wellbeing of personnel are a major concern for police occupational health departments. Various training programs have attempted to increase police officer's sensitivity to others and to master self control skills (Sarason, et al., 1979).

UK police force provides a series of workshops supporting officer's, been identified as badly affected by traumatic work experiences, mental health and wellbeing. In workshops utilizing innovative multimedia virtual community educational tools (Stilwell) developed by the local university to explore burnout, the Trauma Risk Management (TRiM) tool (developed in the British Army) and Visual-Kinesthetic Disassociation (Rewind) therapy, showed positive response from officers (Walsh, Taylor, and Hastings, 2013).

Gersons et. al. (2000) examined the effects of brief eclectic psychotherapy – a combination of psychodynamic and cognitive- behavioral approaches – on a group of police officers with PTSD (Gersons et al., 2000).

In Sarason's et. al (1979) research, Police Academy trainees from the Seattle participated in a stress management program, designed to deal with both the cognitive and

physiological factors related to the emotions of anxiety and anger. Stress management training took place in six 2-hour sessions and included instruction and practice in the self-monitoring of reactions to stressful situations, role-playing, modeling, muscular relaxation and the development of adaptive self-statements (Irwin G. Sarason et al., 1979).

On-duty exercise programs, allowing officers to exercise for reasonable periods of time while on-duty or within the middle of a long shift can relieve stress, enhance health, build camaraderie, extend careers and overall lifespan, increase respect from citizens, and build and sustain an environment of healthy living within the organization (Kuhns, Maguire, and Leach, 2015).

Rachele, Heesch and Washington, (2014) agree that these civil servants are in need of workplace health and wellness programs that are tailored to their unique organizational and occupational needs (Rachele, Heesch, and Washington, 2014).

Zervou (2010) investigated how physical activity may change the stress of police officers and their job performance. She found that age, insufficient duty accomplishment and insufficient support from authority may affect the police officers performance. Specifically, younger police officers who do sports have less stress and are more productive. From the other hand, officers who don't accomplish efficiently their duties, as higher the pressure and lack of authority support are, the more physical activities they do (Zervou and Theofanaki, 2010). She suggested more psychological support from internal associations.

Romosiou (2017) created the first psycho-educative program to a Greek police officers group. Officers improved their emotional intelligence proving also that it is associated with job performance and a variety option of psychological and physical health of police officers (Romosiou, 2017).

Liakopoulou (2020) expanded evidence on the role of stress management in Greek Police forces. On a randomized control trial (RCT) in a sample of police officers (N=54) who were randomized to intervention (IG) (N=27) and control group (CG). Intervention group underwent, PSAI, an 8-week program sessions of dietary and physical exercise counseling, cognitive training and stress management. Statistical analyses revealed that PSAI can be introduced as an intervention method for police stress beneficial for cognitive amelioration and management of negative feelings and anger (Liakopoulou et al., 2020).

Even if exist so many interventions scheduled for police officers, researchers have found that police officers tend to either not seek mental health treatment, trying to fix their own mental health problem, or if in treatment, will not be forthcoming with internalized

thoughts of psychological distress (Johnson, 2016). However, Greenstone (2000) noted that officers may not use mental health services, even when they are available (Greenstone, 2000). For example, Berg et al. (2006) found that fewer than 10% of officers who reported symptoms of anxiety or depression had consulted with a psychologist or a psychiatrist within the past 12 months (Berg et al., 2006). This finding is generally consistent with the underutilization of mental health services among civilians (Andrews, Issakidis, and Carter, 2001). Which treatment could be effective for this special culture then?

Soibelman (1948) quotes all port in connection to this psychology of participation: "People must have a hand in saving themselves; they cannot and will not be saved from the outside" (Soibelman, 1948, p.111). He reviewed the various uses of traditional music therapy in the Veteran's Administration hospitals.

The present study explores the possibility to use of an alternative method for self expression and stress relief for police officers, which could potentially expand the options currently available to police departments. It makes use of a relatively clinical approach Music Therapy.

Art Therapies

An extensive theoretical literature exists concerning the creative arts therapies, which indicates that the creative arts may stimulate therapeutic processes which help patients in ways different from more traditional verbal therapies (Kagin and Lusebrink, 1978). Creative arts therapies, as professions, began during the 1940s, when a number of psychotherapists and artists began collaborating in the treatment of severely disturbed members (Johnson et al., 2009). During the 1960s, the general atmosphere of social consciousness, the Vietnam War, and the dearth of jobs in the artistic field brought a number of artists into the health field.

Arts therapists have begun to explore underlying mechanisms in trauma work (Johnson, 2009). Perhaps the most basic paradigm underlying the creative arts therapies is what might be termed the creative/expressive paradigm (Johnson, 2009). Some authors have stated is the importance of art as it may bypass intellectualizing processes by accessing emotions directly (Cardone, Marengo, and Calisch, 1982). Anxiety related to feelings and the issues they represent may be reduced by the structure and symbolic representation inherent in the arts (Brown and Avstreich, 1980).

As humans respond effectively to music (Charlesworth, 1982), music assisted relaxation techniques effectively decrease stress and arousal in medical, university, and occupational settings (Pelletier, 2004). Findings reported music therapy affects the stress response within the brain, leading to less anxiety and improved mood (Thoma et al., 2013). A music therapist bridges the worlds of art and science (Bonny, 1985; Bonny and Savary, 1973; Eagle, 1990; Hesser, 1995; Kenny, 1989; Ruud, 1980).

A number of earlier studies has shown the beneficial effects of music listening on work productivity (Lesiuk, 2005). Music therapy research in occupational environment has only been investigated in the last few years, and as such, yields only few studies investigating the effects of music therapy to reduce anxiety levels (Smith, 2008). A limited number of them demonstrate music therapy interventions to be an effective means to reducing work-related stress and anxiety levels in healthy adults (Smith, 2008).

Knight and Rickard (2001) explored the effect of sedative music on Participant's subjective and physiological stress following a cognitive stressor involving preparation of work-related presentation. Significant increases were reported for those who prepared task without music (Knight and Rickard, 2001) .

Watanabe (2001) measured significant difference in nurses pulse rate due to music assisted PMR (Watanabe, 2001). Smith (2008) investigated the effects of improvised music combined with a relaxation technique on anxiety levels of adults in a work place finding decreased levels of anxiety due to music interventions (Smith, 2008).

Lesiuk (2008) studied the effect of preferred music listening on stress levels of 33 air traffic controllers while sitting in silence. Dependent variables included heart rate, mean arterial pressure, state anxiety, and perceived air traffic activity. Results indicated that in both the control and experimental conditions state, anxiety levels significantly decreased over time ($p < .05$), with no difference in decrease between the conditions. Self-reports of degree of liking the music and effectiveness in stress reduction indicate a positive report of music in reducing work stress for air traffic controllers (Lesiuk, 2008).

Taets, et al. (2013) aimed to assess the effects of a music therapy program on the level of stress for female professionals working in a private hospital in Brazil. 34 female volunteers participated in twelve sessions using the techniques of music therapy Improvisation and Musical Re-creation in a period of three months. The study showed a statistically significant decrease ($\Delta = - 60\%$, $p < 0.001$) in the level of stress professionals after the music therapy program (Taets et al., 2013).

Lately, Kacem et al. (2020) investigated the impact of music therapy on stress levels and burnout risk on the operating room staff in the academic hospital of Sahloul Sousse (Tunisia) over a period of six weeks. The study consisted of three phases. The first was an initial assessment of stress level with a predefined survey. The second included three music therapy sessions per day over one month. The third was an immediate stress level reassessment following the intervention. Stress levels were evaluated using the Perceived Stress Scale version PSS-10 and the Maslach Burnout Inventory. After the music therapy program, Perceived Stress Scale average score decreased from 22 ± 8.9 to 16 ± 7.9 ($p = 0.006$) (Kacem et al., 2020).

Even though, the only research that seems to exist but still not translated in English for police officers and music listening is the musical intervention of Kim & Kim (2017) which aimed to examine the effect that preferred music listening had on police officers' occupational stress and fatigue. The intervention took place over a total of six sessions. At each session, the experimental group ($n = 19$) received 20 minutes of music listening with individually customized playlists that were compiled based on their preferred music list. The control group ($n = 21$) simply took a break from work for 20 minutes. Every participant checked his or her occupational stress and fatigue level before and after the experiment using the Occupational Stress Inventory and Subjective Symptoms of Fatigue Test. Findings support that the use of preferred music listening is an effective way to help police officers to control their occupational stress and fatigue (Kim and Kim, 2017).

Peer-counseling and music therapy

It is not a secret that while, in those early years, some police agencies around the world establish employee assistance programs, fund conferences, conduct research, and establish prevention programs, most officers, however, have not utilized the services that are available due to the strong cultural influences of the law enforcement profession (Waters & Ussery, 2007). A police officer may be more likely to seek help through one of their peers than someone outside of the uniform (Zercoe, 2015).

Many studies show that peer-counseling in police field is effective and police officers seem to respond to these ways of getting support because this type of first-line

peer-counseling is provided from trained police officers who are willing to play this role (Papazoglou, 2013).

Jones, specialist at the Critical Incident Stress Management (CISM) the Federal Law Enforcement Training Center says that peer support brings to the department the call for care from a credible source, “Just being in front of someone that shares that same uniform or a similar experience without judging, mocking or minimizing your experience, already validates where you are as a hurting, suffering, struggling person. And at the end of the day, aren’t we all people who need a sense of validation? To sit across from somebody and say, ‘I get you’ is incredibly validating” (Zercoe, 2015).

In an intensely familial profession the purpose of a peer support group is to aid an officer during times of both professional and personal crisis through the use of specially-trained volunteer officers within the department. A peer supporter can help an officer alter this perspective — reframing how they see themselves in the wake of an incident (Zercoe, 2015).

Music therapy has been reported to be an efficacious treatment modality that can address increasing awareness and expression of emotions, developing problem solving, and decreasing social isolation (Cassity and Theobald, 1990; Luetje, 1989; Whipple and Lindsey, 1999). This project is hoped to work –on stigma blockages in Greek Police. These colleagues greet the effort for this research.

CHAPTER 3. METHODOLOGY

Purpose of the Study

The purpose of this study is to gain a greater understanding of the experience of Greek police officers who use group music therapy and explore its therapeutic potential, if any. It is critical for law enforcement professionals to maintain composure and mental clarity, since they may encounter life or death decisions at a moment's notice (Kelley and Lambert, 2012).

According to Fox (1971), Kirkpatrick (1943) and Wokoun (1969) as cited in Lesiuk, earlier studies have shown the beneficial effects of music listening on work productivity (Fox, 1971; Kirkpatrick, 1943; Wokoun, 1969, as cited Lesiuk, 2005). Music may also serve as an anxiolytic treatment, that is, an anxiety preventative or anxiety reducing measure (Knight and Rickard, 2001). Since the early 2000s there has been a steady increase in interest in the treatment of stress and anxiety in music therapy (Akombo, 2007; Clark et al., 2006; Ferrer, 2007; Guetin et al., 2009, as cited in Zarate, 2016), yet few researchers experimented with specific work that uses active improvisation method (Zarate, 2016a).

A greater understanding of the impact of music therapy to police officers, may allow the development of new training and programs and resources to help Police Organizations promote a more consistent and positive impact on the members of their agencies families, and their communities.

Research Question

This researcher's intention is to employ a mixed method study in order to learn how the application of music therapy in a safe environment might shape police officers' feelings, behaviors and thoughts. Therefore, the central research question, "What are the therapeutic benefits for police officers who practice music therapy?" is an open question to which there is unlikely to be a single answer. This complexity suggests that an explorative stance and research methods are required to provide some answers.

The research study is designed to explore the experiences of 10 Greek Police officers who participated in group music therapy for 8 sessions.

Propositions

The main focus of the study is to examine if the use of music therapy is effective, and how the police officers and their conditions improve, or not, as a result of this intervention. The sub- questions that need to be answered are:

- a. Is group music therapy effective in decreasing stress for Greek police officers?
- b. What is the percentage of participants who report decreased levels of stress 2-months after participating in the music therapy group?
- c. What are the effects of a series of group music therapy sessions on participants' reported perceived stress?
- d. What are the motivations for police officers participating in a music therapy group?
- e. Does music therapy provide a safe framework for police officers to work-on self-stigma?
- f. What can the police officers' responses to the semi-structured interview questions tell about a) what they do in group music therapy, and b) how they find meaning in it?
- g. Will music therapy enable a group of police officers to express themselves when experiencing between their "blue brothers"?

Research Design

Qualitative research approaches are appropriate when there is little existing knowledge or understanding about a topic (Strauss and Corbin, 1998). Some of the data may be quantified as with census or background information about the persons or objects studied, but the bulk of the analysis is interpretative (Strauss and Corbin, 1998). According to Yin (2009), case study research is meant to increase understanding of the field being researched and is not meant to be generalized to a population (Yin, 2009). "The strength of the case study design is that it allows for uncovering or suggesting causal relationships in real-life settings through an intensive and rich collection of data" (Ridder and Fachner,

2016, p. 1507). Since the goal of this research is to explore therapeutic benefits of music therapy to police officers, case study research is the most appropriate methodology and has a long tradition in music therapy research (Wheeler and Murphy, 2016). Therefore this dissertation research design is done as an objectivist case study, allowing each participant to be viewed as an individual case. Meanwhile, allows “exploring complexity through the use of multiple data sources” (Ridder and Fachner, 2016 p.1511), such as behavioral and physiological measures. In comparison to other qualitative approaches, investigator collects and integrates quantitative survey data, which facilitates reaching a holistic understanding of the phenomenon being studied (Baxter and Jack, 2008).

The research seeks to investigate a given phenomenon in a real-life context, in this case, group music therapy among Greek police officers. Philosophically, it is not expected that every police officer taking part in group music therapy will have the same experience; however it is expected that there will be some similarities due to their common circumstances. It is believed that each person will respond uniquely and that the potential benefits of taking part in such creative experience will relate to that individual’s responses, awareness, capacity, desire and current emotional state. Therefore, depth of insight into the complexity of an issue across a number of individual cases focusing in the naturalistic context (Ridder and Fachner, 2016), will provide deeper contextual understanding of the phenomenon (Stake, 1995).

Unique case orientation assumes that each case is unique, and that there is a possibility of connections between similar cases (Patton, 2016). Multiple sources of data are used allowing information provided for each participant to be examined within each case, obtained from semi-structured interviews, demographic questionnaires, psychometric scales, self-report surveys, this researcher’s observations, including her field notes and supervisions’ transcripts.

This study takes place over five-months time period and includes one-on-one interviews with law enforcement officers. Interviews transcripts are coded as a means of discovering and organizing similarities among the responses and analyzed with thematic analysis.

The goal of the dissertation is a more comprehensive understanding of the impact the use of music therapy can have on police officers. Leaders within Greek Police are contacted, and this researcher explains the purpose of the study. The leaders are asked to send invitation at all Athens Police Departments.

Target Population and Sample

Participant recruitment considerations follow Institutional Review Board (IRB) requirements. This study takes place across at the city of Athens. The target sample population is chosen to provide a representative group of LEOs. Officers are invited from all the police departments of Athens, as any further distance is supposed that won't allow officers to participate while they are serving during all this period. The time surrounding data collection is slightly over five months.

The invitation is open to Greek Police Officers who serve at Athens city, are medium rank (until Lieutenant), are on duty this period, aged from 27-57, as it is believed that this population is supposed to be more obliged with many duties than new officers, feels more stress and fatigue as has already enough experience in policing. Participants are officers volunteers who choose to participate. The intent in developing the sampling protocol is to encourage more widely varying demographics by age, gender, race, years of serving, and education, including diverse representation of duties and thereby purposefully differ participant demographics. For this case study, the sampling method includes snowball sampling to identify participants. Sampling is accomplished by making contact with agency directors in law enforcement and request to share the research project as an open invitation to all LEO.

Participant Selection

After receiving Macedonia University IRB approval, leaders within law enforcement agencies are contacted, explaining of the purpose of the study. Agency administration is the primary point of contact to introducing officers the purpose of the study. A notice is placed on the public bulletin board in every department's entrance and break room informing generally about an activity of Group Music Therapy as a part of a colleague's study.

The interested candidates are given instructions to contact this researcher for additional information. Each potential Participant is provided with an informed consent form prior to participating in the study that provides a statement disclosing the study's purpose and explains his ability to withdraw voluntarily at any time. The approved by

Macedonia University's IRB, agreement is presented to potential participants prior to the start of the interviews. Interview locations are chosen by participants based on their convenience; most interviews are held in the room of music therapy group.

Instruments

The instruments used to complete the study are as follows:

1. Pre/post and follow up semi- structured interviews
2. PSS-14 item (Cohen, 1983)
3. Demographic questionnaires
4. Self- report surveys

Data Collection

Data collection takes place from January 8, 2019 till May 30, 2019. There are several responses to invitations received, but are excluded because of the sample criteria and some personal difficulties like the standard setting time of the sessions, as most police officers in Athens work in shifts. The use of multiple data sources in case study research is a strategy that strengthens and enhances data credibility (Patton, 2016; Yin, 2009).

Data collection methods include:

- Pre/post and follow up in-depth semi-structured interviews in which participants are asked structured questions with follow-up questions when appropriate to gain deeper meaning and understanding, last approximately 20 minutes. It also allows follow-up questions that direct the conversation toward the research questions to be asked, in order to gather the fullest description of the experience itself (Wheeler and Murphy, 2016). The guiding interview questions are researcher designed.

- PSS-14, brief and easy-to-administer measure of the degree to which situations in one's life are appraised as stressful. It has been proven to possess substantial reliability and validity, minimizing the chance of various subjective biases in the perceptions and reporting of event (Cohen et al., 1983). There are some clear advantages to objective measures of stressful events:

- Permit an estimate of the increased risk for disease associated with the occurrence of easily identifiable events.
- The shorter period asks about (one month), opposed to the usual six to 12 months covered by typical life-event scales should be sufficient since perceived stress during the last month should reflect any objective events that are still affecting respondents' stress levels.
- Because of the period of time after administration as the scale provides predictions of health-related outcomes that life-event scales will be predictive over fairly long periods, such as several months to several years.
- Perceived level of stress is influenced by daily hassles, major-events, and changes in the availability of coping resources, all of which are quite variable over a short period. It can be used to look more closely at the process by which various moderators of the objective stressor/pathology relationship operate. For example, it could predict whether social support (Pearlin, et al., 1981), protects one from the pathogenic effects of stressful events by altering the appraisal of those events or by altering the process by which appraised stress causes an illness outcome.
- PSS is an economical tool.

- Demographic questionnaire completed by each Participant prior to the interview; gather information on the Participant's age, years in service, education level attained, and rank.

- Self-reported surveys, given before and after each of 8 sessions measuring participants' changes in feelings, willingness to participate and enjoyment, as they are performing the music therapy group. Respondents are asked to indicate the change of inner state of feeling has occurred during each single session. Questions rate the enjoyment of the session, the score music helped individuals to relax and their fatigue

feeling. They are asked to rate the impact of the session that had occurred on a scale ranging from -3 (negative) to +3 (positive), the format used by (Sarason, Johnson and Siegel, 1978). The impact score is not a pure measure of the occurrence of objective events, but rather takes into account the respondents' perceptions of the session. All Participants are assigned sequential numbers in the order their answers are scheduled. The self-reported surveys are researcher designed.

Collecting the data, the researcher works to create an atmosphere that is conducive to open communication and natural conversation throughout the interview process.

Interviews are recorded on a smart phone equipped with a recording application as also on a tablet. Recordings are stored safely on a USB drive and then stored in a locked file cabinet in the researcher's private office. Transcriptions of recordings are made from the researcher. Upon completion of the interview transcripts, the researcher uses member checking to verify the accuracy of transcripts by each participant (Yin, 2009). There are no requested changes made by participants.

The researcher also consults with both her supervising dissertation chairpersons to discuss her journaling, personal reactions and data on the music therapy procedure and procedure characteristics (choice of techniques, member's attachment at improvisation, choice of instruments, session's duration, diligence, sound volume, and music choices) particularly to explain what caused a certain change to happen and further to explore which associated mechanisms led to the change. Typically, most of these data are collected at regular times throughout the study (Ridder and Fachner, 2016).

First 10 interviews, PSS-14 and demographic questionnaire are completed before the group music therapy sessions, 8 interviews, PSS-14 and demographic questionnaire are submitted by the ending of the eight sessions and 8 interviews, PSS-14 with demographic questionnaires after the period of 2 months.

All data collected are classified, cross-referenced, and documented for efficient recall during the research process.

Questionnaires

Semi structured Interview Questionnaire -Pro

1. Which is your relationship with music?
2. How about music during duty? If so, would you associate it or not, with some daily incidents?
3. Do you think or not, that listening to the music while you are on duty would affect you somehow?
4. What motivated you to come to this Music Therapy group?
5. Do you have expectations, or not?
6. Do you feel or not any stress during your duty?
7. Would you or not associate it with some daily incidents?
8. What stresses you the most?
9. How do you feel when you go home after the duty? (think/feel/do)
10. Is there or not something that could help you to handle these feelings?
11. If not, could there be something that could help you coping these feelings?
12. What do you believe that music could offer at such moments?
13. Would you or not ask for support from a specialist? (Why, if not).
14. Would you ask or not, help from a music therapist? (Why, if not).
15. What do you think about psychosocial support for police officers?

Semi-structured Interview Questionnaire – Post

1. How do you feel now after having participated at the MT group?
2. How your relationship with music is now in your daily life, has anything changed or not because of the MT group? If so, what?
3. Has the group or not, fulfilled your expectations?
4. How about music during duty? If so, would you associate it or not, with some daily incidents?
5. Do you think or not, that listening to the music while you are on duty would affect you somehow?
6. Would you associate it or not the MT group?
7. Do you feel or not any stress during your duty?
8. Would you or not associate it with some daily incidents?

9. How do you feel when you go home after the duty? (think/feel/do)
10. Is there or not something that could help you to handle these feelings?
11. If not, could there be something that could help you coping these feelings?
12. What do you believe that music could offer at such moments?
13. Would you or not ask for support from a specialist? (Why, if not).
14. Would you ask or not, help from a music therapist? (Why, if not)
15. What do you think about psychosocial support for police officers?
16. Have you found or not, yourself being affected in anyway because of the MT group?
17. Would you choose, or not to participate in a group music therapy in future?
18. Are there any comments from you, you'd like to note?
19. What did you like?
20. What didn't you like?
21. Do you think about psychosocial support of police officer?
22. Do you perceive this intervention as a support from hierarchy?

Semi-structured Interview Questionnaire - 2 months follow up

1. How do you feel now, 2 months after the MT group?
2. Is there something from the group, as from your primary expectations?
3. How your relationship with music is now in your daily life, has anything changed or not because of the MT group? If so, what?
4. Have you found or not, yourself being affected in anyway because of the MT group?
5. Do you feel or not any stress during your duty?
6. Would you or not associate it with some daily incidents?
7. How do you feel when you go home after the duty? (think/feel/do)
8. Is there or not something that could help you to handle these feelings?
9. If not, could there be something that could help you coping these feelings?
10. What do you believe that music could offer at such moments?
11. Would you or not ask for support from a specialist? (Why, if not).
12. Would you ask or not, help from a music therapist? (Why, if not)
13. Do you perceive this intervention as a support from hierarchy?
14. Would you choose, or not to participate in a group music therapy in future?
15. Are there any comments from you, you'd like to note about the whole process?

Self-reported Surveys

Before Music Therapy Group

1. How do I feel now:

Stressed

Relaxed

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Sad

Happy

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Angry

Calm

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Scared

Brave

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

2. My will to take part in the MT group today is:

Not at all

Very much

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

3. My fatigue feeling this moment is:

Very much

Not at all

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

After Music Therapy Group

1. How do I feel now:

Stressed

Relaxed

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Sad

Happy

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Angry

Calm

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

Scared

Brave

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

2. I enjoyed the MT group today:

Not at all

Very much

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

3. My fatigue feeling this moment is:

Very much

Not at all

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

4. Did music help me to relax?

Not at all

Very much

-3	-2	-1	0	1	2	3
----	----	----	---	---	---	---

The Role of the Researcher

The researcher has the responsibility of organizing the whole research, capturing the experiences and opinions of the Participants. This requires neutrality and a willingness to put aside any personal bias or desired outcomes. Aigen (1995) explains, “ultimately it is the open-mindedness, insight and thoroughness of the researcher that ensures the production of interesting and useful findings” (Aigen, 1995, p.296). In this research project, it was decided that the relationship established between the group leader and the Participants would serve as a powerful catalyst for eliciting significant information from the group members during the in-depth interviews.

This experience requires constant awareness of personal bias. The researcher works to remove personal ideas and thoughts from the interview process and analysis of data. Conceptualization of the study is driven from the following ideas and preconceived beliefs that music therapy: (a) aids in effective self-evaluation, (b) supports effective feelings expression, (c) sounds more “acceptable” at police officer’s ears and (d) releases stress. To ensure neutrality and critical competencies for qualitative research, the researcher consults with her mentors regularly. The researcher has not discussed the study or the thinking behind it in any depth previously with any of the interviewees. In congruence with the researcher’s philosophy this group is asked to comment on their world, she also chooses to trust that the information they disclosed are true to their experience and not unduly influenced by any existing relationship.

