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The Effect of Music Therapy on the Emotional Expressivity of Children and Adolescents Who Have Experienced Abuse or Neglect

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THE EFFECT OF MUSIC THERAPY ON THE EMOTIONAL EXPRESSIVITY OF CHILDREN AND ADOLESCENTS WHO HAVE EXPERIENCED ABUSE OR NEGLECT

By

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“For you, o Lord, have made me glad by your work;
at the works of your hands I sing for joy.”
Psalm 92:4
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ABSTRACT

The purpose of this study was to determine the effect of music therapy on the emotional expressivity of children and adolescents who have experienced abuse or neglect. All participants (N=22) had been removed from their homes and placed in group foster homes. Female participants were randomly assigned to control and experimental groups. Due the request of the foster guardians to not separate the male participants, the males in this study served as their own control in a pre-test, post-test wait-list control design. Treatment interventions consisted of lyric analysis, songwriting, improvisational instrument playing, and musical games in which participants were asked to encode and decode various emotions. Assessment measures included the following: the Emotional Expressivity Scale (EES; Kring, Smith, & Neale, 1994): a 17-question self-report measure in which participants read and rated statements about their emotional expression on a 6-point Likert scale; observational ratings by an expert panel of judges, who rated both the degree and appropriateness of participants’ videotaped emotional expressions (happiness, sadness, anger, disgust, and surprise); and a post-session questionnaire for foster parents to determine whether they perceived any effects the music therapy treatment had on the participants. Results indicate a statistically significant difference in EES scores between control and experimental conditions, and an increase in both the degree and appropriateness of all five emotions expressed by participants in the experimental condition, several of which were statistically significant.
CHAPTER 1
INTRODUCTION

Emotional expressivity is a set of skills that is closely associated with individuals’ social success. Emotional expressivity is a means of communication encompassing facial affect, gestures, and vocalization—which includes words, tone of voice, and vocal inflection. The measurement of emotional expressivity is accomplished by a variety of means in extant research literature. Professionals who specialize in nonverbal communication have developed several systems by which to code facial affect. The Facial Action Coding System (Ekman, Friesen, & Hager, 2002), abbreviated FACS, has been shown to produce valid and reliable measurement data and has been used extensively in the research literature since its introduction in 1978. FACS requires observers to be specially trained and certified, in an effort to ensure reliability. Likewise, there is consensus among nonverbal specialists substantiating the assignment of specific meanings to gestures within different cultures. In order to measure emotional expressivity, it is common practice for researchers to compose lists of nonverbal and verbal criteria (gestures, words relating to a theme), creating a rubric of sorts, which lists serve as the standard of appropriate responses for a given situation or event. Other coding systems have been introduced, but FACS seems to be the most comprehensive and the most commonly studied of the existing facial coding systems. The Handbook of Emotion Elicitation and Assessment defines another way in which emotional expression can be assessed: the cultural informant approach (Coan & Allen, 2007). The cultural informant approach involves a panel of experts who are culturally sensitive to the population being examined. The responses of the participants are usually video recorded and subsequently rated on a Likert-type scale by the panel. The third approach to measurement of emotional expressivity is self-report of the participants on a Likert scale. Self-report
measures do not yield data as strong as more objective behavioral observations. However, in their investigation of emotional expressivity, Kring, Smith, and Neale (1994) developed a useful self-report measure called the Emotional Expressivity Scale. The Emotional Expressivity Scale is a 17 question self-report questionnaire that Kring, et al. (1994) found to be a valid instrument that shares moderate correlation with expression ratings by others. The EES (Kring, et al., 1994) has shown a significant difference between gender scores in populations where there are no trends of emotional deficits.

Correlations of Emotional Expressivity and Children

Emotional expressivity has shown correlations with being liked by peers (Sabatelli & Rubin, 1986), and that this phenomenon occurs apart from characteristics of physical attractiveness (Riggio & Friedman, 1986). Boone and Buck present a strong case for emotional expressivity as an important factor projecting trustworthiness and increasing cooperation with others (2003). There is an immense need and therapeutic significance for teaching appropriate emotional expressivity to children who have experienced abuse or neglect and have been removed from the home. Often, children who’ve experienced abuse or neglect develop coping mechanisms- such as detachment, disassociation, or self-mutilating behaviors- to help deal with the pain of maltreatment (Samantarai, 2003).