Police officers traditionally require evidence of trustworthiness in order to confide private information and this was achieved through the familiarity of the “blue brothers”. The researcher of this study is a police officer at K-9 Unit of Athens and studies music therapy and counseling. Her previous work experience has been useful in order to be more accepted from members of the MT group as also to adapt to the rules of the authorities.

Researcher’s observations of process and procedure through close association with colleagues over tense and stressful situations and responsibilities they encounter have created a desire in her to explore for tools and resources to aid in reducing the negative effects in her occupation. A combination of education, music playing, life learning, and working experience has led to an interest in the effects that music therapy has on law enforcement. She hopes that within the growing industry trends of increased substance abuse, turnover, and domestic violence, psychological challenges in law enforcement will

lead to a significant interest in law enforcement leaders' implementing music therapy more widely.

Ethical Considerations

Interacting with law enforcement personnel requires strict adherence to confidentiality guidelines. The researcher applies for permission at the Police Enforcement Departmental IRB. Participation in the study is confidentially and outside of work hours. The selected meeting location provides appropriate levels of privacy. Interviews are recorded after asking interviewer's permission's and transcribed verbatim from the verbal responses provided at the time of the interview. Each participant is allowed to make additional comments at the conclusion of the interviews. All notes, recordings, and supporting data are encrypted and stored to ensure confidentiality. The identity of all participants is kept confidential and stored in a secure locked location. Contact information of the researcher and the dissertation chairperson supervising the project are provided in the informed consent form.

CHAPTER 4. RESEARCH METHODOLOGY APPLIED TO THE DATA ANALYSIS

This qualitative inquiry study is based on an objectivist case study design, and thematic analysis is applied to the raw data that are collected. Data are collected from 10 police officers who accepted to participate in the study. An overview of participants and details of the data collection process are presented including face to-face interviews, PSS-14 (Cohen, et al. 1983), demographic questionnaire, self-reported surveys and researchers notes. Within-case and cross case analyses are conducted through a thematic review process.

Description of the Sample

Cases for this study are selected by sending invitations to all Athens Police Departments. After their first interest, lack of music knowledge's, feelings of shame sharing in front of colleagues and lack of consistency because of duty shifts are reported as reasons why some contenders choose to not participate in the study.

Participants are selected in a manner that aided in providing the sampling protocol. Ten participants are initially interviewed; however, one participant dropped out after the 3rd session and another participated only in one session. More two participants were present at half sessions. Time constraints, not remembering to proceed and lack of availability due to last moment shifts were the reasons of absenteeism. Therefore, data collected from Participants 3, 9, 10 and 1 are not included in the final data analysis. Participants are given the option to withdraw their responses from the study to help maintain confidentiality any time. The six participants who choose to remain in the study and consented to the use of their data remained in the study for the final analysis. Table 1 provides information on the all cases.

Table 1. *Participant Demographics*

Participant Number	Gender	Age	Years of service	family condition	Education	Rank
1	M	30	12	not married	Police Academy	Under-sergeant
2	F	29	11	married	Police Academy	Under-sergeant
3	M	32	10	not married	Master's Degree	Lieutenant
4	M	55	18	not married	Bachelor's Degree	Political officer
5	F	40	18	married	Police Academy	Sergeant
6	M	27	9	not married	Police Academy	Patrol officer
7	F	36	10	married	Police Academy	Patrol officer
8	M	38	10	not married	Police Academy	Patrol officer
9	M	31	8	not married	Police Academy	Patrol officer
10	F	32	14	not married	Bachelor's Degree	Sub-lieutenant

Table 1 shows the participant's diversity and the variety in the type and size of years of experience, training, and personal perspectives. Of the ten original participants included in the study, two currently hold the rank of Under-sergeant, one holds the rank of Lieutenant, four hold the rank of patrol officer, one hold the rank of Sergeant, one hold the rank of Sub-lieutenant and one is political officer. Participants have between 8 and 18 years of service in law enforcement at agencies varying in size and location. Seven of the ten Participants possessed Greek Police Academy, one is a previously border police officer, one special police guard and one is a civil service officer. All are between the ages of 27 and 57, and three of the ten Participants have college degrees.

Data Analysis

The strength of the case study is the rich inclusion of contextual data (Ridder and Fachner, 2016). According to Yin (2009), data should be compiled from field notes, audio recordings, transcripts, journaling, and other materials gathered, disassembled through thematic coding and reassembled through the identified themes and categorization. Then, data from transcripts and field notes are interpreted, and potential meaning is stated prior to concluding results (Yin, 2009).

Objectivist case study is selected as the appropriate methodology for an in-depth understanding of the police officer's experience in the music therapy group. Each

participant represents a single unique case consisting of multiple data sources. Data are analyzed and coded to extract and identify themes in members' experiences, reactions, and perceptions of the effects and implications (Stake, 1995) of music therapy sessions. The next step is the categorical aggregation that included seeking for meaning-rich instances from the collected data. Cases are bounded by participant since each participant is from a different police department with a varying background, practices, experiences and rank. The identification of themes using direct quotes and verbatim passages from the data of each case is then made using the converging similarities of the codes created within the transcripts. Data analyses are conducted to review the interview responses, include the PPS-14 (Cohen, et al. 1983) and demographic questionnaires, the self-report surveys and the researcher's notes from supervision's transcripts and material provided by the video observations after the sessions. Thematic analysis is conducted to identify common themes among each case as also cross-case analysis involving interpretations across cases to determine identified meanings (Yin, 2009). Person triangulation is used in this sense to cross-validate data: the purpose is confirmation, and not completeness. Qualitative case studies draw upon a variety of sources of data in order to depict the case in as whole a manner as possible (Smeijsters and Aasgaard, 2005).

Within-Case Analysis

Single cases analysis is conducted to gain insight and understanding allowing each participant to be viewed through a uniquely independent lens. The researcher begins by highlighting the text in the individual transcripts and combining this with the materials provided by the supervisions' transcripts from the sessions related to the topic. This search for insight includes the researcher's observations on the way participants hold the instruments, the rhythms they are or not playing, their body language, the pauses in speech, their facial expressions or other factors that are included in the field notes or are based on intuitive hunches associated with those statements. Upon completion of this initial search, the text that is highlighted and compared to the research question. Highlighted text that does not appear to relate to the research question is not included for further consideration; while highlighted text that relates to the research question is coded as a means of creating meaningful units.

Data Saturation

Data saturation is required when conducting qualitative research. According to Glaser and Strauss (1999) saturation occurs when no new data are found in a variable—the researcher reaches the point that no new themes are evident in the data collected (Glaser and Strauss, 1967). At this point, the dissertation researcher begins to combine sampling data and analysis (Boyatzis, 1998). The point of data saturation is achieved when the responses collected from participants do not reveal the emergence of new themes.

Setting

Data Analysis

The 26 questionnaires received are collected and manually entered into a database. The researcher first enters all data into an Excel spreadsheet. Responses are split, grouped, and sorted for evaluation of categories and subcategories. Quotes are organized by category during first cycle coding. Each direct quote representing raw data is interpreted by a process code. This is accomplished by interpreting the intent behind each response to interview questions. Process codes are developed as gerund verbs followed by a qualifying descriptor or two, or “in vivo” coding. The ultimate purpose of this coding is to lead the researcher to the second cycle coding and underlying themes. First cycle data analysis results in grouped quotes have the same process code.

Direct quotes from participant responses are split and grouped. This process proves beneficial while organizing the raw data. The essential elements of the experience for the participants are combined with the results of the musical analysis to produce the final distilled essence. “Joint clinical improvisation produces audible information about the unknown and allows us to reveal symbols, images and thoughts of the client’s inner world with a therapist accompanying and sharing the client's journey into the unknown. However, how to interpret and handle what happens depends on the MT approach of the therapist” (Fachner, 2017, p.93). Therefore, the central focus on the research question of what could be therapeutic in order to generate the most relevant themes which would become the Key themes, a theme which ‘captures something important in relation to the overall research question’ (Braun and Clarke, 2006, p.82).

Eight different groupings of quotes are recognized patterns as Music, Relationships, Stress, Motivation, Self- Stigma, Self- awareness, Feelings and Resistances. The most important aspects of the quote are emphasized so the content is condensed as much as possible without compromising the integrity of the information.

The self –report survey questions are divided into two distinct categories, motivation and feelings (see Table 2). Subcategories subsequently resulted in officers’ describing the mood of the moment regarding before and after MT session. The motivation and feelings category have 4 process codes, fatigue, enjoying music, willingness and feelings. The category feelings has subcategories describing how sad or happy, stressed or relaxed, brave or scared, angry or calm someone feels. Themes are found to reflect officers’ willingness to participate to the MT group, their feelings before and after the session.

Table 2- Mini survey’s categorization

Motivation Before MT group			Feelings Before MT group
My will to take part in the MT group today	My fatigue feeling this moment is		How do I feel now
Motivation After MT group			Feelings After MT Group
Did music help me to relax?	My fatigue feeling this moment is	I enjoyed the MT group today	How do I feel now

These themes and subthemes will be further developed in Chapter 5.

CHAPTER 5. ACTIVE MUSIC THERAPY WITH POLICE OFFICERS – CASE VIGNETTE 8

Music Therapy

Music leads to healthier and stronger interpersonal relationships (Koopsen and Young, 2009). Music as a management tool in the treatment of illness and in the improvement of human behavior was used in Ancient Greece (Kleisiaris et al., 2014). Through the years music has been found to reflect emotions, often describing the events of the time. During the 1600-1700's music was traditionally related to religion. During World War I music was used for humor and propaganda (Library of Congress, 2020). Men march off to war with a song on their lips (Charlesworth, 1982).

Music therapy for healing began during World War II for patients who suffered from battle inflicted injuries (Davis, 1993). Doctors became aware that music had an effect on veterans' psychological, physiological, cognitive, and emotional states (American Music Therapy Association, 2014) and a need for the development of music therapy became apparent.

Music as therapy has also an ongoing history based on education and organizations. In 1944 the Michigan State University founded the first music therapy program. Today American Music Therapy Association's purpose is to develop the use of music therapy in various settings while advancing education, training, professional standards, and research in support of the music therapy profession (American Music Therapy Association, 2015).

Music therapy is a systematic process guided by a therapist to assist individuals in health promotion, through the use of musical experiences and interpersonal relationships which develop through the course of therapy (K. Bruscia, 1989). Perceived as a psychotherapeutic method that helps individuals express emotions and issues which are not expressed using words alone (Gold et al. 2004), the therapy usually involves singing, song writing, and playing instruments followed by discussion (Grocke, Bloch and Castle, 2009). The use of music therapy has been prominently displayed in persons experiencing anxiety, depression and pain (Choi, Lee and Lim, 2008). Additionally, music therapy can improve quality of life and strengthen interpersonal relationships (Grocke, et al. 2009). Music therapy is the organizing framework for this study.

Therapeutic aims

Alvin (1967) states: “When a patient joins a music group in which he becomes socially and emotionally involved, the activity ceases to be recreational” (Alvin and Warwick, 1967, p.127). In this research, the role of music therapy is not to change the experiences of a person, but to facilitate the organization of the present situation and alter the effect of the past on the future.

Therapeutic aims can be addressed, through relationships and through the musical interactions which evolve. Aims also may include understanding and managing emotions, feelings, developing communication and self-expression, managing stress and anxiety, developing interaction abilities, and maintaining or improving psychological and physical health and well-being (Bruscia, 1998).

Bruscia describes music therapy as “interpersonal process where music experiences relationship that occurs within may work as powerful powers of change” (Bruscia, 1989, p.42). Participating in a music therapy group acts as a therapy, which helps the participants build lasting friendship, and assists in increasing the quality of life (Benz, 2010). Listening to music and taking part in music-making can facilitate exploration and cathartic release as well as providing opportunities for reflection, reminiscence, and self-awareness (Daykin, et al. 2009). In a sense it is “supportive” and promotes diversion, recreation, and social interaction (Bruscia, 1998).

In music as therapy, music is the agent of therapeutic change and practitioners rely on specialist knowledge of psychotherapeutic approaches and music-therapy techniques.

Music can be viewed as a fundamental channel of communication, providing a means by which emotions and ideas can be expressed, communicated, and shared, both locally and globally, even when communicating by language may be impossible (Miell, MacDonald and Hargreaves, 2005).

In this case the role of music therapy according to (Bruscia, 1989, p.90) is assumed to be at auxiliary level: all functional uses of music for non-therapeutic but related purposes.

Improvisation

Improvisation is “the art of spontaneously creating music...while playing, rather than performing a composition already written” (Apel & Daniel, 1974 as cited, in Stephens, 1983, p. 140). The improvised music provides a medium for communication, psychological organization, self-realization, and creative expression (Stephens, 1983). Nordoff and Robbins (1977) have demonstrated the use of improvisation in music therapy, providing many possibilities for working on an intrapsychic as well as an interpersonal level. “We may express a specific emotion or emotions at any moment in our playing; our playing reflects who we are, how we organize ourselves, and how we feel as we move through time” (Nordoff and Robbins, 1977, as cited in Stephens, 1983, p.30).

Improvising music is special in that it allows a member to experience him or herself in relation to others on two levels, the actual and the symbolic: the actual, in the very real interaction of his or her sounds with those of others; the symbolic, in that the music contains expressions of emotions, thoughts, and memories (Stephens, 1983).

Group improvisation

In this case, group improvisation is used as fundamental technique Stephens (1987). Group improvisations parallel the way people react interpersonally and can become a potent area for investigation (Stephens, 1987, as cited in Stephens, 1983). Stephens (1984) attempts to identify the power of group improvisation, but in striving to find the words are forced to use the language of metaphor and imagination: “There is something more that happens than the sum of these parts. There is a healing current which flows through the spontaneous creation of music in which the therapist partakes as one of the improvisers. In a moment of connection, there is a pull in the rhythmic chant which renews all the players through its own special magic – the magic of music” (Stephens, 1984, as cited, Stephens, 1983, p.41).

Murphy (1983), appears to approach the work similarly, using group improvisation as the basis for exploring the ways in which group members relate to one another and to develop new ways of communicating (Murphy, 1983). Bunt (1994) states that playing together assists the group feeling integration (Bunt, 1994). Malekoff (1997) emphasizes the

importance of moving beyond insight-oriented discussion “It is critical for the group worker to hear the music behind seemingly unstructured activity such as spontaneous singing, rapping, dancing and aimless horsing around ...” (Malekoff, 1997, p.21). Though, music therapy does enhance verbal as well as non-verbal communication (Bailey, 1983).

The use of free-improvisation in the field of police psychology, strikes a new ground in applying the treatment to the area of law enforcement. Within improvised music, the ability to project feelings may be unbearable through any other forum, can be accepted, accompanied and shaped by the music therapist (De Backer, 1993).

Clinical Improvisation

According to Wigram (2004): “Clinical improvisation is the use of musical improvisation in an environment of trust and support established to meet the needs of members”, (Wigram 2004, p. 37). Within this free musical improvisation individuals create their own music and they simultaneously reflect some aspects of their own inner-selves (moods, feelings, attitudes) which are always true (Wigram, 2004).

Ruud (2010) referred to music as potentially fitting the role of self-object. He commented that it could happen “when we turn to music to regulate our moods, indulge in memories, or recollect events and persons” (Ruud, 2010, p.2348). Such phenomena can be viewed as occurring in a flux of various moments within a single improvisation. Within these moments, a potential to explore and restructure autobiographical narratives can happen, yet the transformations do not happen by chance (Ruud, 2010).

Free Improvisation - Alvin

Alvin (1978) planned free – improvisation technique according to three developmental stages: relating self to objects, relating to self and therapist, and relating self to others. Group techniques include free improvisation, titled improvisation, listening, singing, discussion, and movement activities (Alvin, 1978, as cited, in Bruscia, 1998). The music therapist does not impose any rules, structure or theme on the client’s improvisation but rather allows the client to “let go” on a musical instrument (Alvin, 1975, as cited in

Bruscia 1987, p. 75). The music and the instruments are the main objects of transference rather than the therapist, the client attempts to freely make sounds. Therefore, no matter what the music outcome is, instead of projecting their feelings onto the therapist, clients use the instruments and sounds to work through any negative feelings they have towards significant other people in their lives. The musical instrument becomes the object of the client's transference, and all positive and negative transference respectively can be put into a musical 'box' (Alvin 1975, as cited, in Wigram, 2004, p. 203).

Music Therapist's role

The roles of the music therapist in improvisation are of three types: 1) initiator, 2) supporter and 3) guide (Stephens, 1983). In this case the group is empowered to initiate the improvisations on their own. In the second role, that of supporter, the music therapist supports by mirroring, taking either a passive or active musical stance, or by supporting musically an image or emotion verbalized by the client. The therapist is more or less active (Stephens, 1983). As guide, the therapist helps the group with verbal direction, through musical initiating and playing which focus on particular aspects rather than others, and by supporting particular sounds over others. The therapist analyzes how group members are relating to one another by observing the group's musical interaction (Stephens, 1983).

In this case the therapist uses her primary instrument (flute), voice and guitar to provide musical support as well as the range of percussion instruments. The therapist responds to the music of the group more often by: 1. Imitating an aspect of an individual member's music (eg. pitch, resonance or timbre); 2. Providing a broader musical structure to encompass the expressions of the group as a whole (Wigram, 2004), 3. Supporting with a stable rhythmic pattern in order to encourage members continue playing (Bruscia, 1998). Verbal reflection on thoughts and feelings arising from the musical experience are also included.

Implementing music therapy

This music therapy group is facilitated by the researcher, an MA Music Therapy student. Group is facilitated weekly for 8 weeks and each session lasts one hour and a half. The music therapist offers an open format for each session, allowing for spontaneous

musical and verbal expressions of the members. Rather than serve as a group leader, the therapist provide support, holding and grounding and at times encourages the musical experience.

This open group format is based on Alvin's "Free Improvisational Therapy" (Bruscia, 1998). Alvin follows the recreational approach, where music is used as diversion and entertainment (Alvin, 1975, as cited, Bruscia, 1987). The emphasis is given to create a positive atmosphere and mood without demands from the members. This type of group format is chosen because it is thought that an open format may assist police officers to overcome hesitation of expressing themselves between colleagues. Oppositely, they could address their own concerns more freely improving their abilities to work together as a team, creating "Harmony", the central concept in music which literally means "right relationship" (Ansdell, 1990, p. 90). "Music is a non-verbal means of communication, yet has a powerful effect on people collectively." (Ansdell, 1990, p. 22).

Following also the humanistic model, anxiety is viewed not only as contingent on direct psychological traumas but also upon the frustrations of positive goals in an otherwise untroubled individual (Montello and Hesser, 1989).

Primary Goals of the group

The primary goals of this music therapy group were to:

1. Foster safety and encourage use of the setting and instruments to communicate, as manifest by regular and complete attendance.
2. Increase self-agency and question assumptions of leadership in order to increase independence, autonomy offer opportunities for socialization and support.
3. Provide experiences of making music leading to potential psychological, physical and emotional benefits.
4. Utilize music to lower anxiety and enhance self-esteem.
5. Offer a framework for member expressing themselves freely.
6. Promote a space to think freely and promote relaxation.

7. Increase motivation for involvement in music therapy.
8. Promote opportunities to speak within a group setting.
9. Promote the potential for creative play without dependence upon verbal instruction.

Summary to the 8 sessions

According to Priestley, group music therapy gives the individual an opportunity to become aware of and express inner feelings, to identify, establish and defend one's identity -particularly in reference to a group, and to build skills in relating to others (Priestly, 1975).

Prior to the session, several instruments such as djembes of various sizes, hand drums, rain sticks, small shakers, tambourines, xylophones, and guitar tuned to open chords were placed in the room. Music therapist seeks to establish a meaningful relationship with the members through a shared music making process (Alvin and Warwick, 1967).

Early sessions involve participants gaining familiarity with the various instruments, exploring their expressions nonverbally, and listening to one another. Gradually, basic rhythmic patterns seemed promoting participants with security and inner stability offering them the opportunity for self-expression. Systematically group cooperation through song-writings and synthesizing improvisations, the members are challenged to shift towards more complex rhythmic patterns and music schemes.

This music therapy group used musical improvisations, verbal discussions and various music therapy techniques as a means of expressing themselves, developing awareness of their thoughts, feelings and bodily sensations. Complex rhythmic patterns requiring a high level of attention and concentration in order to obtain synchronization with the other participants' movements and sounds, possibly improved their self – awareness to play together and connect.

Gradually, active listening, involving and interacting musically, giving and receiving feedback, led to higher level of group participation, promoting positive

mutual sharing and feelings among members, strong interpersonal trust between and increased the cohesiveness of the group.

Mean attendance was 7 sessions (range; 6-10). Seven members (70%) attended 6 sessions or more.

Case vignette 8

Participant 8 is selected to be analyzed in detail as particular personality comparing to the group members. He seems a typical police officer having his routine, perceiving to live a normal life. Even he accepts personal difficulties; he avoids taking the responsibility to work on his issues. Starting from his admission of difficulty in making honest relationships, it is challenging for the researcher to explore how music therapy group affects him and his relationship with other group members. According to Priestley, group music therapy gives the individual an opportunity to become aware of and express inner feelings, to identify, establish and defend one's identity -particularly in reference to a group, and to build skills in relating to others (Priestly, 1975).

Participant 8 is a police officer for 11 years. He feels that his role as duty guard in a department far away from crowded place allows him to maintain peaceful shifts with no stress. When he returns at home, he feels calm and seeks for activities to spend his time. He prefers socializing rather than any other activity; though it seems a hard task. He confesses that at the beginning of a new relationship, especially romantic, he feels open to get involved. However, soon he finds himself unable to come to terms with other people "*I can't compromise*". He feels sad for not being in a romantic relationship for long period. Additionally, he assumes other people have better relationships than he does, so he wonders about what he is not doing right. He believes in God's help but it seems he prefers the support and the interaction from other close relationships. At job he is aware of doing his best, serving the civilians, as also cooperating polite with colleagues.

Participating in the group seems challenging for him, as lately he reports he has less willingness for activities; he doesn't "*feel motivated for doing things*", therefore he hopes that the previous acquaintanceship with the researcher would ensure an interesting new experience.



Table 3.

Table 4 demonstrates the main themes and supporting patterns of Participant 8 - **Pre MT group**

Table 4.

Themes	Supporting Patterns
Theme 1: Music	Expressing through music Breaking the job routine Occasionally listening
Theme 2: Relationships	Relationships with administration Relationships with colleagues

	Relationships with civilians/others
Theme 3: Motivation	Lack of motivation
	Motivation to participate
Theme 4: Resistances	Denying isolation
	External help
	Ignoring feelings
Theme 5: Stress	Being attacked
	Bleeding for being right
	Unstressed
Theme 6: Self- awareness	Self efficacy
	Maturity creates discrimination

Theme 1: Music. The theme of music came from three patterns Expressing through music, Breaking the job routine and Occasionally listening. Music seemed to exist occasionally in Participant's 8 life. In the past he used to work at a radio station where he was listening to music, but this period he listens occasionally during duty or at home. During his shift as police guard, he is listening just for some while because he is worried of not being too relaxed *"I listen music to relax also.. the impression of the rhythm and the lyrics helps me a lot"*.

1. Expressing through music:

- *"It was like imitation, depending on the song, on the singer, but because it was expressing my feeling. It wasn't because of the voice"*

2. Breaking the job routine:

- *"I 'll listen for a while, when too much relaxation on the guard shift in order to get in another tempo"*

- *“To calm down from duty, like a break”*

3. Occasionally listening

- *“As I am in the bus, morning at home, or at job”*

- *“it can't help... may be with a drink weekly”.*

- *“Music may cover 20%-30% of the moment. When I am sleepy nurtures me to forget my problems, but it can't help me”*

Theme 2: Relationships. Relationships theme came from tree patterns. Relationships with administration, Relationships with colleagues, relationships with civilians. For Participant 8 relationships with others seem to be an important issue.

1. Relationships with administration:

- *“It helps me that this chief is human. She helps me, she is incredible and she knows me. Even if she hears gossips about me she always knows the truth”.*
- *“Even if I make mistake, she supports me. I could sacrifice for such people”*

2. Relationships with colleagues:

- *“I am in a duty I offer to the colleague”*
- *“I believe my politeness, helps the civilians as also my colleagues. I am doing the impossible for them”.*

3. Relationships with civilians/others:

- *“If there is a mob they handle you very differently. Very negatively”.*
- *“It is because they are jealous of police”*
- *“Where I work is a neutral place. I serve them all and the civilians”.*
- *“I am my real self when I am in a relationship”*

Theme 3: Motivation. Theme three came from two patterns. Need for a motivation, Motivation to participate.

1. Lack of motivation

- *“I used to go at martial arts... I stopped...Even I have time I don't want to activate”*
- *“During this period, I don't want to do anything,”*

2. Motivation to participate
 - *“Help the researcher and watch all from close”*
 - *“I don’t have someone to love, to live with, to share with”*
 - *“Will push me to get activated in my life”*
 - *“Curiosity... explore the negative and good potentiality”*
 - *“The group is something new for me”*

Theme 4: Resistances. Theme four came from patterns: Denying isolation, Ignoring feelings, External help.

1. Denying isolation
 - *“I don’t like being alone”*
 - *“When being alone I hold my feelings”*
2. Ignoring feelings
 - *“I don’t have this feeling...I never have felt it”*
 - *“Unless I absorb stress and I can’t see it”*
3. External help
 - *“A counselor can’t help”*
 - *“If something difficult comes up then with self power, help of God and some people I might make it”*
 - *“Music helps temporarily”*

Theme 5: Stress. Theme five came from three patterns: Being attacked, Bleeding to be right, unstressed.

1. Being attacked
 - *“Someone might come to attack me when I am on duty”*
 - *“I am alone on the guard duty”*
 - *“I have to be alert all the time”*
2. Bleeding for being right
 - *“I am doing more than I can”*
 - *“In my duty I am giving more than my best self”*

3. Unstressed

-*“Where I am this period is quiet”*

- *“I have no stress at all”*

Theme 6: Self- awareness. Theme six came from two patterns. Self -efficacy and Maturity creates discrimination. Participant 8 recognizes the positive qualities of his character therefore he chooses carefully who he is going to trust.

1. Self- Efficacy

-*“I feel respected”*

-*“I do my job right”*

2. Maturity creates discrimination

-*“I choose with stricter criteria”*

-*“when you get older you make better distinction on what is good for you”*

Table 5.

Demonstrates the main Themes and Supporting Patterns Participant 8 - **Post MT group**

Themes	Supporting Patterns
Theme 1: Music	Music in daily life Changes during MT group MT effects
Theme 2: Relationships	Relationship with administration

	Relationships with colleagues
	Relationships with other members
Theme 3 : Motivation	Motivation to participate
	Recognizing power of music therapy
	Expressing negative feelings
Theme 4: Resistances	Hesitating to connect
	External help
	Criticizing
Theme 5 : Stress	Stress reduction
	Feeling free
	Relaxing with music
Them 6: Self- awareness	Recognizing self worth

Theme 1: Music. The theme of music came from three patterns: music in daily life, Changes during MT group and MT effects.

1. Daily life

- *“Listen more music at home”*
- *“Having decided to learn an instrument”*
- *“Create a playing list with songs from the group”*

2. Changes during MT group

- *“Music therapy offers the best way, what you have inside, what you want and where to stop”*
- *“We felt more free than being with our friends”*
- *“Through music defects couldn’t be seen... All were perfect”*
- *“We came closer... just through the effort to play”*

- *"I felt happy playing the same rhythmic pattern ... I could synchronize with them and get involved again".*
- *"I loved when you opened our horizon as you sang, with so many colors"*
- *"Something like a team..... I feel more connected to the rhythm not the lyrics."*

3. MT effects

- *"Music therapy puts you in a regular orbit, for decisions you have to make"*
- *"I have a new stand point"*
- *"A new way of connecting"*
- *"Music therapy leads you to the right way"*
- *"Music therapy leads you where you have to go, to your decisions"*

Theme 2: Relationships. Relationships theme came from tree patterns. Relationships with administration, relationships with colleagues, relationships with other members.

1. Relationships with administration:

- *"I have great handling from administration"*
- *"Administrations seems to support something new"*
- *"Sometimes police remains at negative gone wrong"*

2. Relationships with colleagues:

- *"Familiarity was cultivated even from the first session ... Trust was the first thing to come to the group".*
- *"I sacrifice myself for colleagues and civilians"*
- *"Colleagues and civilians may give you negativity within you may improve yourself".*
- *"I have started accepting several behaviors"*

3. Relationships with other members:

- *"Flipped out when other members took the baton... but I had to accept it"*
- *"I was asking for things that the rest didn't follow"*
- *"If someone was down the others tented to raise his /her mood"*
- *"Members up lift my state"*
- *"As we are all one....we create a bond"*

Theme 3: Motivation. Theme three came from three patterns. Motivation to participate, recognizing power of music therapy and expressing negative feelings.

1. Motivation to participate

- *"I am here because of trust; otherwise I wouldn't step a foot"*

- *"double than my expectations"*

2. Recognizing power of music therapy

- *"I took joy and power"*

- *"It is an improvement way, that might cost you your psychology for a while, but it worth"*

- *"Going out you get distracted, in the group you wouldn't"*

- *"we did well to ourselves"*

3. Expressing negative feelings

- *"We could incorporate even being good or bad"*

- *"I am avoiding bad people and bad behaviors"*

- *"It was better when some members didn't come"*

Theme 4: Resistances. Theme four came from three patterns. Hesitating to connect, Criticizing and External help.

1. Hesitating to connect

- *"I chose what to feel"*

- *"There is music, without rhythm... but all this pressure is transforming in this music, playing in my head"*

- *"You don't start till you feel totally needy"*

- *"I am not in the appropriate state; I am not calm to think..... I am calm but I prefer to forget it now"*

"I leave it in future... here we are to have fun... I hope..."

- *"I wish there was a motivation to lift up my psychology"*

- *"I wouldn't go if the researcher was different"*

- *"Exposure"*

2. Criticizing

- *"At beginning all were closed"*

- *"Some people were absolute"*

- *"Dispassion depended from the colleague"*

- *"At first, I set a profile for each one"*

- *"Sometimes I was asking to do something, but others didn't do it"*

4. External help

- *"When no music or no church exists, I lose my destination"*

- *"Just a church weekly isn't enough"*

- *"I would go to a counselor"*

Theme 5: Stress. Theme five came from three patterns. Stress reduction, feeling free and relaxing with music.

1. Stress reduction

- *"Listening and relaxing with songs from the group"*

- *"It's not the stress...I feel fatigue"*

- *"Job doesn't affect my feelings when I am at home"*

2. Feeling free

- *"I feel relaxed having shared so many things".*

- *"When I feel hungry I will eat, when I get tired I will sleep"*

3. Relaxing with music

- *"I don't feel stress... I dedicate my mind to the music"*

- *"I sleep more peacefully with music"*

Theme 6: Self – awareness. Theme six came from **one pattern.**

1. Recognizing self-worth
 - *“I worth to be well-behaved”*
 - *“At job they are taking care of me”*
 - *“I know I am a giving person”*

Table 6.

Demonstrates the main Themes and Supporting Patterns Participant 8 - **Follow up.**

Themes	Supporting Patterns
Theme 1: Music	MT group Effects Music in daily life
Theme 2: Resistances	Projection of Negative feelings Projection of positive feelings Projection to others External help
Theme 3: Relationships	Familiarity Stay connected
Theme 4: Stress	Absence of stress
Theme 5: Duty	Acknowledging support Suggesting more support

Theme 1: Music. Music theme came from two patterns: MT group effects and music in daily life.

1. MT group effects

- *“it is therapeutic what we do here... and some people pay for that”*

2. Music in daily life

- *“I don’t have time to learn an instrument as I had though before”*

- *“I have discovered a new radio station listening very nice songs now”*

Theme 2: Resistances. Theme two came from four patterns. Projection of negative feeling, projections of positive feelings, projection to others and external help.

1. Projection of Negative feelings

- *“I have forgotten the group”*

- *“People show their nice face”*

- *“I didn’t have expectations”*

- *“I haven’t found myself being affected from the group”*

- *“If I join a new MT group in future it would be just to compare”*

- *“Just met new people... now I don’t mind...I just know they are nice”*

- *“I wouldn’t ask help from a music therapist”*

2. Projection of positive feelings

- *“I want to meet again people from the group”*

- *“There would never be such a perfect MT group”*

3. Projection to others

- *Colleagues don’t spent their free time for such efforts*

- *If colleagues practice MT would be helped in many things*

- *They for sure would be calmer on their duty.*

- *From what I understand they don’t have time to give for themselves.*

- *Even at obligatory trainings colleagues are not interested.*
- *Everyone thinks it for obligation. So it's so bad.*

4. External help

- *"I don't feel having such a serious problem to need any help"*
- *"I could though for a counselor but God solves everything"*
- *"Now I have my friend. He is coming every night for dinner"*
- *"Or a friend more mature... who could advise you"*
- *"I lost 2-3 hour per day to help a friend"*

Theme 3: Relationships. Theme three came from two patterns Familiarity and stay connected.

1. Familiarity

- *"We have created a familiarity with other members of the group"*
- *"We have a bond with a Participant.. There is a thread connecting us now"*
- *"Someone may build familiarity or friendship through this process"*
- *"I have met wonderful people in the group, I have been impressed"*
- *"I am wondering how perfect you have become"*

2. Stay connected

- *"I want to keep in touch."*
- *"Meet again"*
- *"I'd like to celebrate with colleagues"*

Theme 4: Stress. Theme two came from one pattern Absence of stress.

1. Absence of stress

- *"I don't feel stress during the duty"*
- *"I feel well when I go back at home"*
- *"I don't feel fatigue"*

Theme 5: Duty. Duty theme came from two patterns. Acknowledging support and Suggesting more support.

1. Acknowledging support

-“My administration was supportive”

- “They count me”

2. Suggesting more support

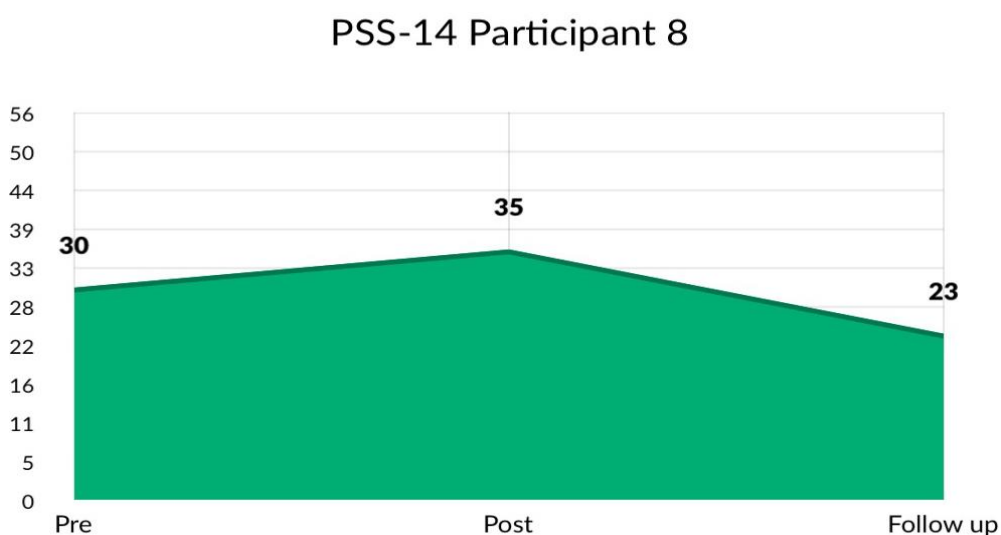
- “More interventions like this from the agency”

- “I’d like interventions for families, for singles”

-“Colleagues with same interest meet together. Create celebrations based in music”.

Participant’s 8 changes at stress level pre/ post/ 2 months follow-up at PSS-14.

Table 7.



Stress seems to increase after the end of the sessions. It is supposed happening, due to maturation effect, as members become more aware to their feelings. Also the connection music causes to the core of the self may cultivate higher self-involvement. Truly, music therapy has a severe impact upon feelings for Participant 8, reporting music therapy as a helpful means of emotional expression.

Participant 8 at each session

Session 1

From the first session Participant 8 seemed feeling frustrated because his opinion wasn’t appreciated from the group members. Earlier, he had suggested Participant 2 to

initiate an improvisation; Participant 2 rejected his suggestion replying: “*Everybody can play whatever he wants*”. This seemed interpreted from him as a rejection and he withdrew his active focus to the group.

The music therapist as her role was mainly supporting and encouraging, so that members increase sense of responsibility for the group and for self direction, allowed the members making their own choices. Participants, continue interacting suggesting music therapist to introduce an improvisation. The music therapist played a stable, dynamic tempo of a parade on a hand drum, in order to offer stability and a “safety place”, imitating the beat of the heart and suspecting that the military and steady sound promoting security, familiarity and support. Soon all participants and participant 8 integrated playing in the group. Participant 8 was given space from the therapist to express himself freely, as also encouraged by eye contact and musical invitations.

Later his comment to Participant 1, “*you and the music therapist know music*”, might supported a self-belief for feeling “less”. However, at closing, Participant 8 sang a traditional Greek song. His voice felt stressed; the sound wasn’t stable. Quick breaths and breaks on the voice indicated his difficulty to expose himself to the group.

His results from this session may support this stressful situation.

Table 8

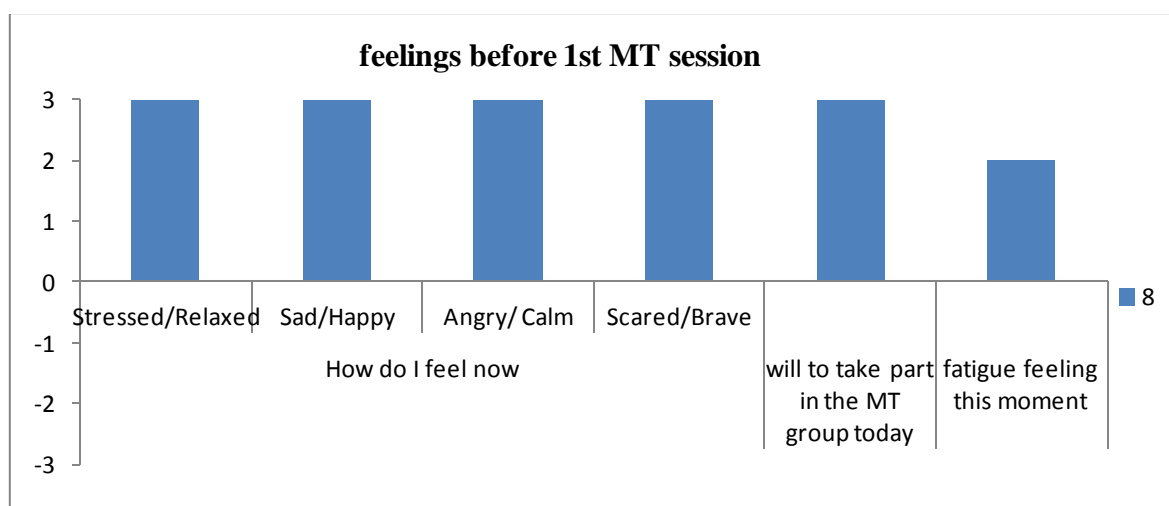
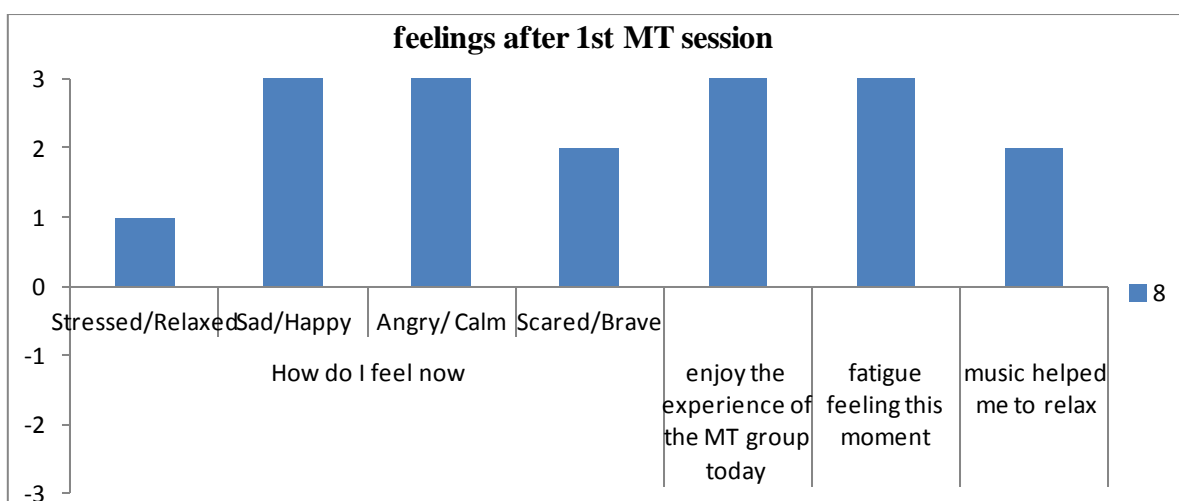


Table 9



Session 2

At the 2nd Session, the music therapist gave space, time and guided a musical exercise so that the member's be encouraged for interpersonal identification and relatedness. Participant 8 firstly seemed to felt awkward, but by the course of the time he seemed expressing more freely. His sounds with his voice introducing himself to the group were even expressive and louder whenever it was his turn to create vocally a sound.

Participant 8: *"We did strange things... but you looked strange, but you encouraged us to feel free without caring if someone from the group misunderstands us. There was a connection, a mutual connection"*.

In another music exercise, divided in pairs, members were imitating and then interacting to each other's music. Soon, Participant 8 initiated an improvisation, playing a motive in 4/4 at the tubelek. Other members took part, completing rhythmically the improvisation.

Participant 8, shared his experience about the common music palm. *"I could see only the half group. I got happy playing the same rhythmic pattern with Participant 6, who with Participant 2, were holding very stable rhythm. When once I made a mistake, I could synchronize with them and get involved again. I loved when you opened our horizon as you sang, with so many colors. I didn't felt feelings, but I felt connected to the group. Something like a team..... I feel more connected to the rhythm not the lyrics."*

At the last sharing Participant 8 revealed: *"I feel that all of you are very nice people. Congratulations. I have understood this through music. I feel that so far through in*

music it's difficult to express something mean. I feel relaxed having shared so many things".

His results from this session may support these change on his stress level and feelings.

Table 10.

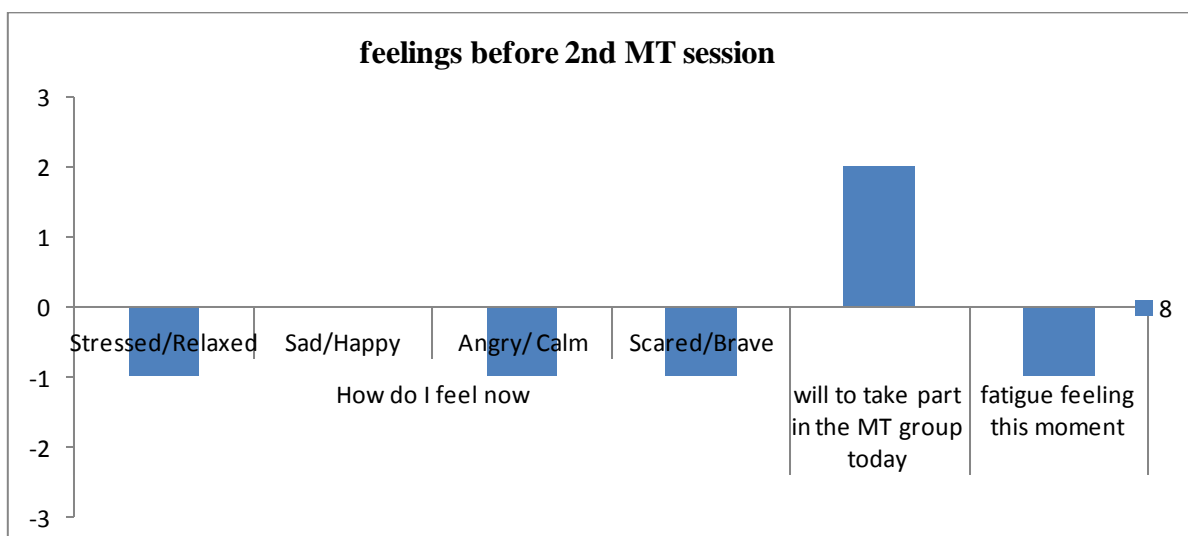
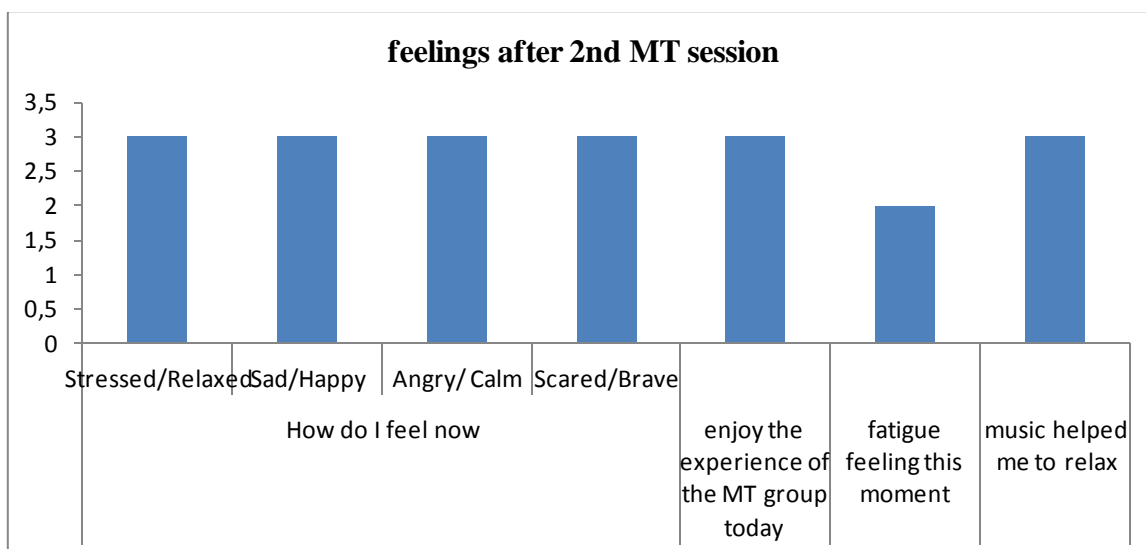


Table 11.



Session 3

At the 3rd session Participant 8 seemed hesitating involve actively or initiating at the group. After an invitation to the members from the music therapist, Participant 8 said that five minutes before he had met a colleague who told him something unpleasant. He said *“something like headache... some noise...there is music in my head, without rhythm... but all this pressure is transforming in this music”*.

The music therapist reflected *“mmm ...Which is the rhythm?”*, using recollection technique inviting to think/imagine which sounds represented his feeling.

Part.8 : *“It’s like when I have fever...”*

Music therapist sang a D whole note, in order to explore his state and continue with an improvisation in the alleviating Dorian scale.

MT: *“Does it sound like that?”*

Participant laughed and denied the suggestion.

MT: *“How would you like to handle it?”*

Participant 8 silenced... after a while he said he needed time to forget it....

MT reflected: *“mmm...so will you leave it for now and when you feel ready, you'll handle it?”*

Participant 8 agreed and said that words are different from the thoughts inside his head so, when he will be alone, he will be able to sort them properly.

Participant 8: *“I am not in the appropriate state; I am not calm to think..... I am calm but I prefer to forget it now”*.

MT: *“Where will you leave it then?”*

Participant: 8 *“In future... here we are to have fun... I hope...”*

(Participant 8 – Music therapist – group communication 07/02/2019)

The idea that this group is to have fun and not to be a place that someone can work on issues that may not be “fun”, seems like resistance to connect with what is going on that moment and Participants 8 deeper feelings.

After some time, Participants 6 and 7, took the initiation to improvise. Rhythms started from forte and allegro and soon became fortissimo and presto. At the end Participants shared their experience. Members were listening with empathy Participants 6 emotional state and identified themselves in similar occasions. Participant 8 appreciated both of them for the nice music and recognizing they were expressing feelings.

After that sharing Participant 8 took more dominant role by introducing activities and musical suggestions. Perhaps, the possibility to look out of the self and see how other people handle things (alone), make him feel less alone. He could see a diverse of group people handle things in diverse matter. Besides, the purpose of a music therapy group is not to do all things the same way, but to “be accepted”, acknowledge that someone still can get connected with similarities as also with differences. Also by accepting diversity in music, someone may accept the diversity in the ways of coping things; like Participant 8 relating to others.

Once, Participant suggested playing music with eyes closed. Was he unconsciously testing if the therapist would give her “chair” to him or disabling her? Later he took again the leader role suggesting the group new songs.

Table 12.