Children in the child welfare system also show higher correlates of externalizing disorders (Pilowsky, 1995). The DSM-IV-TR divides externalizing disorders into three distinct diagnoses: Attention-Deficit/Hyperactivity Disorder, Oppositional-Defiant Disorder, and Conduct Disorder. Externalizing disorders are the most commonly diagnosed childhood disorders and account for about half of all children in treatment (Kazdin, 1995). Children with externalizing disorders often break rules, are angry and aggressive, impulsive, overactive, and inattentive. A child’s age is important to consider in relation to the timing as well as the nature of rule violations. All children break rules, but children with externalizing problems break rules of a more serious nature and violate rules at a younger age than what is developmentally typical (Loeber, 1988). Externalizing behaviors tend to occur together; however, different clusters of behaviors have been
identified with respective implications for their etiology, diagnosis, and treatment. Externalizing disorders are often comorbid with other disorders as well. For example, about 25% of children with ADHD and ODD also have a learning disability (Schachar & Tannock, 2002).

Deficits in emotional expressivity play a vital role in the diagnosis of behavioral disorders such as ODD and CD. Young people with antisocial tendencies do not readily recognize sadness or fear in the facial expressions of others (Blair et al., 2001). Similarly, a lack of emotional response may be an early indicator of a lifelong pattern of rule violation (Frick, Bodin, & Barry, 2000). When a pattern of antisocial behavior is established during childhood, environmental factors perpetuate the behavior. Often these children do not acquire social skills that enable them to exhibit responses that are more appropriate than behaviors such as lying, cheating, and stealing. Once the opportunity to develop these social skills is lost during childhood, they may never be learned and these children become progressively entrapped by the repercussions of earlier choices.

Children that have experienced abuse or neglect and have been removed from the home are at risk of perpetuating the behavior of their parents, although it is clear that other factors effect the presence of maltreatment in multiple generations of a family (Herzberger, 1990). Michael Rutter, an international authority on the epidemiology of child psychopathology, identifies six family predictors of behavior problems among children in his Family Adversity Index (1999): low income, overcrowding in the home, maternal depression, paternal antisocial behavior, conflict between the parents, and removal of the child from the home. According to Rutter, the risk for externalizing disorders did not increase substantially with just one family risk factor present, but with two factors the risk increased fourfold. The combination of an impulsive temperament with any one of the six family predictors of behavior problems may result in ODD and eventually CD (Rutter, 1999). In fact, youth with an impulsive temperament have unusually high rates of juvenile offending when they grow up in poor versus well off neighborhoods (Lynam et al., 2000). After age three, from 2 to 10 times as many boys have an externalizing disorder than girls (Keenan & Shaw, 1997). Clearly, biological,
psychological, and social factors interact to cause externalizing disorders in children. Approximately half of all children with ODD or CD continue to display antisocial behaviors into adulthood (Kazdin, 1995). Antisocial behavior beginning during adolescence is more likely to be transient than antisocial behavior that begins during childhood (Moffit, 1993). The later the onset of problem behaviors, the better the prognosis. Therefore, the need for prevention and early intervention is obvious when one considers the correlations of expressive deficits and risk factors present in the lives of children who have experienced maltreatment.

Statement of Purpose

The purpose of this study was to investigate and compare the effectiveness of music therapy and no treatment on the emotional expressivity of children and adolescents who have been abused or neglected and removed from the home.
CHAPTER 2
REVIEW OF LITERATURE

Emotional Expressivity

The expression and regulation of emotion are vital components of social interaction. From an early age, individuals use coping mechanisms to regulate their emotional expression (Fabes, Eisenberg, Karbon, Troyer, & Switzer, 1994). There are clearly many factors that influence one’s disclosure of emotion, including audience, age, and gender (Zeman & Garber, 1996; Cole, 1986). Indeed, social context also plays a large part in what is expressed and to whom, which is shown aptly through Functionalist theory by Zeman and Shipman (1998). Raver (2004) fittingly showed two more factors affecting display rules, which are subculture and socioeconomic status. Attachment relationships are another consideration when examining the expression and regulation of emotion, as Cassidy (1994) explained. Cole, Michel, and Teti (1994) asserted that the dysregulation of emotion is a vulnerability of character, which can make one’s life unnecessarily difficult. On a daily basis, critical judgements are made on the appropriateness of one’s behavior, and the degree of one’s success is contingent upon the verdict.