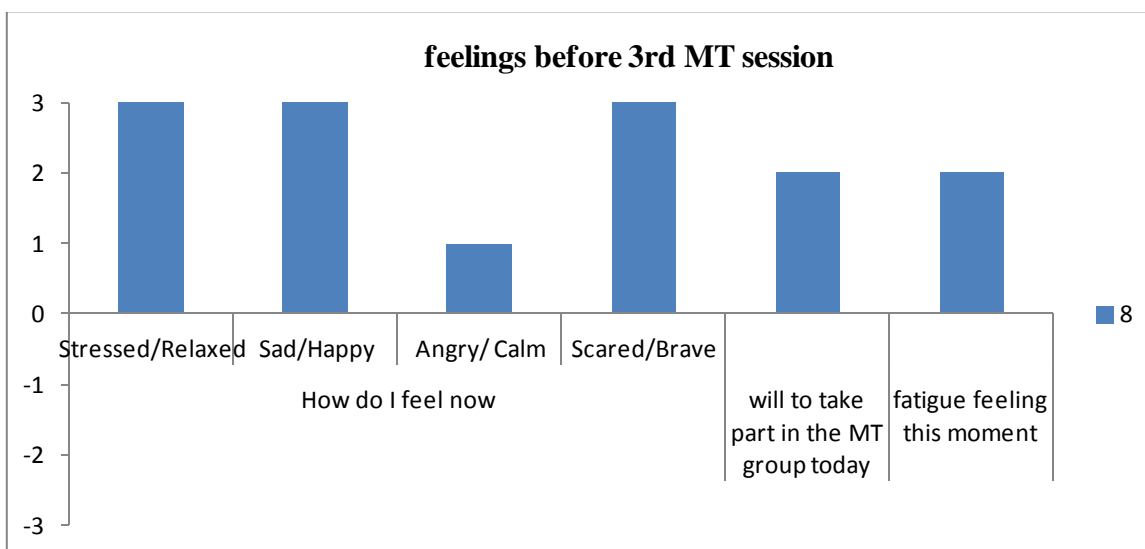
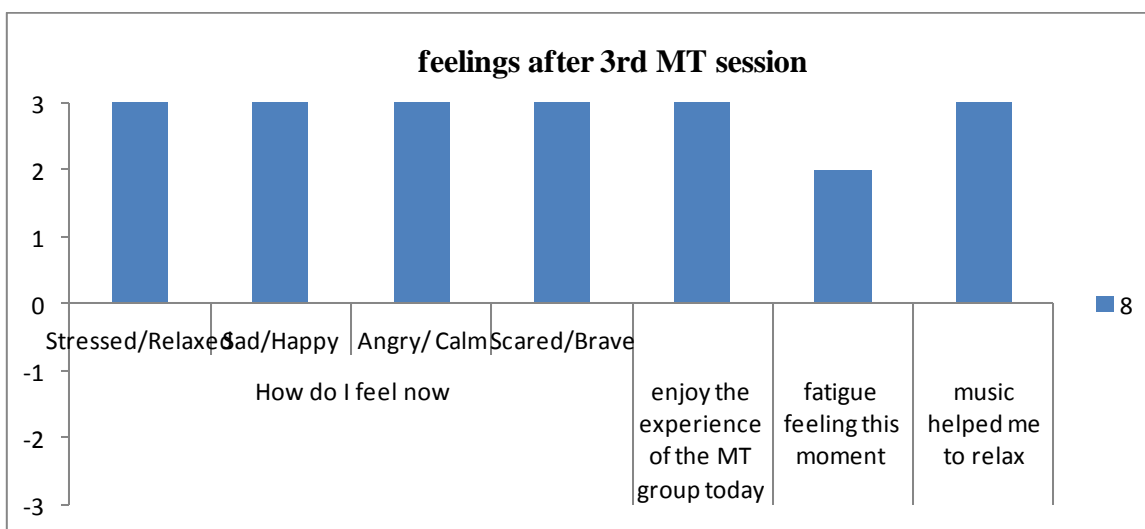


Table 13.



At 4th session Participant 8 was absent because of duty

Session 5

Early sessions involved participants gaining familiarity with the process. Gradually, group cooperation through song-writings and improvisations enabled members to create more complex rhythmic patterns and music schemes. Session 5 was the phase members felt more vulnerable and exposed them-selves. A greater degree of stress was expected from the therapist. Therefore, as at the previous session members cooperated in song writing, a plan from music therapist to built an historical memory of the group was supported. Absents from previous session were integrated again in the group when music therapist shared on the video wall a video from the song writing process of the previous session.

Then, Participant 8 suggested singing a popular song; not all of them knew it. He started singing alone but the rest didn't seem to enjoy. Participant 1 suggested extending the song from the previous time. Members agreed and started cooperating in continuing the song. Meanwhile, Participant 1, as also was musician suggested more complex rhythms, jazzy; the rest experimented vocally, seemed making steps from safety to unknown introducing an effort of coming out of their comfort zone. Participant 8, didn't seem to feel comfortable with this experience and supposed Participants 1 domination.

When they finished Participant 8 was the only one who referred to the absence of Participant 6. *"John completes the group"*. Was he that connected to this member or did he want to show Participant 1 he was not that necessary to the group? Could it be a completion of who would "win" music therapist's favor?

His results from this session may support these change on his stress level and feelings.

Table 14.

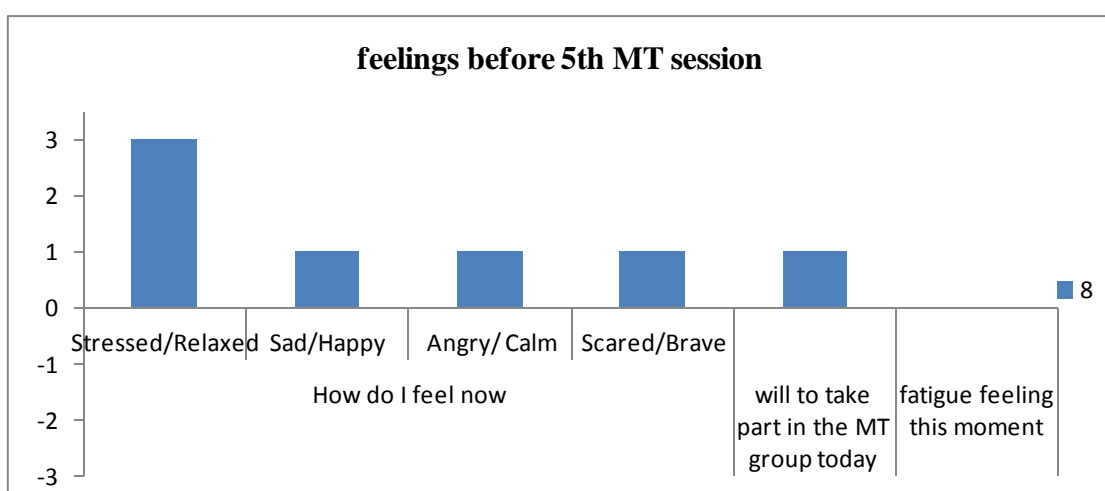
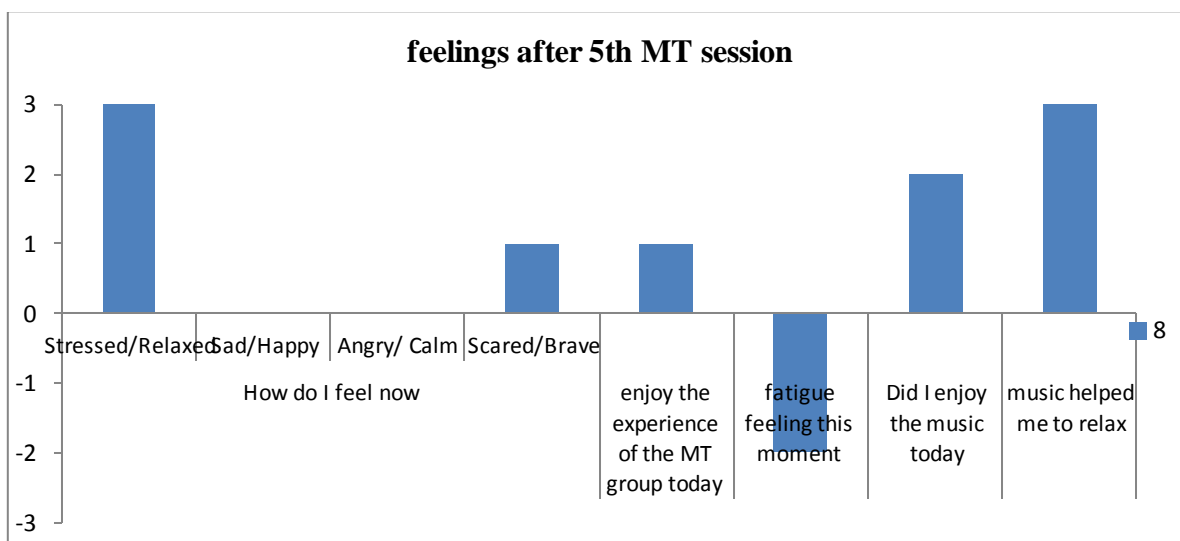


Table 15.



Session 6

The session started with discussion about the meaning of the MT group. Feelings about the first session and the collective memory of the previous sessions were brought at the surface. As only women had processed first, a feminist atmosphere was soon developed.

Participant 8 was involved and empathizing. The theme was relationships and respect. By the flow of the discussion, as Participant 2 was more verbally expressed so far, like Participant 1 was in the previous session. Participant 8 referred to that initiation some members of the group use to take. It seemed also as an effort to balance the sense of equality in relationships.

Participant 8 said: *“what we have discussed so far, has a very positive reaction for me”*.

Participant 5 suggested singing a song for Participant 8. Same moment Participant 7 found it on internet and played it.

Participant 8, continuing the previous discussion shared: *“I want to be with the right person for me.. If I don’t find her, I won’t do itit is therapeutic what we do here... some people pay for that”*

Participant 5 asked: *“When you feel somehow doesn’t music helps you? Because for me, however I feel, I decide to use music to handle my feelings”*

Participant 8 was surprised connecting his feelings to the selection of songs when he was working at a radio station. He reflected: *“it is the moments that count in life and we might should put a special target all the time...just feel good...”*

As it seems systematically to be avoided from the group, music therapist added that there are not only happy moments in life but sad also...

Participant 2 said: “Selective memory...”

Participant 8 insisted he just forget...

Music therapist didn't interrupt. The other members advised him that it's not so helpful to “forget” the sad moments.

Then Participant 8 suggested a song “Let me love you”. He said he reminds him the love of God, where he finds support.

His results from this session support these change on his stress level and feelings.

Table 16.

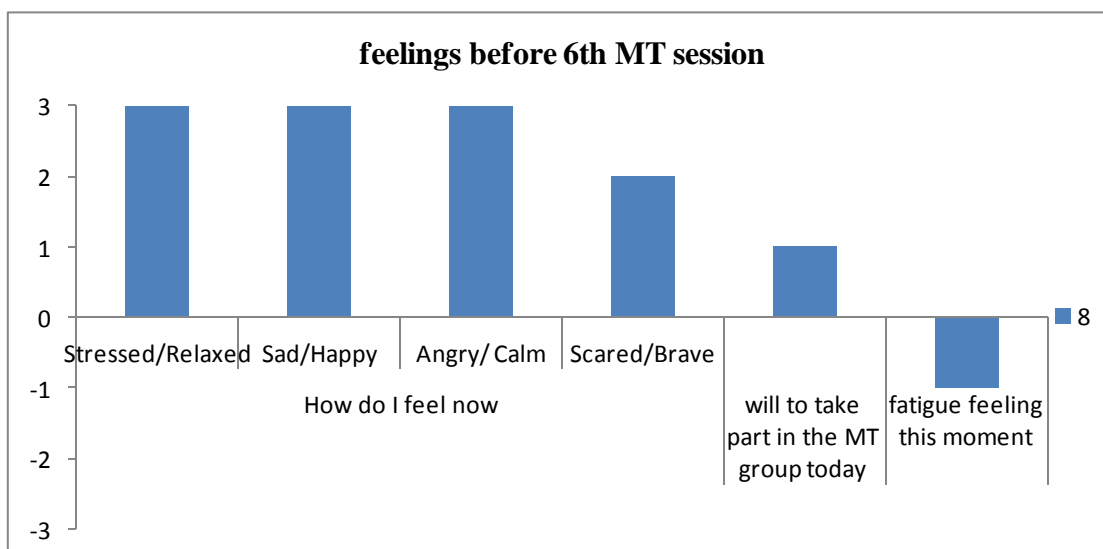
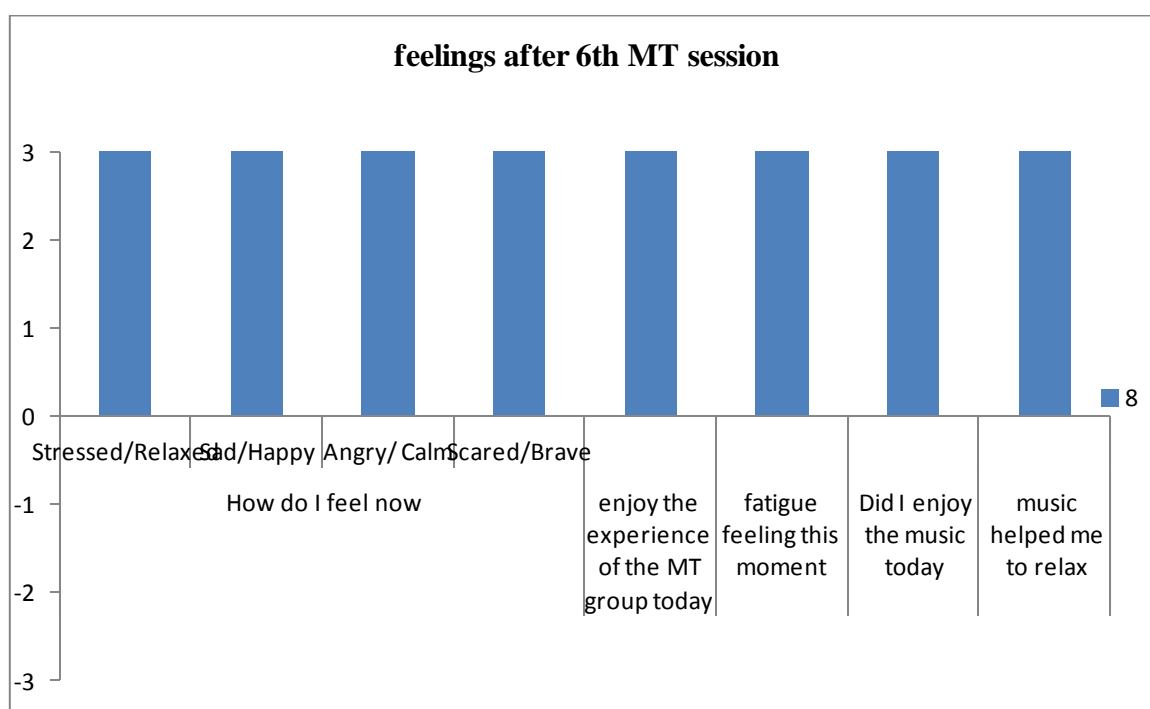


Table 17.



Session 7

As it was carnival period members suggested dramatize a story using music with a theme close to Dionysian mystery. Participants found roles for themselves. They hold instruments and improvised freely. Soon a musical dialog and interaction created, seeming bringing the group feelings of joy and creation.

When someone dramatized his role he was playing music and others were free to support his role musically playing. Participant 8 chose Achilles, the hero of the Trojan War. Achilles even he was the greatest of all the Greek warriors, being invulnerable in all of his body, was vulnerable at his heel as his mother Thetis dipped him in the river Styx as an infant, held him by one of his heels. Alluding to these legends, the term "Achilles' heel" has come to mean a point of weakness, especially in someone or something with an otherwise strong constitution ("Achilles," 2020). Could Participant 8 have chosen unconsciously experiencing this recreational process to heal his heel?

Members interacted creating and dramatizing a unique new story. Then, they separated in pairs and incorporating one more scenario to the first one. Musical elements of

cymbals, triangles, bells, hand drums, djembe, shakers and mystery playing supported the scene.

That day, Participant 1 who had come delayed seemed not affecting somehow the “demigod” Participant 8.

His results from this session support his stress level and feelings.

Table 18.

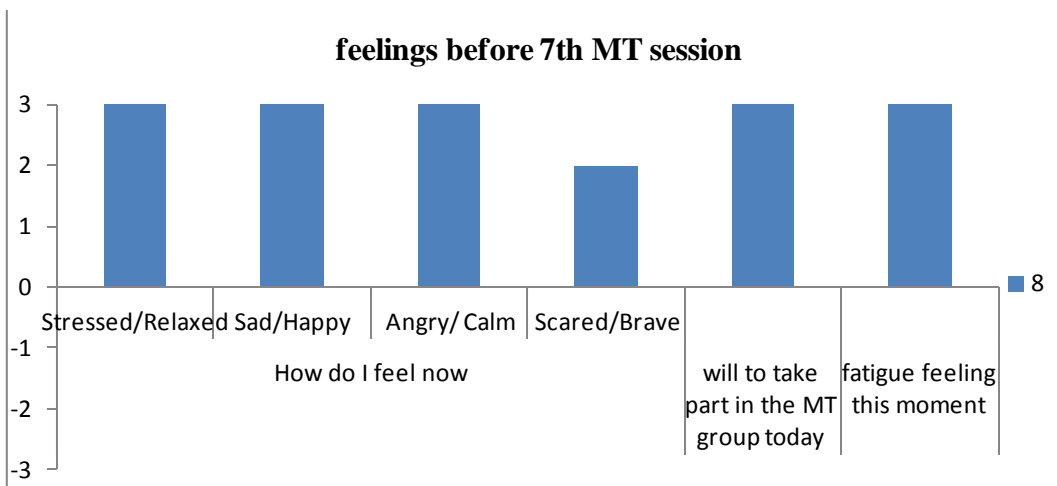
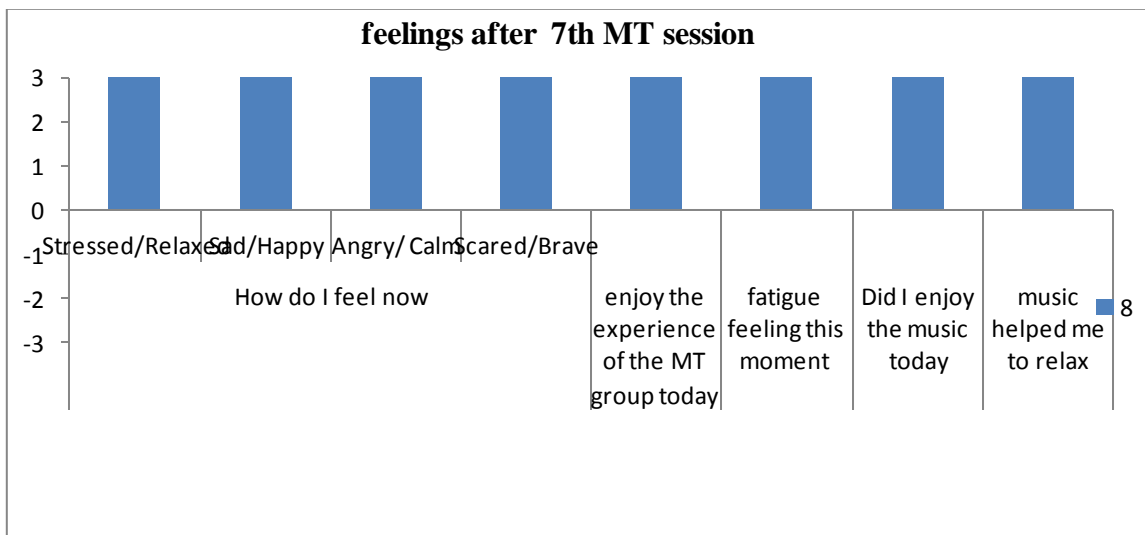


Table 19.



8 Session

Avoiding referring to the closing session, members started sharing some experiences and thoughts about the strict rules of the Police. Therefore, music therapist asked: “*Well, how would you like to use music in our last session?*”

Participant 2 suggested dancing. The others changed the discussion in daily issues. Participant 8 suggested creating a group in viber; Participant 7 agreed.

Music therapist challenged the group for once more: “*The music therapy group is us here.... What makes you want something like that?*”

Participants confessed they would miss the group.

All of them shared their experiences of the group. Most comments included happy feelings and pleasure during the sessions. Though the music therapist, integrated verbally also the difficult feelings, making connections with some experiences all this period in the group.

His results from this session support his stress level and feelings

Table 20.

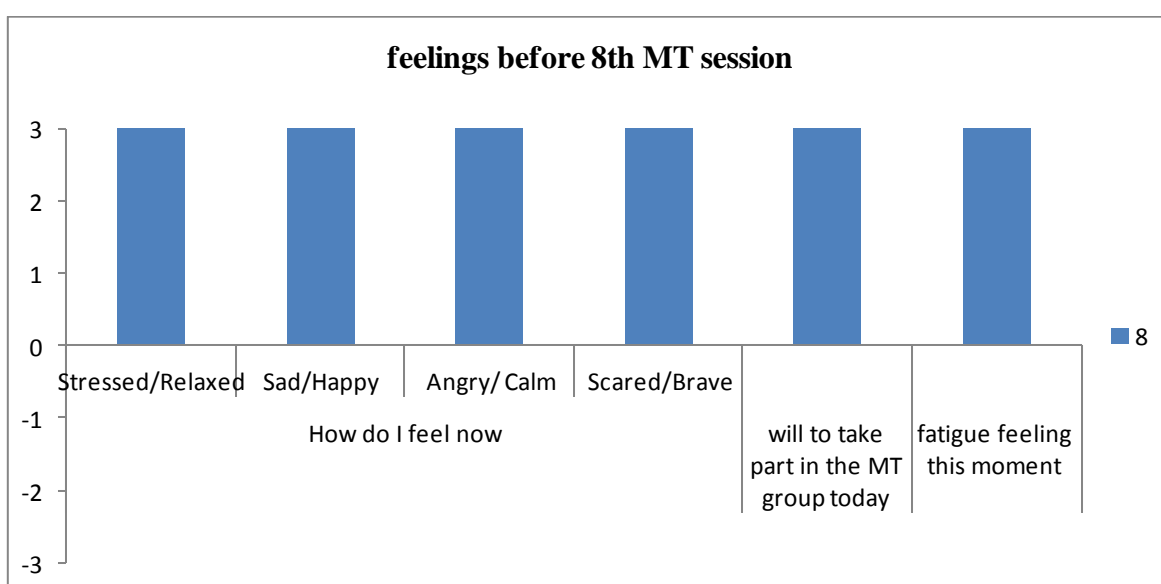
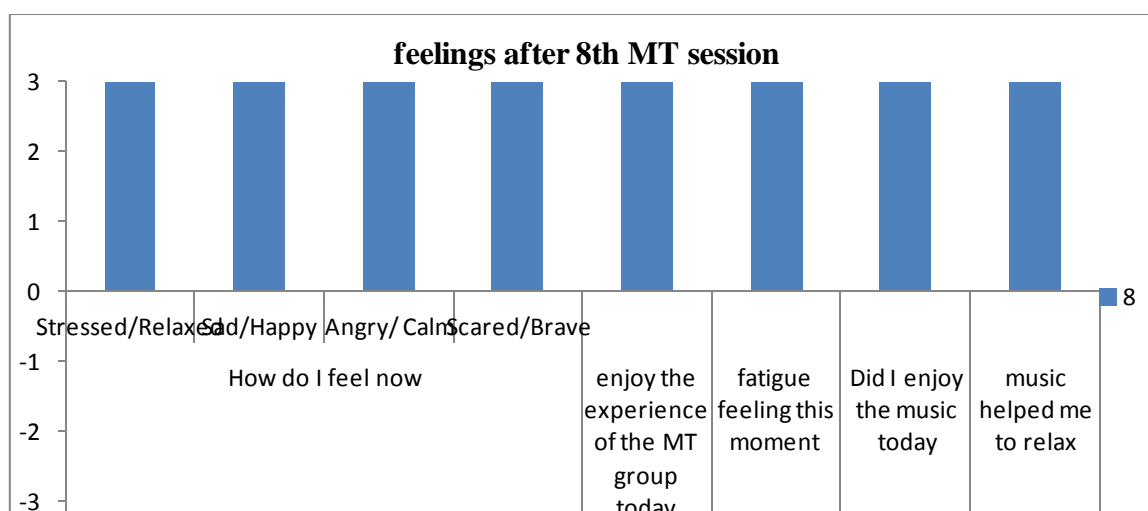


Table 21.



Participant 8, seemed to have been both positively and negatively “*at first*” affected from the music therapy group. His initial stress for not being accepted seemed to be worked-on.

Participant 8: “*Even cost your lifting mood for the moment, it is good... music therapy leads you where you have to go, to your decisions*”.

Once Participant felt accepted and acknowledged for allowing being himself he wasn’t so defensive.

His playing had levels. Initially he hesitated to interact and tended to withdraw easily. However, his willingness for singing experiences was more motivated. Gradually, getting sensitive in how other people work and how may appreciating each other as also through music, Participant 8 integrated elements that helped him to built trust to the group. He participated more actively, giving and receiving feedback, promoting musical interactions and stronger interpersonal trust between members.

Participant 8 had referred to relationships as the most important thing to do in life. He had chosen to participate in the group to meet new people and to create new relationships.

Truly, the ending of the sessions seemed a loss for Participant 8 “*It is a separation...*”. Resistances were occurring often, especially when a particular member was in the group. Participant 8 seemed to experiencing his dominant presence as a treat making him withdrew from the team spirit. However, interacting to group improvisations with the member and coping new skills he developed mechanisms for the cooperative exploration of differences.

CHAPTER 6. PRESENTATION OF THE DATA-RESULTS

The presentation of the within-case analysis of the six Participants' interviews is based on the thematic data analyzed for each case. In this section, a summary of each participant's individual experience is presented.

Participant 2

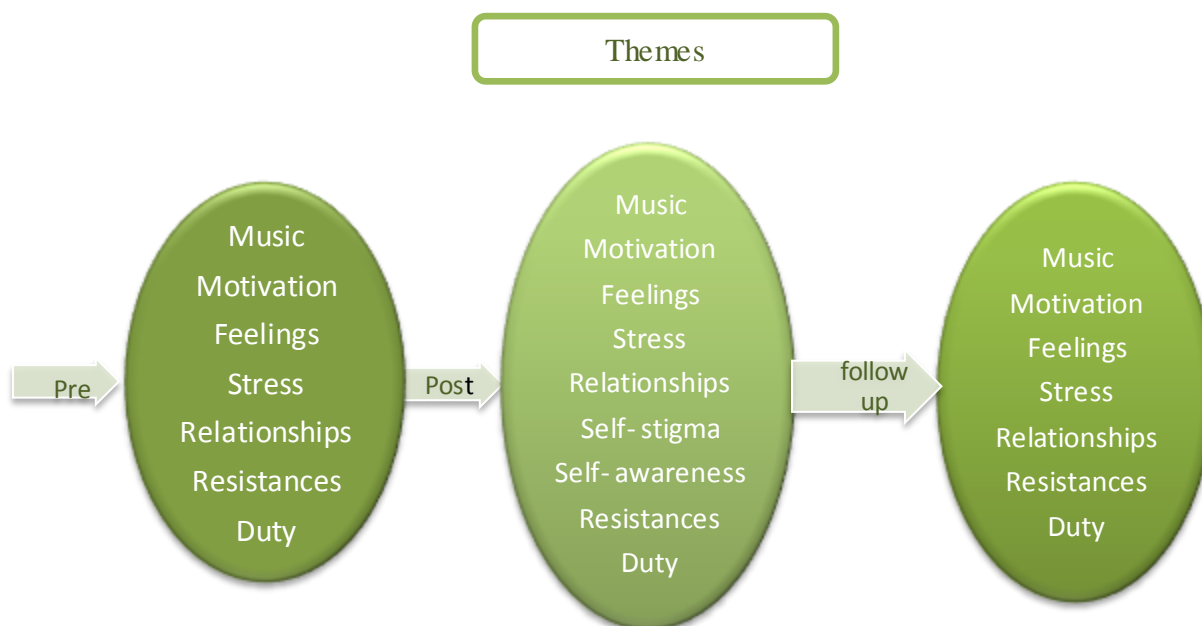


Table 22

Before the music therapy group Participant 2 is listening music as “*for company*” and in order “*to calm*”. She recognizes the importance of music in training children’s imagination. At job, she uses listening to music especially when an occasion is on.

She is motivated to participate in the music therapy group knowing the background of the researcher, as also from her own personal will for self-improvement. Participant 2, mentions a strong will to learn coping, in personal and occupational life through music.

At job, she perceives to have the “*needed creative*” and “*motivational*” stress. She feels stress especially when serving of civilians, being obligated to do her job as much as right, showing empathy. Her recognition by civilians is her reward; feeling also accomplishing her initial goal for joining the force.

“I don’t want to be the strict police officer who says “This and this”, I want to see civilians with empathy...this is reward for me”.

She sets limits to personal and occupational life as sometimes. This is because sometimes she feels deprived and understated from the administration. The need for psychosocial support of police officers is for Participant 2 demanding, as also the eligibility of entering the force. She would seek for a counselor as also for a music or an art therapist to cope with her difficult issues if needed.

By the ending of the music therapy group her first reaction was she missed the group, looking forward for another chance to participate again. She found music as a mean to express feelings, connect to others and become aware to the self.

“When you hold feelings inside, you cause stress, which otherwise may be expressed in awkward time”.

After the group she got motivated to learn a musical instrument. Participating in a future group she would *“meet a core of people having to offer good things”*. At home, she listened more music. If she listened at a song that had been played during the sessions, she recalls the group activity. Now, when she is at job and listens to a song she focuses on lyrics more than before.

Participant 2 acknowledged that job has effect at her daily life, on the way she behaves to her family, friends and civilians. She also shared that a police officer is afraid of the administration. *“You have to obey... don’t answer back”*.

Her thoughts about stress appear to be the same like before the intervention. PSS-14 showed not significant increase. Though, this time the code “stress - for the protection of the colleague” had been added at the collected data. Her self-reported surveys show a significant reduction at the stress level at each session.

As for her feelings, Participant 2 admitted that in the group she learned to express her feelings. She feels more connected with herself and more open, describing herself as a *“powerful character”*, *“the soul of the party”*, *“ambitious”*, feeling more capable now to mute the inside judge. In the group, she felt acceptance, openness, connected, importance of each member and learned to accept *“people who think different way”*. Meanwhile, she expressed thoughts about stigma at police.

“The police officer is scared. Not to be exposed. He scares who is sitting across the way, as being at the same job if he says something, he is afraid of others reaction”.

Therefore, she insists for the institution of psychosocial support to all police officers. Such actions are perceived as interest and support from the administration.

At follow up results, Participant 2 shared her love for music, her conscious connection while listening to songs and while using music for activities with her son. She referred for first time in listening to music after duty in order to release tense. She requested for a new group and shared thoughts about participation at a choir. Her feelings for missing the group and her need for group reunion are also counted. This time Participant 2, referred to the administration as non-supportive. “Agency doesn’t care for the personal issues of the police officer”. For this reasons she insists for the institution of psychosocial support to all police officers.

Her stress scale according to PSS-14 ratings showed a small decrease at 2 months follow up, but her stress level and feelings though the self –reported questionnaire seemed significantly improving at every session. At last session, she noted in the scale an extra mark, rating more than the top mark she had marked before the session. It must be noted that this is the only participant who was present and consequent at every stage of the research.

Participant’s 2 changes at stress level pre/ post/ 2 months follow-up at PSS-14.

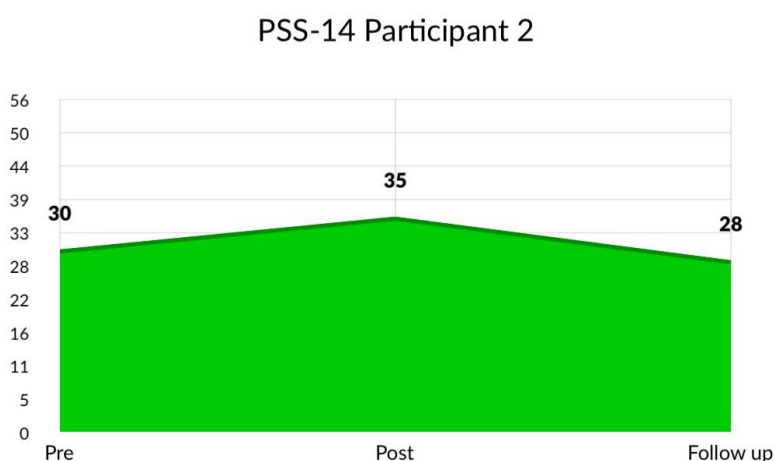
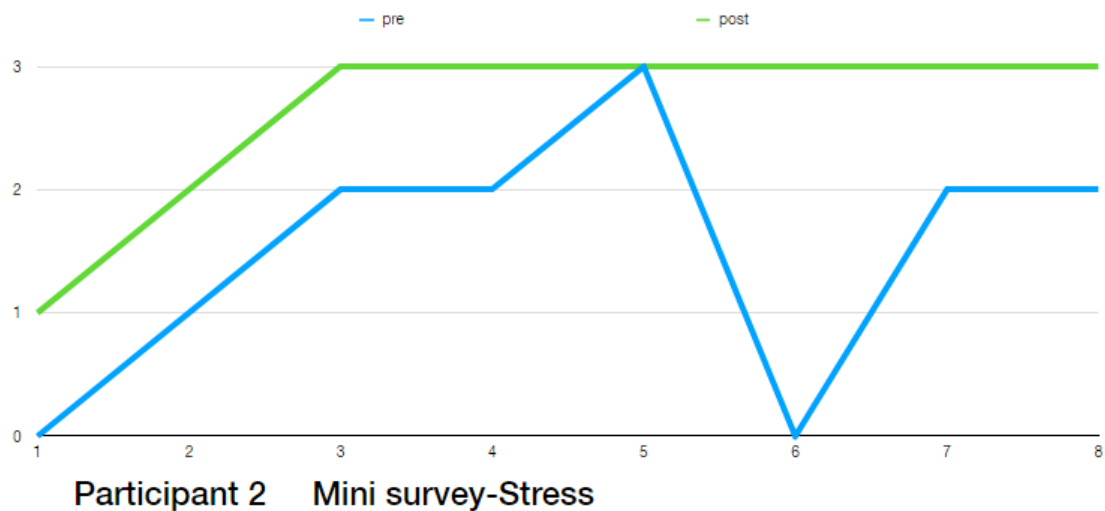


Table 23.

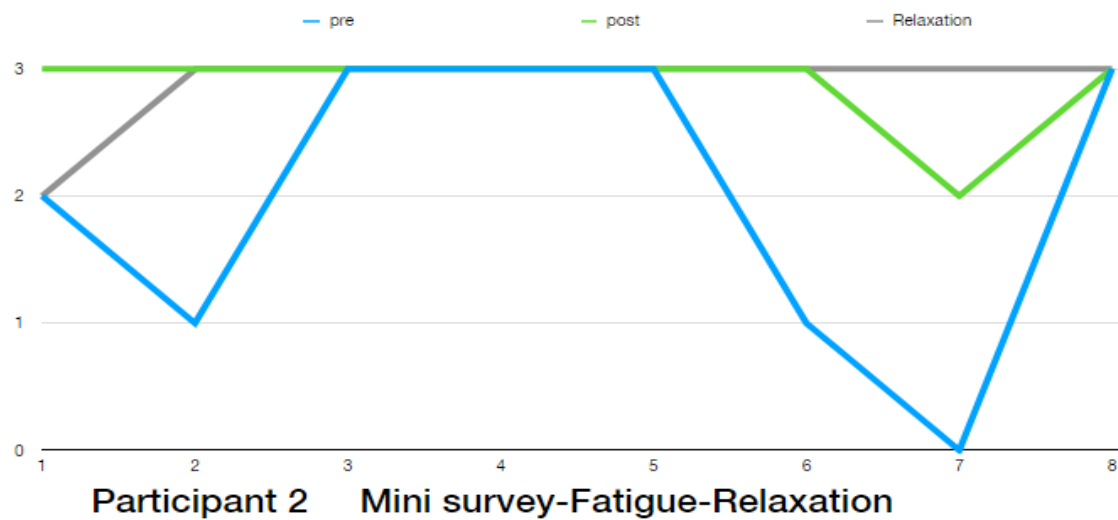
Participant’s 2 changes at stress level during each session from self-reported survey pre/post of session.

Table 24.



Participant's 2 changes at fatigue level and relaxation because of the music from self-reported survey pre/post of session.

Table 25.



Participant 4

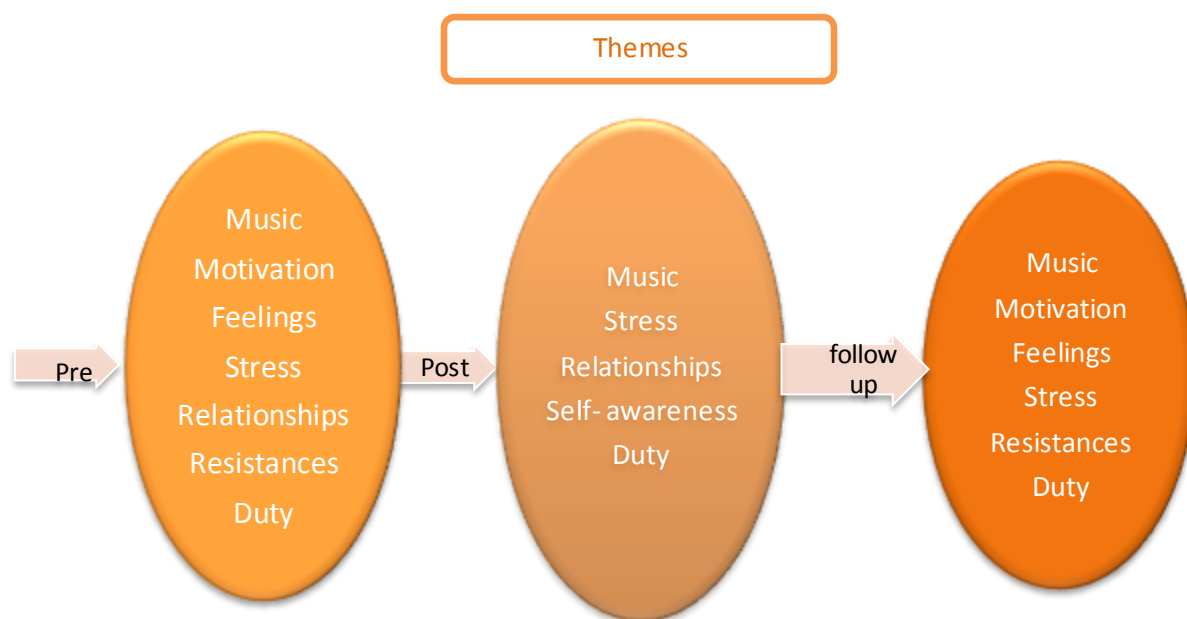


Table 26.

Participant 4 plays hand drum and recognizes therapeutic abilities in music, referring to the Dionysian ecstasy and feelings release. When he is on duty, he is listening “*music in head*”, in order to handle efficiently his job. His stress appears while he proceeds to the job with mass transportation as also because of the temporary duty he works on this period, due to political reasons. After the duty, as he returns at home he feels “*tired and isolated, supposing being depressed because of his unfulfilled dreams*”. Usually, he prefers walking around with friends than going home. He talks about aloofness and coldness to relationships. However, he believes human as logic, which is able to incorporate opposites. At the question about seeking for a counselor if needed, he is absolute about their manipulating capacity. Oppositely, he would positively visit a music therapist. However, the need of psychosocial support of a police officer is supposed to be demanded.

After the music therapy group, Participant 4 continued being aware of the therapeutic potentials of music. His stress according was caused due to some colleagues at the office who point how to do his job. The mass transportation was still referred as a stress factor. Going back at home feelings after duty changed from “*depression*” to “*not really happy*”. The importance of friends and relationships is for him critical. Through music, he

draws upon positivity and connected to feelings. For this reason, he might visit a music therapist than a counselor.

After the group positive thinking effects for meeting new people as also *“meeting from close police officer”*, as he *“hadn’t seen from that close before”*. He knew colleagues only from duty, but as he was a political servant he incorporated in police last years. He enjoyed the sessions though he’d prefer a passive technique intervention. Often he didn’t like the music choices of styles and of some song writings, but he didn’t mind as it was *“an opportunity for openness and communication”*. He supported that psychosocial support of police officer is a demanding issue. Though, he didn’t perceive the project as a support effort from the agency.

At follow up Participant 4 admitted that he was expecting the group to be guided by the music therapist during the session.

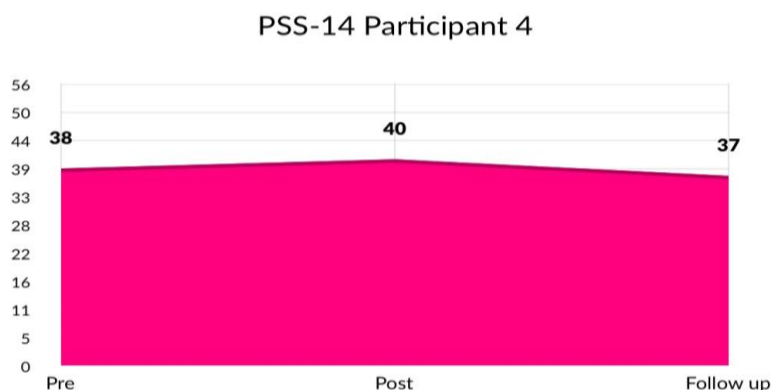
“People I met were very positive; they enjoyed coming, very sweet and positive people”.

Going back at home, his feelings are *“strange”*. Doing his daily routine, he relaxes but he would definitely appreciate a romantic relationship. His beliefs about counselors remain the same. However, he willingly would commit to new music therapy group. *“The Agency should support more the next time”*.

Even, his stress scale according to PSS-14 ratings showed a small decrease at 2 months follow up, his stress level and feelings though the self –reported questionnaire seemed significantly improving at each session.

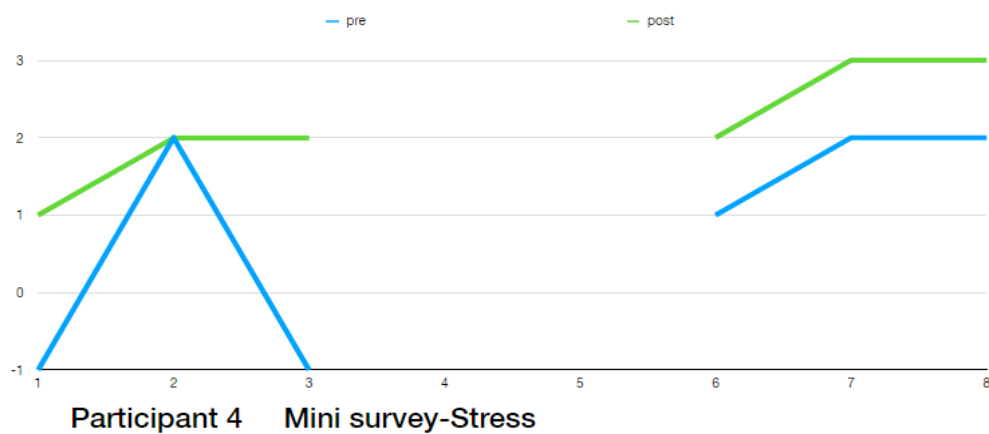
Participant 4 changes at stress level at pre/ post/ 2 months follow-up at PSS-14.

Table 27.



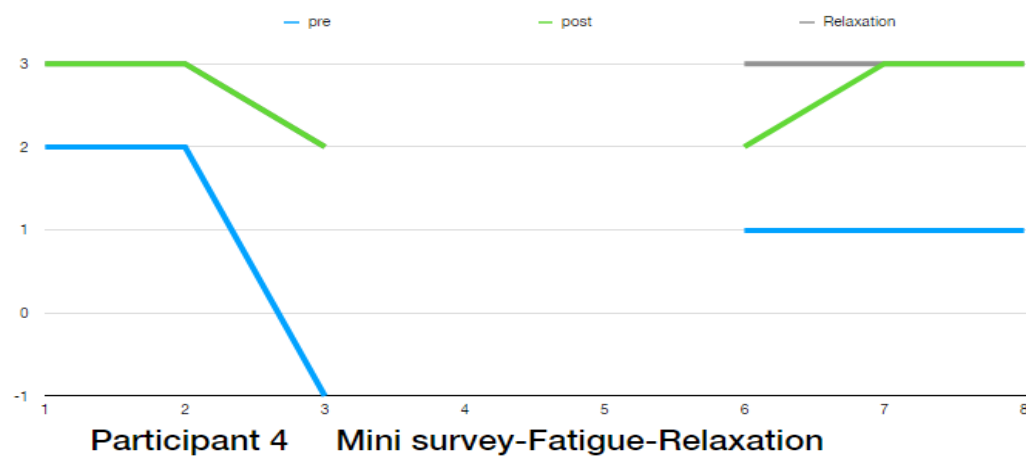
Participant's 4 changes at stress level during each session from self-reported survey pre/post of session.

Table 28.



Participant's 4 changes at fatigue level and relaxation because of the music from self-reported survey pre/post of session.

Table 29.



Participant 5

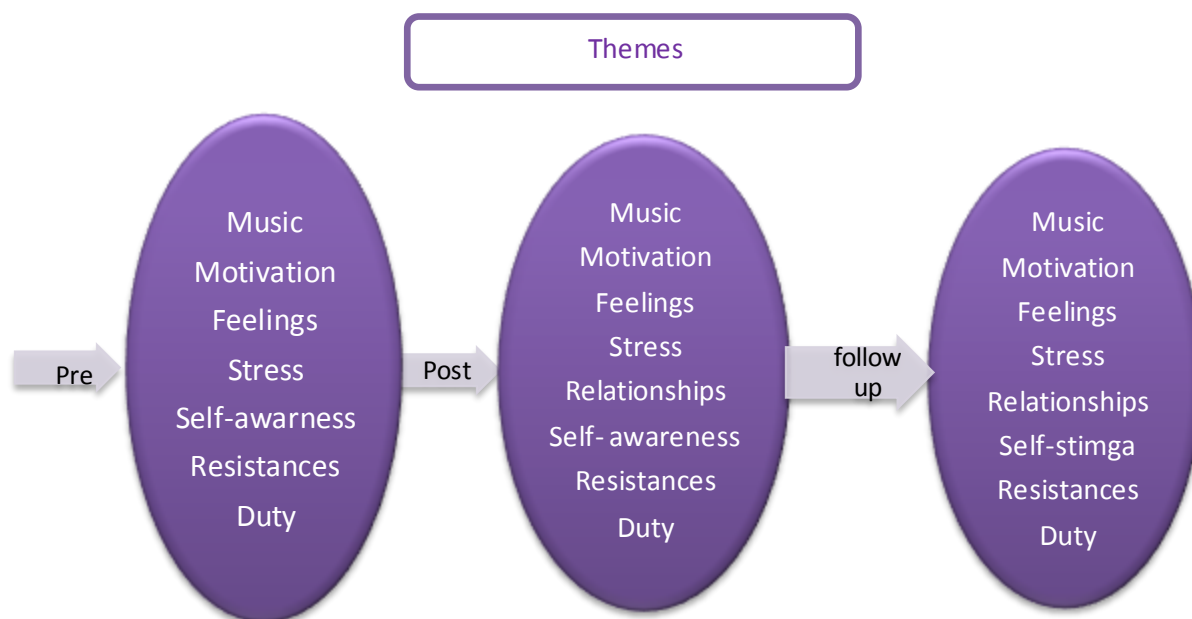


Table 30.

Participant 5 is a 40 mother of three children. When she is on duty, she mostly is works in desk post. Her relationship to music seems very close, as she admits singing almost all of the day. She sings at home and at office, when she listens to a nice song. She is *“detoxified with music and forgets every concern”*.

When on duty, she finds herself not to have much stress, but when she goes at home she feels pressure because of her obligations as mother. She has to be fast and ready for the next task of the day and the demands of her family.

She wouldn't ask for a counselor outside of the duty because she believes there is no time for that *“If there was someone close to me, and I could talk, I would meet him, probably every single day”*. The same would she do with a music therapist; she wouldn't spent time to search for a therapist far from her routine. Because of her quick rhythms, she found herself not being sure if there is such a need in police. She supposes that some colleagues might need some support.

Participant 5 found creative and joyful the whole process, *“the sounds, the song writing, the improvisations”*. Prior to the sessions, she used to score the positive levels of self-report survey. Then at the post session paper, she added extra numbers or used to put stickers on it, in order to indicate her higher feelings of happiness, calmness, enjoyment and willingness to participate. The music therapy effect she noticed was the conscious

music selection according to her feelings. Also, she found it positive to express freely herself at the group *“it was me.. I showed what I am, how I feel..I was there for me.. doing what I want... and become deflated”*. Feelings like freedom, calmness, and anger. *“We were coming and leave back to home happier”*.

Her stress for the job seems to be little less now. Self-reported questionnaires and the PPS-14 could subjoin that. From the other hand her comment *“even if I was feeling stress when was proceeding, I was leaving always happier”* doesn't connect to the feelings she reported at her pro-session survey questionnaires, which could suspect a disconnection to her deeper emotional situation, indicating a possible resistance. Truly, she resistant at session's ending. It seems like it happened *“very fast for her”*.

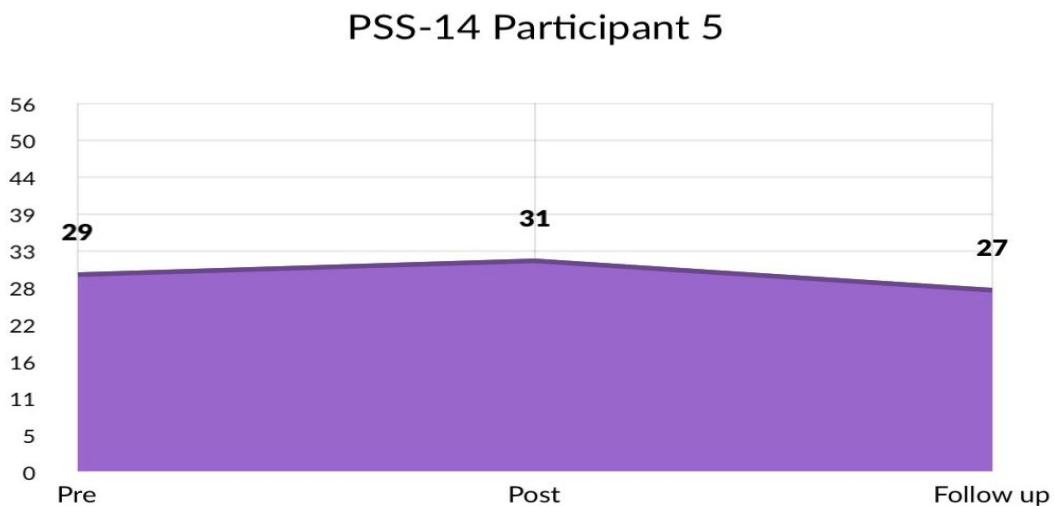
At duty, she believes she is doing much better now. She acknowledges the need for the psychosocial support of the police officer from the administration *“it is very important to get helped. I someone doesn't feel it, it doesn't mean others don't too...”*. Oppositely, to her prior interview she shared her thoughts including interest for her colleagues *“we get difficult times in duty”*.

At follow up the initial stress level, had not significant descent for Participant 5. She recognized the collegiality and shared about stigma in police *“at office, I am talking about my experiences from the group”*, motivating more colleagues for future interventions. She admitted that during the sessions she felt free to express openly herself, *“police officers don't share.... For most of them it's not easy to share out of the police borders....even if you have a family. The administration should help us from inside”*.

Her stress scale according to PSS-14 ratings showed a small decrease at 2 months follow up, her stress level and feelings though the self-reported questionnaire seemed also improving at each session.

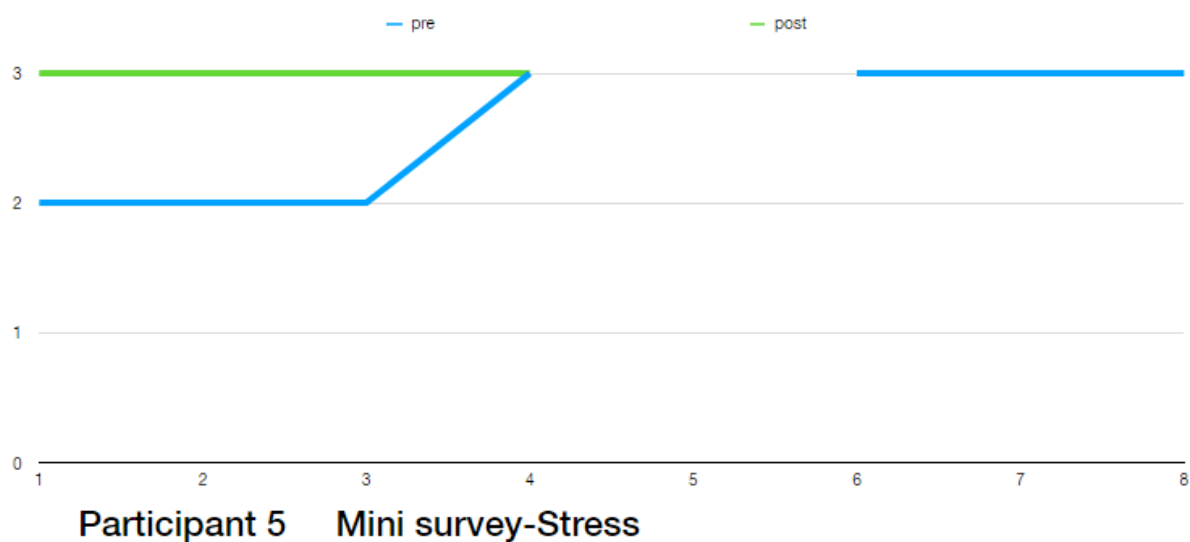
Participant's 5 changes at stress level pre/ post/ 2 months follow-up at PSS-14.

Table 31.



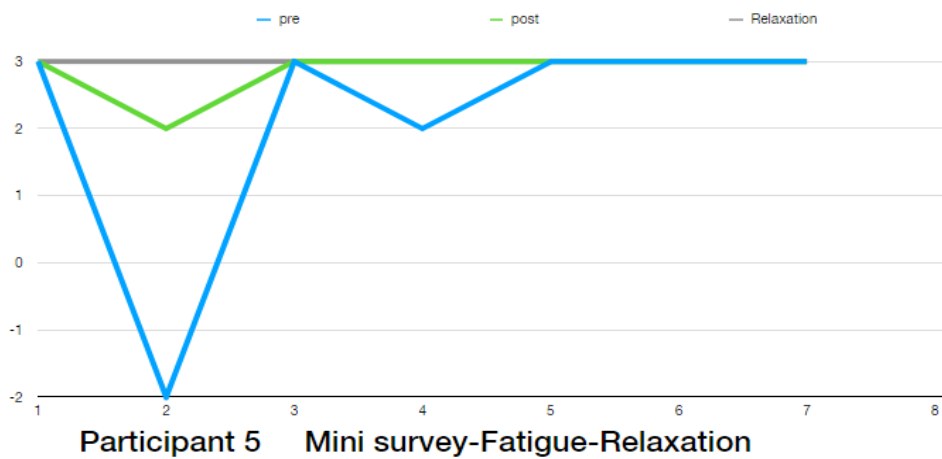
Participant's 5 changes at stress level during each session from self-reported survey pre/post of session.

Table 32.



Participant's 5 changes at fatigue level and relaxation because of the music from self-reported survey pre/post of session.

Table 33.



Participant 6

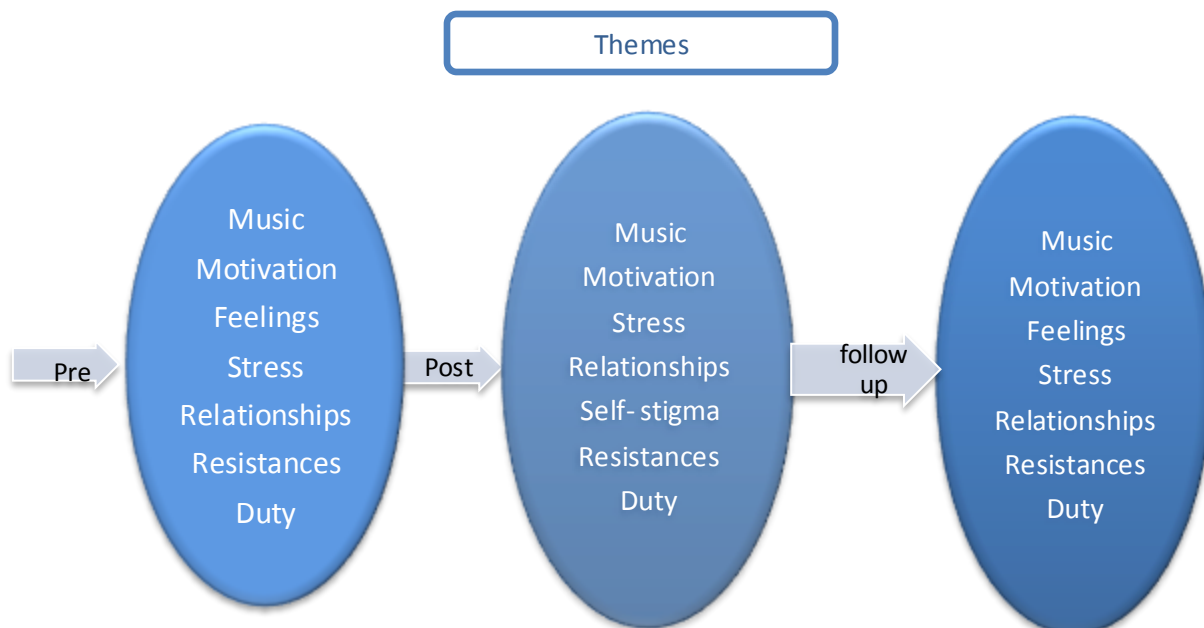


Table 34.

Participant 6 is a 27 yr. police officer, who lives with his bothers and his dog. He doesn't know to play music but he feels music as an expression of feelings. He describes the process by which music helps him to give a boost or to deconstruct a feeling. He listens music mostly at home. When on duty, he prefers not to be seen from the civilians listening to music supposing police officers as lazy. Moreover, he avoids being interrupted from others. *"That moment I am the face of the Police. I feel I embarrass for the agency, if I am listening to music"*.

Referring to his recent avoidance for activities, he is motivated for the group by the need of committing in an activity. He supports that after being an experienced police officer he has learned how to control his stress, even though there are some times he feels pressure. Stress also occurs, when a civilian shouts for their rights or when he is obliged to handle many duties on the same time. Returning back at home from job, he *"forgets everything....listens to music and relax"*. Lately he is thoughtful in seeking a counselor but he doesn't feel sure. Also, *"Seeking for a music therapy would need a better knowledge of this specialization"*. He believes that police officers definitely need psychosocial support as they service in a very stressful occupation, *"especially when you have to investigate crime, or when being in a negatively tuned environment"*.

Participant 6 found music helpful to go beyond situation and relax: *“It is an emotional way out”*. At first session he admitted feeling stress, but very soon he felt relaxed and enjoyed the experience. He was feeling well during the whole process. He felt aware of his lately relax state of mood because of the groups help. At job he still had stress, as he was overloaded with more responsibilities. However, he keeps in mind to be calm and process his job though *“his own rhythm”*.

His motivation to do things for himself was activated. His motivation to participate seemed to increase gradually: *“Coming to the group I got connected to my needs. I motivated to do things for me”*.

He noted as important the relationships between the group members, the *“freedom of being ourselves and the respect of each other’s space..... It is very different to do something alone than doing together... It was very nice creating small piece of a music puzzle and then incorporating all together in a common result....the synchronization we had that was not necessary to be a euphonic melody”*. Relationships was a theme that Participant 6 hadn’t been referred to before the group process. The acceptance from group members as also absence of any criticism was due to this relationship which was cultivated during the sessions.

The fact of not referring to a session that seemed to have had an impressive impact at him, according not only for the music therapist but also for group member’s after 2 months memories, might indicate resistances issues. Additionally, he avoided commit in a permanent future group. An *“open group”* would be more suitable for him. Though he would visit a counselor, even he thinks it costs expensive. Greek’s police counselors are available only at mornings and an assistance telephone line could be helpful, but he supported that the relationship with the therapist is critical: *“I want to feel a connection with my therapist...because of being in this group I would seek for a music therapist”*. Therefore, he suggested further support like this group from the Agency.

It should be specially consider from administration the stigmatization of the police officer, as officers avoid to seek counselor’s because of that: *“If you participate in an intervention you might be stigmatized. There is no concern for this issue”*.

At follow up theme, motivation was important as Participant 6 admitted: *“I have been motivated to seek for a counselor in order to share my issues... The group helped me to accept many things”*. He missed the group and the freedom of the experience. The relationships theme came from the cooperation and the agreement for musical activities of

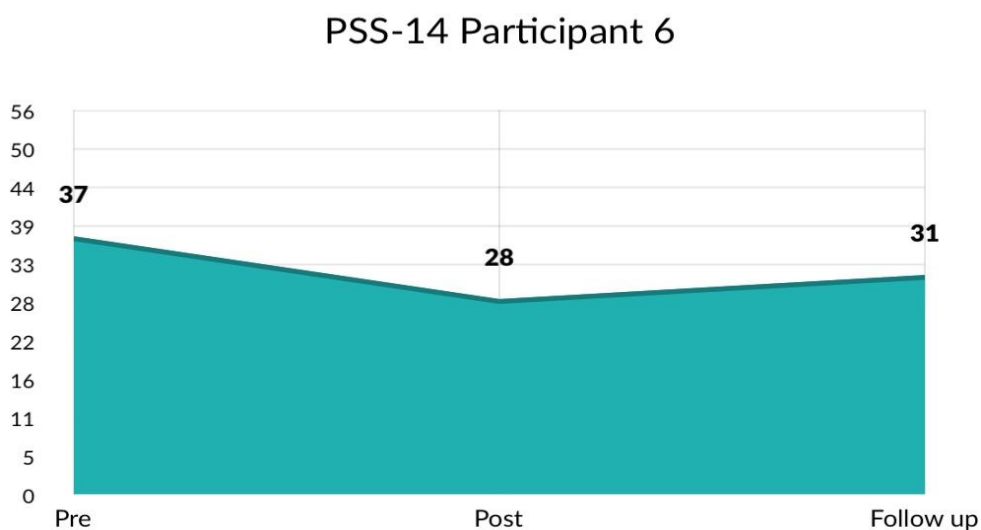
the group “When someone didn’t like a music suggestion, the rest of us were cooperation in finding another one satisfying all of us... it wasn’t because of the majority but because we found a way to tune all together”.

His relationship to music remains good, as also the same is his stress on duty as he has to handle many responsibilities because of staff lack. Coming back at home after duty he feels totally exhausted and empty. Then he relaxes with music, by doing nothing, eating or playing games.

Even though, his stress scale according to PSS-14 ratings showed a significant decrease after the sessions. At 2 months follow up, there was a small increase, though it didn’t return at pre session’s level. His stress level and feelings though the self –reported questionnaire seemed significantly improving at each session.

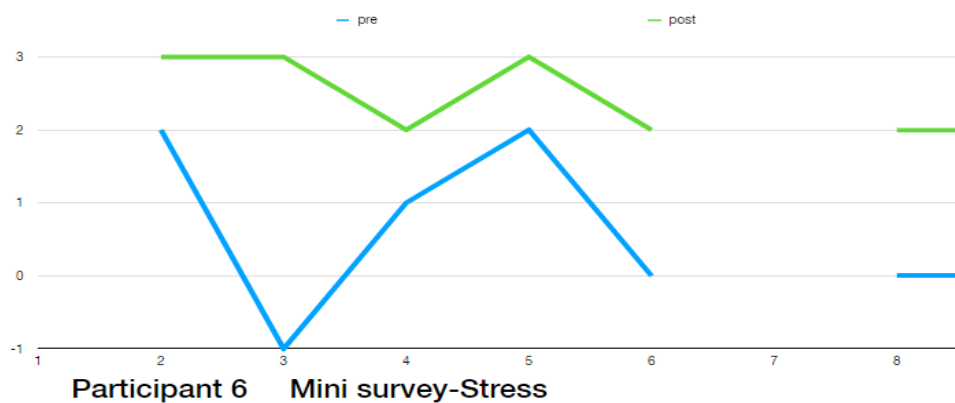
Participant’s 6 changes at stress level pre/ post/ 2 months follow-up at PSS-14.

Table 35.



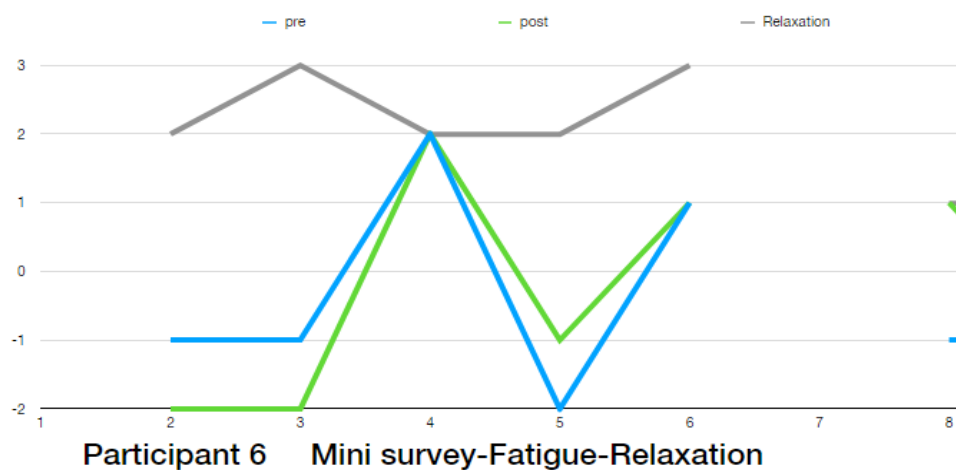
Participant's 6 changes at stress level during each session from self-reported survey pre/post of session.

Table 36.



Participant's 6 changes at fatigue level and relaxation because of the music from self-reported survey pre/post of session.

Table 37.



Participant 7

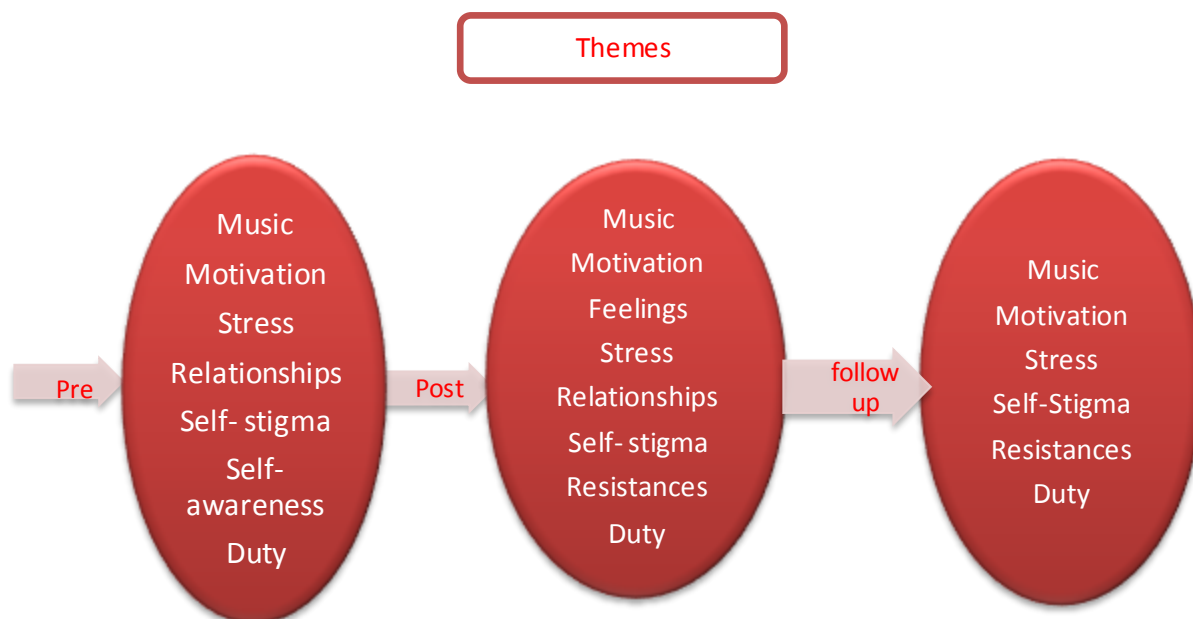


Table 38.

Participant 7 is a mother of two children. She enjoys listening to music during all day. She is interesting in cultivating her children's musical abilities. She chooses listening to music in order *'to relax, lift her mood up or spend time'*. When she is at job she avoids listening to music when civilians are in front. When a difficult occasion comes up, she chooses listening to a song in order to calm down. She is motivated to join the group in order to take time for herself, seeking for an anxiolytic activity, away the family stress. Recent years, she was sick because of her job environment, feeling stressed almost all time. Moreover, she has to contact with civilians who *"can't understand a police officer"* and colleagues who seem different from her: *"I am getting mad when colleagues don't trust me"*. With the administration, she feels uncertain. Once, she perceives be supported while some other times she feels anger, perceiving injustice and lack of meritocracy. Even though she recognizes her duty capabilities and feels food for doing her job right.

Her expectations from the MT group are to release her stress, to escape from her daily routine and get socialized. In the past, she used to see a police psychologist but since the birth of her children there is no free time for her. Sharing openly her

membership in the group with her colleagues, they are making fun of her. *“Colleagues don’t realize the pressure that accumulates from the job...they’d rather use medication than seeking for a psychologist”*.

After the MT group sessions Participant 7 observed she was listening music more focused to the lyrics than before, feeling open at more kinds of music. She was interested in participating in a choir and encouraged her children to move and dance with music exemplifying of her positive outcome. When she is in duty she listens to more music *“getting connected to my rhythm to do the job”*. She chooses consciously the selection of songs accordingly to her mood state.

She would participate with enthusiasm in a new group. More hours per week and longer period of practicing was also a requested issue. Even though it seemed difficult for her to handle the freedom the framework provided. Very often Participant 7 suggested someone to initiate, or for guidance from the music therapist. She enjoyed activities during the session. What she appreciated is that none poke fun of a member.

“Sharing the same shame it felt ok..... we were laughing all together... we didn’t mind for the music outcome”.

As for the Agency, she notes: *“We pay for the cleaning of the department ... if we were offered better circumstances, they would get better performance”*.

Her colleagues rejected her choice joining the group: *“Colleagues hesitate to understand how helpful getting support is”*.

She recalls significant moments from the sessions about member feelings transformation through music *“I felt connected to other group members... chemist”*. She misses the members.

As it is shown also from the PSS-14 diagram (table. 20) her stress level didn’t seem to show significant difference after the MT sessions. Lack of money, the feeling of *“never get rest”*, the *“running to catch everything”*, *“the stress during the shift”* and *“all the expectations from hierarchy”* seem to remain stressful situations for Participant 7.

At follow up she recognized several effects from the MT group. She listens more consciously and systematically to music during the whole day at home and at job *“now I have found my rhythm”*. She reported to synchronize better during duty when she is

listening to music. She uses a playlist at her cell phone feeling connected to her “*music than external distractions*”, being also aware of her feelings.

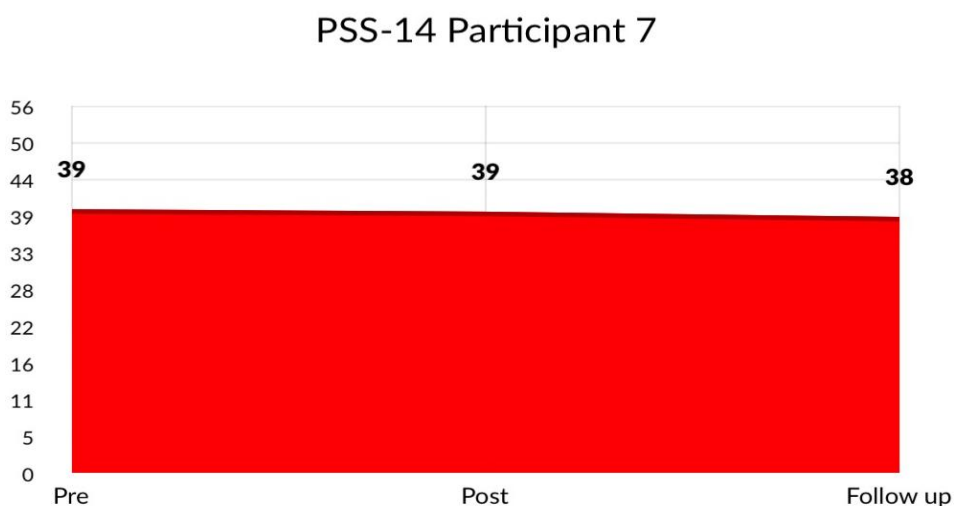
Participant 7 recognized the power of music for releasing feelings during the group like anger as also her tense and displayed the group as a releasing feelings opportunity “*a sharing of your inner self without asking for an answer*”. She reported to feel more fatigue than stressed. A not significant decrease is noticed at her PSS-14 diagram (table.21).

She request police officers to be offered more opportunities and activities like this from the Agency “*they should be more supportive in that direction*”. Then “*Colleagues would dare to go to MT groups, if it was supported from the Agency*”. Participant 7 would with regard enjoy a new MT group.

She is one more participant who even her stress scale according to PSS-14 ratings showed a small decrease at 2 months follow up, her stress level and feelings though the self-reported questionnaire seemed to got gradually improvement almost at each session.

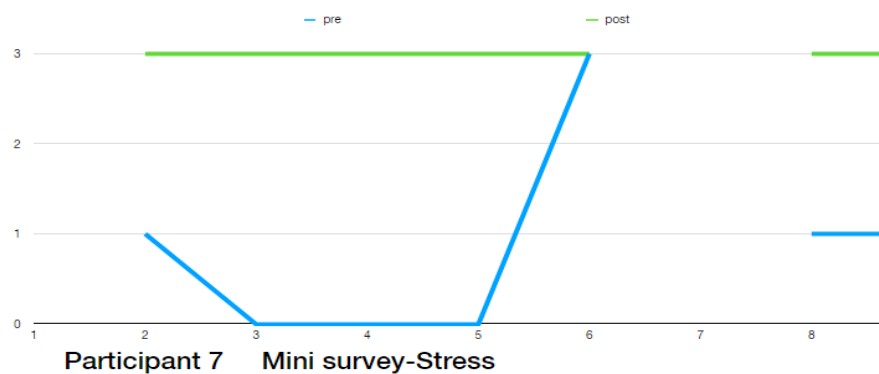
Participant’s 7 changes at stress level pre/ post/ 2 months follow-up at PSS-14.

Table 39.



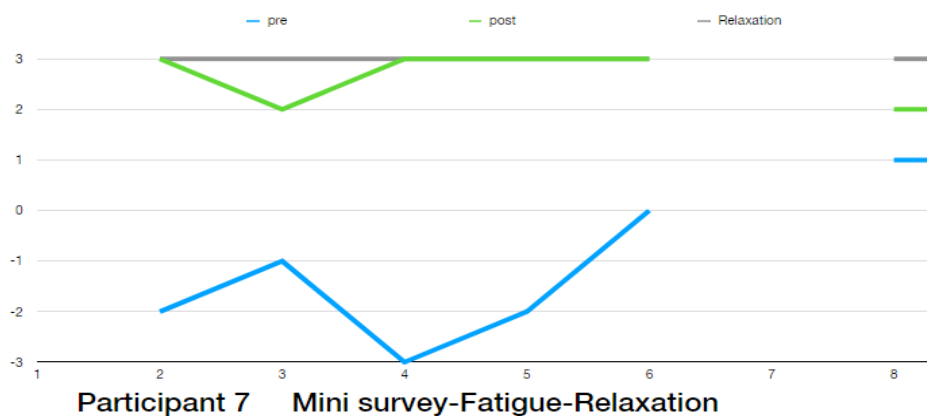
Participant's 7 changes at stress level during each session from self-reported survey pre/post of session.

Table 40.



Participant's 7 changes at fatigue level and relaxation because of the music from self-reported survey pre/post of session.

Table 41

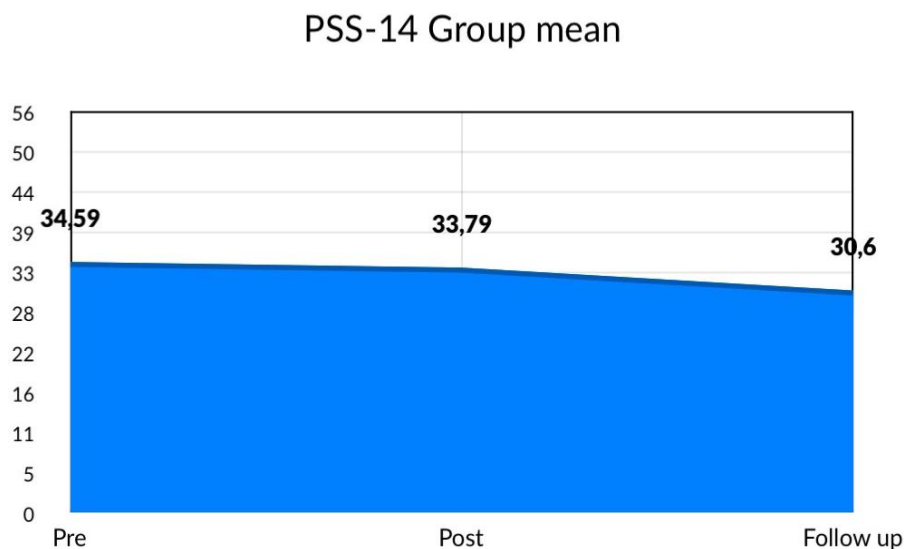


Total Stress level

Mean scores on the PSS-14 for six Participants (males and females combined) is 34.56 at the pre and 33.79 at the post and 30,6 at the follow up the intervention.

The mean total score ratings showed a decrease at 2 months follow up. As it is shown at above diagrams, their stress level and feelings though the self –reported questionnaire were significant improved in the course of each session.

Table 42.



Cross-Case Analysis

A cross-case analysis was used to identify and examine observable similarities among the bonded group through thematic analysis (Creswell, 2007). Categorical aggregation was used to seek instances that were rich in meaning from the collected data. Each case was individually coded, and the researcher searched for the codes identified in the first transcript and in the remaining transcripts. Codes were then combined into larger patterns that provided meaningful insight about the primary research question. As patterns stated to emerge within individual cases, themes occurring across cases were identified using similarities that existed as well as the frequency of occurrence between cases. At this point, the researcher's background, the summary of the sessions and the understanding of the research question and circumstance influenced the coding process. This was evident through the kind of statements in the interview transcripts that

were deemed interesting and rich in meaning. The themes and sub-themes were reviewed and ways to combine them considered. The process was conducted manually by the researcher with great attention to detail by reviewing the audio and written transcripts while making notes and observations. Development of the themes was done through the collected data from the interview process, the researcher's supervision notes and the self-reported surveys provided by Participants.

This study's purpose was to explore the effect of music therapy to police officers. Through repeating this process connection between themes and sub-themes and combination in different ways, related to the research questions was implied. Therefore, the central focus on the research question of what could be therapeutic in order to generate the most relevant themes which would become the Key themes, a theme which 'captures something important in relation to the overall research question' (Braun and Clarke 2006, p. 82).

Four themes emerged positive correlations in relation to the research question:

In this study it was found that there are positive correlations among:

1. Relationships and music
2. Music therapy group effects and stress
3. Working on self –stigma and agency
4. Motivation and resistances

1. Relationships and music

Togetherness, cooperation, playing music together, relationships with colleagues, relationships with civilians and others, were some of the main codes for this Key –theme, believed to served the meaning of the all process for the members.

The term relationships was important for all of police officers of the group. Either for the relationships with the colleagues, the administration or the civilians, relationships during the duty as also during the music therapy group seemed to concern police officer's mind.

During the sessions, members were cooperating, planning the time of the session and how they'd use music. Through interaction and musical opportunities to explore within, members were enabled to promote stronger connection and relationships among them. They experienced the instruments and new sounds, synchronized together, creating music synthesis and improvisations. It has been emphasized that synchronization facilitates

a merging of self and other, as also strengthen social bonds between those who synchronize (Mackenzie, 1987). The body, the breath, the tune, the rhythm, the melody, the words, the harmony and imaginative pictures, are integrated in the songs and in improvisations, consisting the core elements of the self subserving the interpersonal and transpersonal relationships (Psaltopoulou, 2015). The high level of group participation, positive mutual feelings among members, and strong interpersonal trust between the members encourage them to experience personal growth as well as a feeling of unity while working toward the common goal of meaningful group work (Kellerman, 1981).

Participant 2: *“It was a great achievement synchronizing all together... fighting for the common result”*

Participant 7: *“Members stability created quicker flowSharing, learning from each other”*.

Even though, members did not always agree. Two significant moments differentiations were recognized among members due to the music choices. Both times, this process was accompanied by an elevated sense of anger, which remained verbally unexpressed but musically expressed. High pitches, quick rhythms, tense on hand drums accompanied the expression of the anger. Gradually, mostly all feelings were expressed through improvisations and songs promoting members to develop mechanisms for the cooperative exploration of differences in which the assertion of individual ideas and beliefs could tolerate. The members dealt effectively with this more confrontational atmosphere and accepted that conflict is not necessarily destructive (Mackenzie, 1987), but within the power of music diversity could become acceptance. However, that was not for all members.

In 3rd Session Participant 7 talked about the importance of connecting with others and realized the way music helps this process. Participant 4 also made such a connection introducing to the group new perspectives about the ways to handle their difficulties in daily life through music.

Participant 4: *“I ‘d rather play music with a friend than anything else. This is therapeutic.”*

At the end, all of them expressed their sadness for the short-lived experience, showing also desire for a future music therapy group.

Participant 5: *“It was when we were about to know each other better”*.

Participant 2: *“I already miss it. When are we going to meet again?”*

Participant 8: *“It seems like separation “.*

Participant 6: *“It finished too soon”.*

Participant 7: *“Sharing, learning from each other.. it was interrupted too early”.*

Participant 4: *“Of course I would participate again.*

2. Music therapy group effects and stress

Codes supporting this Key-theme are: consciously music listening, relaxing with music, choosing music consciously when stressed, seeking for a specialist/music therapist, finding your destination, therapeutic effects, fun, express inner self, systematically listening, group as releasing feelings opportunity, releasing tense, mood increasing, overcoming problems, feeling connected to the music. New opportunities and openness to the development of resources and learning through music therapy seemed to create positive effects. Emotional expression and stress reduction have been identified as the main effects of the whole intervention.

Participant 7: *“Having learned how music works I use music now expecting to be helped to relax ... I am choosing music consciously when stressed”.*

Participant 8: *“Even cost your lifting mood for the moment, it is good... music therapy leads you where you have to go, to your decisions”.*

Participant 4: *“Therapeutic effects”.*

Police officers initially felt awkward to share within their “blue brothers”.

Participant 2: *“The police officer is scared. Not to be exposed. He scares who is sitting across the way, as being at the same job if he says something, he is afraid of others reaction”.*

Soon within music, trust was cultivated and members seemed to feel equal and released to share their feelings among their colleagues.

Participant 2: *“I found myself sharing to the group... I expressed freely my self... I learned to be open even to my husband and express my feelings whenever I needed to”.*

During the group police officers were caring for other’s feelings and cooperated for music common goal.

Participant 5: *“Enjoyed singing together, I liked synthesizing songs”*.

Also, they expressed freely themselves.

Participant 7: *“Comfortable for being you”*.

Participant 6: *“If you’d like you could be active, otherwise you could take your time and get involved whenever you felt ok”*.

Participant 5: *“ You were doing whatever you felt and you felt released”*.

Participant 4: *“People was out of the self.. releasing the tense... playing the hand dram, getting red, ecstasy.. There was an effect ...”*

Members didn’t care for musical mistakes; even when they disagreed in musical suggestions they were still caring for other members to get involved. They experienced they could restore good mood through music, realized that others opinions matter too and felt allowed to observe in presence not always participating actively.

Participant 6: *“We all felt acceptance to others will”*.

Contribution of group helped in increasing mood. They felt coming closer *“just through the effort”* (Participant 8).

Members of the group cultivated also more qualities within the music therapy group.

Participant. 2 . *“I cultivated a commitment to the group as also at my family”*.

Participant 7. *“ Now I am getting connected to my rhythm to do the job”*.

Participant 6: *“When someone didn’t like a music suggestion, the rest of us were cooperating in finding another one, satisfying all of us... it wasn’t because of the majority but because we found a way to tune all together”*.

All of the participants used music in their daily life before the MT group. During the group they seemed to find meaning in the process as also becoming aware of the effect of music in releasing their anxiety while on duty and generally in their life; building relationships and connecting colleagues. Music was *“therapeutic”*, *“relaxing”*, *“joyful”*, *“happy”*, *“without shame”*.

Now it seems they are listening music more consciously. After having felt acceptance from the group it seems they learned to feel acceptance for themselves and their feelings.

Participant 2: *“I have hold the inner blamer”*.

Participant 7: *“Now I know why I am listening to what I am listening Feeling aware why I was listening to music.... Where it helps me”*.

Members seem to carry their new acquisitions in their daily life now.

Participant 2: *“I share my feelings now... I wouldn't do it before”*.

Almost all Participants admitted that they are more connected to music in their daily routine recognizing music's positive effects. Moreover when they are on duty they *“dedicate their mind in music”* (part.8), *“work with my rhythm”* (part.7), *“feel more productive when listening to music”* (part.4).

3. Working on self-stigma and agency

Codes supporting this Key-theme are: collegiality, accepting diversity, membership, stability, must last longer, having good time, fun, widen acceptance, encouraging colleagues, togetherness, agreement, equal importance, playing with colleagues, bonding with colleagues, new way of communicating, accepting diversity of police officers, sharing personally or from job, duty rhythm according to my music, synchronizing better during duty.

Music seems to provide a safe framework to the majority of the members, enabling them opening at their initial hesitation of participating in the group. Possible doubtful skeptic and avoidance to express them-selves at the beginning became soon familiarity, collegiality and friendship.

Participant 8: *“Familiarity was cultivated even from the first session ... Trust was the first thing to come to the group”*.

Participant 7: *“Using music being aware of the aim... works better knowing it s helpful.... We had intension for cooperation and for coordination through music”*.

Participant 2: *“Police officer is scared, of people he doesn’t know”.*

Participant 5: *“Police officers don’t share.... For most of them it’s not easy to share out of the police borders....even if you have a family. The administration should help us from inside”.*

Participant 4: *“I changed my mind for police officers... I met interesting and positive people... I couldn’t earlier see that”.*

Participant 6: *“Freedom of being ourselves and the respect of each other’s space..... It is very different to do something alone than doing together... It was very nice creating small piece of a music puzzle and then incorporating all together in a common result....the synchronization we had that was not necessary to be a euphonic melody.. I felt accepted”.*

Additionally, they dared sharing personal and job issues.

Participant 8: *“We could hide imperfections through music”.*

Participant 4: *“I shared an event at the group, that under other circumstances I wouldn’t dare to share. Even at a usual friend company we avoid sharing”.*

Participant 7: *“Sharing the same shame it felt ok..... we were laughing all together... we didn’t mint for the musical outcome... there was no need to be perfect.. were relaxing without caring”.*

They supported feeling free at the group, being them-selves, without worrying for being criticized for the musical outcome. They felt acceptance.

Participant 5: *“A sharing of your inner self without asking for an answer”.*

Members claimed a need for more activities and interest such this music therapy group, from the Agency.

Participant 7: *“More interest for police officer would offer more back to them”.* Participants referred they’d rather enjoy better “a secret place” just for music therapy, out of the department, even though participating in the group seemed funny for colleagues.

Participant 6: *“If you participate in an intervention you might be stigmatized. There is no concern for this issue... I ‘d like a group were is going to be always there for us..”.*

Police officers... always there.. if not obligatory.. a group that everyone may seek when he needs to ”.

Participant 2: *“Colleagues would dare to go to MT groups, if it was supported from the Agency”.*

Additionally, participants noted the difference of seeking a music therapist than a counselor.

Behind the “secrecy of blue wall”, it is supposed as “shame” to see a counselor. However, when seeking for a music therapist, police officers seem to act differently. At the next table answers from Participant’s pre/post/follow up show the change of their view on this issue pre/post/follow up the intervention (Table 43).

Participant 8 is the only Participant who appeared positive to a music therapist before the sessions, while negative at the end. This change during the follow up interview is supposed to be given due to his anger which seemed appearing when the researcher set limits about not connecting the group members for a drink out.

Table 43.

	Part. 2		Part.4		Part.5		Part. 6		Part.7		Part.8	
	C	MT	C	MT	C	MT	C	MT	C	MT	C	MT
Pre	Y	Y	N	Y	?	?	?	?	Y	?	N	Y
Post	Y	Y	N	Y	Y	Y	?	Y	Y	Y	Y	Y
Follow up	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	?	N

1. C: Would you or not ask for support from a specialist?

2. MT: Would you ask or not, help from a music therapist?

Participant 7: *“Colleagues hesitate to understand how helpful getting support is...they wouldn’t even go at a usual police training... here felling free of what to do every feeling brought joy... we had friendly mood to cooperate, helping each other, completing each otherwhenever I watch a video I am thinking of the group”.*

Participant (7) could recall moments from the sessions about other member's feelings transformation within the group "*Getting connected through music to other group members, chemist*".

4. Motivation and Resistances

There are many things that motivated police officers to participate in music therapy group, proceed to the next session, as also provided motivation for future interventions. The relation that someone could have with a peer, appeared to be a strong motivation for participating and sharing in a safe framework. A peer who could support such an action in future, being "one of us", seems very important for the membership.

It really was the event of the week.

Participant 5: "*All the week I am looking forward for this moment, I feel very nice, relief from several thoughts and I enjoy the music*".

During the sessions members were sharing their experiences with their colleagues, encouraging them to participate in future interventions.

Participant 5: "*At office I am telling all how great music is, I am singing the songs we sung in the group encouraging other colleagues to join*".

Reinforcing convictions about music, motivating the feelings expression, being within a core of people who create, coping stress feelings, interacting with humans, encouraging to get involved, participating in musical activities, are some of the codes which lead to motivation as a theme and also police officers to participate in the group.

Moreover their willingness to proceed to the sessions was significantly increased in the course of time. Music, contributed equal significance. After the sessions, three participants motivated to introduce music systematically in their life and two motivates to ask for a therapist in close future.

From the other hand resistances, defense mechanisms bolstered the individual's ego during the whole project. Self-stigma, motivation depended from others, frustration for not being heard, projecting, rejecting, ignoring body needs, need for structured sessions, absent-mindedness, tiredness, distracting, exposition of the self, needing continue, blaming the agency, are some of the codes that lead to resistances as a theme. Some participants projected their feelings to other members of the group denying taking the responsibility for

their own feelings. Also, the lack of previous relationship to active music, led to feel more exposed to the group, hesitating even more getting involved to the music process.

Key theme motivation and resistances came from both themes above, guiding the consideration for future interventions. However, the gap between them seemed to decrease due to musical interactions. Members overcame the initial hesitation of exposition and “Music gave the opportunity for the simultaneous expression of opposites, that can’t be translate; it has emotional meaning in a way that someone may live and feel but can’t define ” (Psaltopoulou, 2015, p.29). Music integrated most of differences and overcame the boundaries of the police officer who obeys strictly the law and the hierarchy, to a police officer who initiates and dares to express themselves. Like music has a great spectrum of pitches and dynamics, police officers came aware of their own range of dynamics and capabilities.

However, it has to be noted that first participant, dropped out after the 1st session and the second after the 3rd. Two more participants proceed in less than half sessions.

CHAPTER 7. DISCUSSION, LIMITATIONS, RECOMMENDATIONS

Evidence of trustworthiness

Creswell (2007) noted that a qualitative study begins with ‘the broad assumptions central to qualitative inquiry, a worldview consistent with it, and in many cases, a theoretical lens that shapes the study’ (Creswell, 2007, p. 42). Aigen (1995) explains, “ultimately it is the open-mindedness, insight and thoroughness of the researcher that ensures the production of interesting and useful findings” (Aigen, 1995, p.296). In this research project, it was decided that the relationship established between the researcher and the participants would serve as a powerful catalyst for eliciting significant information from the group members during the in-depth interviews.

Credibility was ensured through asking the participants how they felt about police music therapy utilization. Participants were officers experiencing the phenomenon. Only participants meeting the stated criterion were invited to participate. There was specific effort to sample from across the target population. Variations will always be noted due to individuality of participants. Transferability can be expected due to the noted population homogeneity. All ten officers indicated willingness to participate at the research. It was expected the target sample population was reached and the officers answered truthfully and clearly. Responses were notably similar across the targeted sample population. This afforded the opportunity to expect the responses were credible.

Data analysis occurred throughout to ensure any changing parameters would be addressed. The replicability of the study was increased through the utilization of detailed notes. Comparability of the raw data was facilitated by the use of PSS-14 instrument (Cohen et al., 1983) and self-reported surveys. The interviews were functional in allowing further thought development to ensure external validity (Ravitch and Carl, 2016). The use of one researcher and repetitive response and record checking reduced the likelihood of inaccurate coding and increased confirm ability. Because qualitative research emphasizes the researcher’s role as crucial in exploring information, the researcher’s dual involvement in the research was encouraged.

Husserl philosophized that internal experience is the most likely source of truth and that it is found at the point where experience and individual meet (Polkinghorne, 1989).

The current study used an objectivist case study design that allowed for the gathering and interpretation of meaning rich data through thematic analysis providing for an increased understanding of the experience of Greek police officers who practicing music therapy.

Objective reality is believed to exist only at the level of individual perception, therefore “knowledge based on intuition and essence precedes empirical knowledge” (Moustakas, 1994, p. 28).

Discussion of the Results

Increasing awareness of police stress has resulted in burgeoning efforts to enhance stress prevention and mental health services on a convenient and accessible basis (Carlan and Nored, 2008). According to Stinchcomb (2004), stress prevention (both individual and organizational) is preferable to post-stress treatment (Stinchcomb, 2004, as cited, in Carlan and Nored, 2008). Participants of this study referred in feeling stress during their duty due to constant exposure to society’s interpersonal violence, shift-work, overloaded with duties, negative or confrontational interactions with individuals, a sense of personal endangerment, fear of the administration.

Research questions were created to help ascertain if officers found a greater understanding of the impact of music therapy to their daily life as also if there was a notable difference in the way music therapy enables them to express themselves and reduce their stress when experiencing between their “blue brothers”.

The mixed methods of data collection provide a rich account of music therapy not only as a tolerable and enjoyable personal experience, but also as a feasible and effective clinical intervention. Findings are consistent with other studies into music therapy for stress (Kacem et al., 2020; Lesiuk, 2008; Smith, 2008; Taets et al., 2013; Watanabe, 2001; Zarate, 2016b).

Analysis was conducted to determine themes within create new knowledge about how police officers could benefit from music therapy. Data analysis was performed by generating two cycles of coding. The four resulting categories were:

1. Relationships and music
2. Music therapy group effects and stress
3. Working on self –stigma and duty
4. Motivation and resistances

The research question investigated was: “What are the therapeutic benefits for police officers who practice music therapy?”

Music therapy research on police officers is limited; therefore, the purpose of this pilot study was to examine the feasibility and preliminary effectiveness of an adapted music therapy- group music therapy interventions -designed to explore the effects of music therapy at police officer stress.

Police officers generally develop effective coping mechanisms to adapt to the psychological stressors they experience at work (Karaffa and Koch, 2016a). These strategies generally are regarded as either action-oriented or avoidance. Studies indicate most officers utilize avoidance strategies (referred to as maladaptive strategies) (Haarr and Morash, 1999) often providing short-term relief. Several factors have been identified to explain resistance among police officers toward seeking mental health services, like cultural tenets, ethos of autonomy and emotional control (Blum, 2000), lack of confidence in mental health providers (Blau, 1994), and practical concerns including cost and accessibility of services (Karaffa and Tochkov, 2013). Perceived stigma associated with seeking services may also discourage officers from seeking help when it is warranted (Blum, 2000).

Officers working in supportive counseling climates had significantly less stress, a reduced need for counseling, and a greater willingness to use counseling (Carlan and Nored, 2008). Likewise, these group members indicated interesting effects when participating in a music therapy group sharing how they find meaning in it.

Even, if at first stage police officers initially expressed hesitation, stress and fear about what might be expected of them, soon moved to describing experiences of togetherness, braveness, relaxation and calmness. Music is a stimulus that may be difficult to avoid when it is actively being produced (van der Kolk, 2006). Participants were offered opportunities to use music on their own will, enabling interaction and cultivating stronger relationships within. During the sessions, members were cooperating planning the time of

the session and how they'd use music. Members moved from individual voices and sounds to relating to others musically and then interpersonally. The group discussions exemplify this change as members commented first upon the value of musical and then later, overall group support as evidenced by the exit interviews.

Police officers reported music therapy as a helpful means of emotional expression and stress reduction. Instruments and music eliciting strong emotional responses were quickly identified, which may have provided a means to stress reduction. These correlate with findings from previous studies (Kacem et al., 2020; Knight and Rickard, 2001; Lesiuk, 2008; Smith, 2008; Taets et al., 2013; Watanabe, 2001; Zarate, 2016a) and studies of music and emotion (Gabrielsson, 2001). Bensimon et al. found drumming enabled emotional expression and a regained sense of control (Bensimon, Amir, and Wolf, 2008). Music can also act as an anxiolytic treatment –an anxiety preventative or reducing measure- and improve emotional state of adults (Lesiuk, 2005).

Police officers' capacity to tolerate cooperation and togetherness appeared to have played a key role in reducing stress levels. Improvisations elicited emotional responses with and within the members. The immediacy of the music limited resistances as members had to familiarize to tolerate, communicate, and acknowledge the impact of their playing upon other group members.

Though, emotional expression and stress reduction have been identified as the main effects of the whole intervention. Officers experienced marked reductions in difficult emotions, fear, fatigue, sadness and stress as well as increased calmness and relaxation.

Findings of this study supported the literature that personal demographics add little to the explanation of police stress. Age, education, years in duty, rank and gender did not significantly explain music therapy effects to police stress.

Mean attendance was seven sessions. This figure is remarkably high for a not clinical group who is working 8 hours per day and most of them have family obligations during this study. By measuring stress levels upon entering the study, after 8 sessions data were able to demonstrate that Participants showed an increase of stress level. Though 83% of Participants reported decreased levels of stress 2-months after participating in the music therapy group.

The effects of a series of group music therapy sessions on Participants' reported perceived stress was increased the moment intervention was integrated. Even though,

according to self-report surveys members showed decrease of stress, a tendency to calmness, braveness and happiness almost after each session. Music had also a large effect on decreasing stress in that group setting (Pelletier, 2004). As the first step in helping Participants was through relationship and music, it is suspected that stress level at post (PSS-14) might be increased due to the maturation effect of being aware and expressing their emotions or because of the deprivation of a trustful relationship. All members, admitted difficulties and resistances at the ending of the music therapy group.

This supposed to be truth as music therapy group provided for all this duration a safe framework for police officers. As psychiatrist and author J. Shay (2003) has repeatedly pointed out, “the human brain codes social recognition, support, and attachment as physical safety” (Shay, 2003, p. 210). When such support ends a possible increase on stress level might appear; “Loss: separation from cherished people, objects” can be a causes of stress (Nash, 2011, p. 111).

Improvising music among their “blue brothers”, police officers seemed to cultivated unit cohesion. Defined broadly as mutual trust and support in a social group, sharing adversity over time in a group with a stable membership, members were encouraged to interact and express freely them-selves. Seamless teamwork is a well-known outcome of unit cohesion (Nash, 2011). Priestley (1975), noted that group music therapy gives the individual an opportunity to become aware of and express inner feelings, to identify, establish and defend one's identity -particularly in reference to a group, and to build skills in relating to others (Priestly, 1975).

Members, showed commitment even when unable to attend. This was an important and surprising outcome and an essential requisite for therapeutic gain from music therapy. *“Getting connected through music to other group members, chemist”* (Participant.7).

Even though, effects of music therapy are “situational rather than being cumulative” (Schall, Haberstroh, and Pantel, 2015, p. 6).

Grocke et al. (2009) concluded that music therapy can be successful in increasing the overall quality of life, and may help reduce social anxiety (Grocke et al., 2009). Music acts as a mood regulation tool increasing positive feelings and sense of self- esteem (Pelletier, 2004). Officers have historically refrained from seeking psychological services (Karaffa and Koch, 2016b). In this case, police officers initially felt awkward to share

within their “blue brothers”. Gradually with the mean of music trust was built and members seemed to feel equal and released to share their feelings among their colleagues; they didn’t care for musical mistakes; most of them liked different musical suggestion integrating them in music. They acknowledged restoring good mood through music, belief others opinions matter too. Several times, members were motivating the active participation by encouraging engagement in the group.

All of the Participants used music in their daily life before the MT group. Though, during the group they seemed find meaning in the process as also becoming aware of the effect of music in releasing their stress while on duty and generally in their life; building relationships and connecting colleagues.

Now it seems they are listening music more consciously. The focus of discussions upon immediate experiences, may have aided this self-awareness and self-regulation (van der Kolk, 2006). Negotiations necessitated group problem solving may have provided police officers with confidence to generalize these experiences to other aspects of their lives. After having felt acceptance from the group it seems they learned to feel acceptance for themselves and their feelings. Members seem to carry their new acquisitions in their daily life. Almost all Participants admitted that they use more music to their daily routine recognizing music’s positive effects. Music is “therapeutic”, “relaxing”, “joyful”, “happy”, “and connecting”. For Elliot, “enjoyment . . . is the affective concomitant of self-growth” (Elliott, 1995, p.114). In other words, enjoyment is the emotion someone experiences when engages in activities that order and develop their consciousness (which is how Elliott defines “self-growth”).

During intervention members seemed to bypass personal resistances and generated their own way of social support. Group dynamics may have contributed, as shown in the qualitative outcomes. However, police officers reported music intrinsically altering their mood and extrinsically motivating them to continue processing with willingness to the next session. It is reasonable to assume that this figure reflects rapid engagement with music therapy that, for one, was reported as the ‘event’ of her week.

In response to an increasing police stress focus, departments appear to be listening, as agencies are more frequently implementing innovative stress prevention and treatment methods into the police culture. He et al. (2002) has suggested that departments regularly 1) assess officers’ physical and psychological stress, 2) monitor coping strategies, and 3)

implement intervention strategies (He et al., 2002) . The more popular prevention approach, the organizational orientation, provides a proactive and department centered approach, whereas individual strategies (focusing on the employee) may deter officers from seeking help because of the stigma (Baker and Baker, 1996).

Members claimed a need for more activities and interest such that, from the Agency mentioning that Agency should focus more on police officers problems requiring mandatory counseling. An open music therapy group, “*always there for us*” could be one of these interventions providing stability and assistance whenever is needed. Such program is the Critical Incident Stress Management (CISM) (Mitchell & Everly, 1996, 2003, as cited in Miller, 2008). Carlan & Nored (2008) found that police departments should consider requiring mandatory and periodic counseling for all officers, a procedural tactic that camouflages counseling need while concurrently treating the source of officer stress (Carlan and Nored, 2008).

The therapeutic importance of social support is consistent with current developments in psychosocial support of traumatized communities (Davidson, 2010).

There are many things that may motivated police officers to participate in that group as also provide motivation for future interventions. The relation that could have with a peer, appeared to be a strong motivation for participating and sharing in a safe framework. In addition, a peer who could support such an action in future, being “one of us”, seems very important for the membership. Peer counselors within police agencies offer several advantages compared to staff or contract psychologists like familiarity with the unique demands of police work, availability of officers, and the perception of peer counselors as an equal (Carlan and Nored, 2008). Tucker (2015) results revealed that most officers expressed willingness to use a department referral to a psychologist, psychiatrist, or therapist (51.9%)(Tucker, 2015). By sharing their experiences with their colleagues, encouraging them to participate in future interventions the stigma disassociated with mental health intervention.

Participants also noted the difference of seeing a music therapist than a counselor. A music therapist is preferable according to their answers.

Assumptions

Research has particular assumptions about the nature of perceived realities and about what human experience is and what it represents (Kramer-Kile, 2012). Separating oneself from the influences of bias and cultural experience is not possible. Social context and perception of reality is constantly changing based on individual experiences that create understanding and drive change in perspective. It is assumed that the researcher is an active part in the process of conducting this research and that it is a positive factor that the researcher, being a police officer herself, was “*one of us*”. Understanding the individual experiences of participants is an effective way to gain insightful meaning through the investigation of the selected topic. It is assumed that police officers feel stress, in an overall perspective. Through the open-ended lens of qualitative research, the interview process allows participants an opportunity to present their unique experience in its entirety (Cohen and Crabtree, 2006).

Through this process, deeper understanding of the lived experience of participants was gained. Creswell (2007) argued that a researcher’s personal experiences and perceptions play an unavoidable and very often dynamic part in the process of the research as it is conducted (Creswell, 2007). This researcher kept such considerations in mind throughout the research. Even though, it is assumed that the participants in the sample are highly qualified and experienced professionals who answer questions with accuracy and honesty based on their personal understanding and experience. Further, there is the assumption that participants engage in the study intentionally of their own volition and will respond to the best of their abilities.

However, it is more likely that the demand characteristics were actually minimized and possibly negated as a result of the researcher’s data collection approach. She openly states she is interested in the exploration of the effect of music therapy in a police officer’s group, whatever it is, and that she is truly interested in hearing about their real experiences and their work life. With this approach participants seem to report easily thoughts and feelings about music, about work stress and even about the study itself.

Limitations

Case study designs are research strategies based upon empirical investigation (Robson, 2002). Participants self valuation, semi-structured interviews pre/post/ 2 months

follow up provided data that support the presentation of the findings in this study. However, it is the very context-related feature of case studies that make the approach important for music therapy (Aldridge, 1994). “Reading case studies provides opportunities to develop practical knowledge and theoretical sensitivity, as it makes it possible for practitioners to expand their repertoire of what is possible in therapy” (McLeod, 2018, p.7). Qualitative research presents unique challenges due to the subjective nature of this methodology. Case study research focuses on each subject’s experience of the phenomenon and is not generalizable to large populations (Yin, 2009).

The transferability of a study increases when supporting details and data are provided (Cope, 2014). This exploratory study was completed with final data on 6 police officers and it remains to be seen whether this level of success could be replicated. Given the small sample size, however, stratification was not possible. However, despite the small sample and large variation of stress levels, a statistically significant effect size was found on the following up outcome indicating underlying potential for this intervention.

The dual role of the music therapists in the research design and analysis, may have similarly affected outcomes. The development of a relationship between therapist and client is central to the practice of music therapy (Loth, 2014).

Much of the research to be reviewed is based on the assumption that the effects of therapeutic experience can be examined by studying the patient's perception of the process. The basic idea of this approach lies in the concept that individuals interpret their interpersonal world and its experiences in an idiosyncratic fashion, and that subsequent behavior is highly influenced by this process of personalized meaning-attribution. Strategies to tap the patient's perception of therapeutic events may thus reveal mediating variables which are not accessible by more objective techniques of process measurement (Mackenzie, 1987). “Objective measures still have the risk of showing changes in a owing to the fact that the person is aware of being observed and acts accordingly (the Hawthorne effect)” (Ridder and Fachner, 2016, p. 1532).

Moreover, the regular and intentional use of music therapy practices has not been prevalent in the police community. The officers were on duty all these period and aren’t given work time to participate. For this reason, there was lack of consistency. Other potential limitations in this study might result from the researcher’s biases and perceptions.

Another limitation for this research was the nature of music therapy itself, for only the internal reflective experiences of police officers were collected through the interview process. By nature, internal reflective experience is subjective and differs for each person

in a sample. Each Participant was treated as an individual source of data, and the data collected were the reported internal reflective experiences of each Participant. Therefore, it can be argued that these data could be considered as a single source of data, the internal reflective experiences. Objective data that could be agreed on and measured helped to support the more subjective findings in this qualitative research. Since finding studies that clearly tie together both objective and subjective data was difficult, this researcher attempted to use common themes and recollections to focus the findings of the research and contribute to the limited body of knowledge music therapy to police organization.

The role that the researcher played in this study is the final limitation that was addressed. As the measurement instrument in this qualitative study, the researcher interpreted and analyzed that data that was gathered. It has been established that the researcher can never be completely free of bias (Birks, Chapman and Francis, 2008).

Future research

Results indicate that music therapy group for police officers are feasible. Future research could investigate how specific elements of music contribute to stress reduction and positive therapeutic effects. Also is could examine the contribution of group setting and non-verbal interventions to outcomes through comparison of individual and group music therapy. Use of music and musical engagement could be assessed by scales such as the Improvisation Assessment Profiles (Bruscia, 1987).

Police officers reported that they valued participating in a group with colleagues shared common experiences. Comparisons of group interventions would provide data regarding the contribution of music therapy to outcomes.

The study interventions had a strong emphasis upon active musical participation. Research to identify indications for active or receptive methods, could be explored.

Future studies should test feasibility, effects, and acceptability of varying durations and frequencies of therapy. Four police officers would have liked more interventions and longer duration. Then it is interesting to note that three patients would choose to visit a music therapist as also a counselor after the intervention. A comparative project would be needed.

Finally, future research should disentangle specific and non-specific factors to clarify effectiveness utilizing independent researchers from outside the field of music therapy (Craig et al., 2008).

Conclusion

Police work is about control—both control of one's self and control of others. The police culture also emphasizes the importance of emotional control. Because no service member, however strong and well prepared, is immune to stress, the prevention of stress injuries and illnesses requires continuous mitigation of the stressors to which individuals and units are exposed (Nash, 2011). Evidence-based approaches to stress reduction are sorely needed to address the complex variety of problems that police officers face (Hartley et al., 2011). Some have suggested that law enforcement is a professional environment that encourages emotional detachment from others as well as disassociation from their own feelings (Waters and Ussery, 2007). The unrealistic expectations imposed by this culture discourage officers from admitting to stress reactions and symptoms promoting strong resistances among this population (McCraty and Atkinson, 2012).

While additional research is needed to explore the potential effects of a longer-term music therapy group, the results of this initial investigation suggest that in the 8 session's intervention decreased levels of stress and emotional expression. In addition police officers could potentially benefit in a wide range of capacities. These potential benefits include self-awareness, feelings awareness, relationships improvement, self-stigma attenuation, improved work climate and organizational effectiveness.

This music therapy group worked as releasing feelings opportunity and music gave voice to what was still inaudible (Psaltopoulou, 2015). Music functioned as a bridge over which aspects of the self normally not heard from, crossed over into consciousness where they were experienced, related to, and eventually integrated (Austin, 1996). Police officers familiarized how to and to express their inner self and suppressed emotions. Throughout the literature positive associations of music therapy practices such as awareness, emotional expression, levels of stress management, including law enforcements may be found (Bensimon et al., 2008; Kim & Kim, 2017). The positive correlation identified between stress and music led to the current study's investigation of music therapy and police officers.

In this study it was found that there are positive correlations among relationships and music, music therapy group effects and stress, feelings and duty, self-stigma and duty. Positive effects on emotional expression and regulation have been identified. The current study design allows for a more comprehensive understanding of the effects of music therapy within police officers that may create new opportunities and openness to the development of resources and learning.

One possible approach in future might be open music therapy interventions. Community policing need programs that are not militarized, but instead allow for creation, autonomous problem solving and communication (Birzer, 2003). Police officers may express their stress after their shift and their feelings or learn to be aware of their inner emotional changes. By adjusting their cognitive perspective and increasing their coping skills they may build self-confidence in handling external, stressful situations. Music therapy-based interventions have been shown to enable emotional expression, decrease stress levels, decrease fatigue, and enhance motivation.

Alvin (1967) states: "When a patient joins a music group in which he becomes socially and emotionally involved, the activity ceases to be recreational. The group creates allegiances, and even if it is run on a very permissive basis it demands from each of its members acceptable music behavior" (Alvin and Warwick, 1967).

According to Stake, an intrinsic case study is undertaken because, rather than wanting to know what it is a case of, one wants a better understanding of this particular case. "It is not undertaken primarily because the case represents other cases or because it illustrates a particular trait or problem, but instead because, in all its particularity and ordinariness, this case itself is of interest" (Stake, 1995, p.445).

The present research fits most easily into this form of case study because the underlying purpose was to explore the therapeutic potentials of group music therapy for a particular group of police officers. In this way, the present research does not seek to generalize its findings. It must be considered as a non pharmacological, simple, economic and non invasive preventive tool. This study contributes to the development of a model that aspires to elucidate music therapy and workplace interactions; as well, it has implications for music therapy practice in organizations. The short-term nature of the music therapy group indicates that it can be considered a cost-effective approach for police departments (Wilson et al., 2001) interested in providing for the psychological well-being of its officers.

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Appendix

The Sessions

Stage One: Goal-Setting Activities /Sessions 1-2

The initial contacts between the music therapist and individual members focused on establishing a foundation for therapy (James, 1986). During the interview as also at the introduction of the first session the music therapist oriented the entire group to the format and rationale of music therapy. The exploration of the instruments and discussion of initial questions in the group situation clarified the role of the music therapist and began the process of fostering group cohesion.

Session 1

The music therapist offered ways by which the members could experience music (singing, song writing, listening, drawing with music, dancing) during the music therapy sessions. Members accepted the invitation or the music therapist to experiment with the instruments. A member who already knew music suggested introducing a rhythm. He played an ostinato on the calimba offering an accurate foundation stability for the group. The music therapist supported his music by playing on djembe a steady beat. Soon more members took part in the improvisation creating a polyphonic sound. The group played only rhythmic instruments, finding basic beats very quickly but playing without dynamic changes. After the 1st improvisation Participant 2 suggested the music therapist to initiate a new tempo. Participant 8, had another opinion and suggested Participant 2 to initiate. Participant 2 rejected his suggestion replying: *“Everybody can play whatever he wants”*. Participant 8 seemed frustrated for not being heard. He soon withdraw, avoiding to get involve for a while.

Then, the members suggested music therapist to initiate a new tempo. The music therapist played a stable, dynamic tempo of a parade on a hand drum, in order to offer stability and a “safety place”, imitating the beat of the heart and suspecting that the military

and steady sound would promote security and familiarity to the members providing support.

At the end members interacted verbally sharing their experiences. All of them seemed focused. A member parallelized the group with an image from their daily life as a police officer; all the others recognized same feelings and laughed, as it seemed fun.

As the session was about to finish members agreed to sing and play music together, familiar songs “Vre melachrinaki”.

Session 2

“As for group therapy, Alvin took a developmental view of client readiness. Before being place in an active music-making group, clients should have attained musical self awareness and a psychological readiness to begin working in a group” (Alvin, 1975, as cited in Bruscia, 1987, p.77). For that reason, as also it couldn't be organized differently from the Agency before the sessions start and because of the research's timetable, at the 2nd Session, the music therapist gave space, time and guided an activity so that the member's be encouraged for interpersonal identification and relatedness.

Members seemed to enjoy the opportunity to explore within and connect. In the course of time they expressed themselves more freely. Then, they shared their experiences.

Participant 2 : *“Great! Perfect! I wish our life was like that”*

Participant 6: *“Little awkward... doing things that seems out of order...it was strange at first...then I relaxed and I enjoyed”*

Participant 8: *“We did strange things... but you looked strange, but you encouraged us to feel free without caring if someone from the group misunderstands us. There was a connection, a mutual connection”.*

In another music exercise, while divided in pairs, members were imitating and then interacting to each, in order to create contact. Soon, the members decided to play an improvisation. Participant 8 initiated playing a motive in 4/4 at the tubelek. Soon other members took part, completing rhythmically the improvisation. They played in *mf* in a synchronized tempo. Soon the music therapist, introduced vocally a melody offering support and holding at groups improvisation. The improvisation reached a corona and then with a quick decrescendo they finished almost altogether.

Participant 2 shared: *“I liked synchronizing all of us, even if I was trying to isolate each sound, but it wasn’t easy. I felt nice..... butsomething has happened lately and I associated everything with that”*.

Participant 2 was freely invited to share. Anger and sadness about an event with colleagues during that week was expressed. The other members listened to her. They showed empathy, and supported verbally her feelings.

Participant 8, shared his experience about the common music palm. *“ I could see only the half group. I got happy playing the same rhythmic pattern with Participant 6, who with Participant 2, were holding very stable rhythm. When once I made a mistake, I could synchronize with them and get involved again. I loved when you opened our horizon as you sang, with so many colors. I didn’t felt feelings, but I felt connected to the group. Something like a team..... I feel more connected to the rhythm not the lyrics.”*

At the last sharing Participant 8 revealed: *“I feel that all of you are very nice people. Congratulations. I have understood this through music. I feel that so far through in music it’s difficult to express something mean. I feel relaxed having shared so many things”*.

Stage Two: Individual/Parallel Activities /Sessions 3-4

After the initial tasks of assessment and goal-setting (tasks related to individual needs), the music therapist devoted attention to group processes. During stage two the emphasis was not on the creative aspect of music, but its use as a stimulus to encourage interpersonal identification and relatedness.

Session 3

There was a delay at the arrival of the members. Three members that were at the room, seemed feeling hesitating and stressed to initiate music. They agreed feeling awkward to find a way to use music and spent enough minutes in silence. There are many ways to cope with stress; the therapist considering the situation, suggested some ways they could use music. After a while in the center of the room, Participant 6 and Participant 7, chose a big hand drum and putting it in the middle facing each other, improvised. The rhythms started from forte and allegro and soon became fortissimo and presto. Participant

6 played very loud and expressively. He shared how releasing of tense the hit on the drum was. Participant 7 admitted to felt connected to Participant's 6 tempo, enjoying the interaction. Both recognized a significant rhythmical motive that caused these release. Then, Participant 6 experienced a connection to his feeling. The music therapist invited him to express through music this feeling. Participant 6 start hitting loud and strongly the hand- drum till his face became red; an unstoppable playing with all the tense he could have. When he finished he shared that earlier that day while he was on duty he had a bad fight with a civilian, which made him "*mad*".

All members were listening with empathy and identified themselves in similar occasions. Their shared they recognize similar feelings and occasions. They named the improvisation "Circle of life- Chinese- Yin-Yan".

Participant 8 appreciated both of them for the nice music and recognized that they were expressing feelings.

After a while the group initiated a new improvisation. At the end participant 6 said to participant 3: "*I liked your music, but I feel you have put a curtain in front of you*". participant 3 became red and smiled. Participant 5 replied: "*I'll dare to ask, if there is something wrong for you? Because I also feel that isolation, may be something bothers you*". Participant 3 answered he was feeling tired. Participant 6 asked if he felt music helping him when they were improvising in dyads as also if he felt as a member of the group. Participant 3 replied that there was no shape to the music so he felt confused. Participant 6 made a joke about his previous event, "*Did you have such a same civilian at job today?*" They all laughed.

After a 4 min. silence participant 6 started playing the hand-drum and singing a familiar happy song. All of them got the rhythm and synchronized playing together.

At this session Participant 8 took more dominant role by introducing activities. Additionally, he suggested playing with eyes closed. Was he unconsciously testing if the therapist would give her "chair" to him or disabling her? Later he took again the leader role suggesting the group new songs.

Session 4

As it was St. Valentine day members suggested writing a song about love.

MT: *How would this sound like?*

Participants offered verbally some ideas. The music therapist improvised on flute blues scale, reflecting and supporting the requested theme. Members said they liked it and suddenly, they added lyrics and improvised while music therapist was playing. They were adding lyrics while MT was playing, making corrections wherever they didn't like the music. For example, playing one 8ve higher than expected and they were correcting the right tone. Then, after having the initial melody in memory, they improvised lyrics and music at the same time. Music therapist continued offering music supporting the lyrics and participants emotional state. Participants completed the song writing and a participant suggested dancing. The rest group stood up too and sung together. Members seemed enjoying the sharing phrases and music seemed to orient the group to one another, set parameters for sharing, created a focus on emotions, and familiarized the group with each other and the style of the therapist.'

The time has come

The time has come the time has come lets sing all together
 young and adults young and adults live now every moment
 pick up the hand drum pick up your mood make it happen dance crazy
 Leave the problems and all dilemmas realize the meaning of life
 love is a crazy passion it burns you it turns you of it brings you to God

Earlier that day Participant 6 had arrived (30' after the session has started), about to start the song writing. Participant 2 suggested Participant 6 to express an idea for the song. He replied "*No...I feel a denial today*".

Participant 2 complained in high pitch voice: "*Why are you in denial? I can't stand it*".

Participant 6 answered: "*I am not in the mood to be very active today....*".

Participant 2 empathized: "*oh my sweet....*".

Then Participant 5 played the guitar vocalizing “*Participant 6 doesn’t want to be co-partner*”. Participant 6 laughed and corrected “*active partner, but yes neither co-partner*”. Participant 5 apologized and music therapist played on flute a descending 3rd flat as calming to previous music, feeling closer, offering holding and integrating at Participant’s 6 feelings.

Participant 4, reminded the group a previous session when someone was in a different emotional state but still accepted. All accepted that it’s ok to be and cope differently.

They all contributed in the creation, had space to add their opinions and expressed freely their thoughts or musical improvisations. At the end they seemed all accomplished and pride.

Stage Three: Cooperative Group Activities /Session 5-6

After the members had learned more about each other they focused attention on experiences which utilize cooperative efforts. Experiences which highlighted the role each member played in influencing the end result assisted in establishing cohesiveness. During these experiences members interacted more, progressing from parallel to group tasks. Specific experiences included group compositions in which individual contributions were highlighted. They provided an opportunity for members to support each other (Stehpens, 1983).

Session 5

Absents from previous session were integrated when music therapist shared on the video wall a video from previous session. The review of what happened by video seemed to have allowed missing members to have been caught up by this process. Members were laughing, enjoyed watching themselves.

Then Participant 1 improvised a new melody and suggested to get divided in two groups in order to create a new song. Members accepted and the music therapist enabled him to improvise by playing on the guitar the new notes, providing a supporting atmosphere. Participant 5, introduced a new rhythm to the process, suggesting to write a song step by step. After some suggestions, interactions and corrections members concluded to a new melody. Finally they sang it.

Session6

The session started with discussion about the meaning of the MT group. Feelings about the first session and the collective memory of the previous sessions were brought at the surface.

Then as only women had processed a feminist atmosphere was soon developed. Reflecting about Participant's 7 husband, Participant 5 said: *"How does he know what is productive for you.... It is without meaning for him.....?"*

Participant 7 replied: *"I am calm when I do it... I listen to the music...I am with myself then.."*

The music therapist took the chance to ask: *"So who can say what is meaningful for each one of us?"*

Participant 5 perceive the group as for her own wellbeing despite what others might think *"It is not a criticism... it all about respect... Respect is lost...."*

Participant 8 empathizing asked: *"Yes but have you discussed that with them?"*

Participant 5: *"mmm.... I believe that most people, I include myself are trying to use templates for others... and there we lose the "game"."*

Members agreed and talked about various options about this behavior... and how everyone in this group is handling such a case.

Participant 2 shared that sometimes she doesn't allow "other half" to express freely themselves....

Participant 6 shared about himself. He said that he usually is getting bored with activities. Being himself coming at the session looks new for him.

.....

Participant 2, encouraged the group to share what they feel whenever need to express themselves.

Then Participant 5 asked: *"when you feel somehow doesn't music helps you? Because for me, however I feel, I decide to use music to handle my feelings"*

Participant 8 talked about the initiation some members of the group use to take avoiding take the responsibility to do it for him.

“may be we can't share so easily our feelings when we hold the instruments...” Another quote of resistance, may lead to appreciate how difficult for this participant connecting with others is.

The rest of this session members listened songs from You Tube sharing afterwards the personal meaning of each song for them.

Stage Four: Self-Disclosure Activities

At this stage the music therapist facilitated the expression of feelings and emotions by clearly encouraging an open, accepting, and nonjudgmental reaction by the group members. Music was used as a nonverbal language to support the expression of feelings and emotions by individuals (stage three focused on these expressions by the group). By striving to communicate musically how anxiety and some difficult police duties feel, members gained insight and feedback from their peers. Musical role-modeling, peers musically conveying the moods of each other, and individuals specifically creating musical tone poems to convey their feelings were helpful.

Session 7

As it was carnival period members suggested dramatize a story using music with a theme close to Dionysian mystery. Participants found roles for themselves. They hold instruments and improvised freely. Soon a musical dialog and interaction created, seeming bringing the group feelings of joy and creation.

When someone dramatized his role he was playing music and others were free to support his role musically playing. Participant 8 chose Achilles, the hero of the Trojan War. Achilles even he was the greatest of all the Greek warriors, being invulnerable in all of his body, was vulnerable at his heel as his mother Thetis dipped him in the river Styx as an infant, held him by one of his heels. Alluding to these legends, the term "Achilles' heel" has come to mean a point of weakness, especially in someone or something with an otherwise strong constitution (“Achilles,” 2020). Could Participant 8 have chosen unconsciously experiencing this recreational process to heal his heel?

Members interacted creating and dramatizing a unique new story. Then, they separated in pairs and incorporating one more scenarios to the first one. Musical elements of cymbals, triangles, hand drums, shakers and mystery playing supported the scene.

That day, Participant 1 who had come delayed seemed not affecting somehow the “demigod”.

Stage Five: Group Problem-Solving Activities

Music therapy groups which progress to stage five reflect most of the characteristics of cohesive groups. Verbal interactions reflect honesty and openness. At this stage research ended, so that more results couldn't be extracting.

Session 8

Avoiding referring to the closing session, members started sharing some experiences and thoughts about the strict rules of the Police. They agreed that lately Police is getting improved, respecting the differences of each person. As nobody “dared” to admit it was the last session, music therapist asked: *“Well, how would you like to use music in our last session?”*

Participant 2 suggested dancing. The others changed the discussion in daily issues. Participant 8 suggested creating a group in viber; Participant 7 agreed.

Music therapist challenged the group: *“The music therapy group is us here.... What makes you want something like that?”*

Participants confess they would miss the group.

All of them shared their experiences of the group. Most comments included happy feelings and pleasure during the sessions. Though the music therapist integrated verbally also the difficult feelings, making connections with some experiences all this period in the group.

Participant 5: *“It's nice... like a journey...”*

Participant 2: *“Come guys.. let's dance”*

Then they decided sing familiar songs, already known to most of them. This was a positive and safe way for the closing, as it connected them to the already known, without letting too much expectation on new openings and possibilities. It brought them back closer to previous experiences with music. The songs they decided to sing were using major scales and describing positive situations. They consciously avoided singing sad songs.

However, there couldn't exist a musical recipe for all people (Psaltopoulou, 2015).