Professionals must be able to quantify the appropriateness and the degree of one’s emotional expression, which requires a valid and reliable scale or system of measurement. Tassinary and Cacioppo (1992) identified the most sensitive method of measurement as facial electromyography (EMG), because it detects action potentials in facial muscles that do not necessarily become overt movement if one exerts a conscious effort to control facial expressions. Another promising system of measurement is three-dimensional computerized image analysis. In their study of asymmetries in emotional expression, Nicholls, Ellis, Clements, and Yoshino (2004) used one such program that gave precise measurement of each facial expression by comparing that image with a
neutral, or baseline, expression. Obviously the most comprehensive data will result from complex computerized technology; however, until this technology becomes more available, its use is impractical. More reasonable is the observation and rating of emotional expressivity by people. Tucker and Riggio (1988) stated that not just anyone can provide valid data, however, as social skills have a large affect on the ability to accurately encode and decode facial expression.

There are clearly many issues present with the judgement of facial expression, such as differing perceptions of what is appropriate expression, the skill of the observers in both recognizing and accurately identifying facial action, and the reliability between observers as discussed by Rosenberg and Eckman (1995). Paul Eckman (1995) developed a method by which a panel of specially trained observers can rate facial expression using his Facial Affect Coding System (FACS). Observers must receive FACS training from an approved source and demonstrate adequate reliability in order to serve as a FACS observer. FACS has been substantiated as a valid and reliable system of measurement of emotional expression (Pell, 2005). Due to constraints of time and availability of nonverbal experts, ratings of emotional expressivity in this study were conducted by a panel of expert judges on a Likert scale. This system of measurement seems to be appropriate considering the functionally therapeutic purpose of this study, as the participants are judged on the overall appropriateness of their emotional expressivity. Although ratings of an expert panel yield data that is not as strong as facial EMG and a coding system such as FACS, these scores are generally acceptable when considered with their limitations.

Another topic given considerable attention among researchers is that of emotional intelligence. This concept has been defined in various ways, from the exclusionary “all those positive qualities that are not IQ... character,” (Goleman, 1995), to “an array of non-cognitive capabilities... that influence one’s ability to succeed,” (Bar-On, 1997). Mayer and Salovey (1997) developed a more narrow model of Emotional Intelligence and define emotional intelligence theory as:
the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth. (p. 3)

This model is also substantiated empirically by Mayer, Salovey, and Caruso (2004), as they show the development of Emotional Intelligence over time and the correlations of Emotional Intelligence with important life skills, using a valid & reliable system of measurement called the Mayer Salovey Caruso Emotional Intelligence Test, or MSCEIT. Matthews, Roberts, and Zeidner (2004), however, present a limitation of the MSCEIT: almost all criteria are based on self-report measures. Despite critical assessments of the fractured beginnings of Emotional Intelligence theory (Brody, 2004; Zeidner, Roberts, & Matthews, 2004), the refined construct of Emotional Intelligence theory holds justifiable importance and, after further empirical research, may even hold promise in predicting behavior (Gohm, 2004). David Morand (2001) found that the Mayer-Salovey Emotional Intelligence model and system of measurement held construct validity with related types of tests. Organizational research has shown the value of Emotional Intelligence in several studies (Jordan, Ashkanasy, & Härtel, 2006). Emotional Intelligence has high correlations with job performance and effective leadership (Côté & Miners, 2006; Mandell & Pherwani, 2003). Social-emotional learning is clearly an important part of development, and includes skills that one must use throughout life.

The use of appropriate emotional expressivity shows correlation to various measures of social success, while the lack of both emotional expressivity and emotional regulation can cause great difficulty in one’s life. Bonanno, Papa, Lalande, Westphal, and Coifman (2004) substantiated the popular claim that the ability to both increase and decrease emotional expression can, to a statistically significant degree, forecast one’s long-term social success. Emotional expressivity holds notable correlations to the adaptation of persons experiencing grief or loss, in marriage or other long-term relationships, and for individuals experiencing chronic mental illness (Keltner, Kring, &
Bonanno, 1999). Boone and Buck (2003) present an interesting assertion through their review of extant research, stating that studies may indicate a correlation between one’s emotional expressiveness and the degree to which that person is trusted by others. Levels of expressivity can predict empathetic responses and other prosocial actions, with a correlation coefficient of .60 (Roberts & Strayer, 1996). Domain, or the setting in which emotion is displayed, has a large effect on the manner in which disapproval and anger are conveyed; responses are far more direct in one’s home when compared with the workplace (Lively & Powell, 2006). Hamann, Lineburgh, and Paul (1998) found that emotional expression, regulation, and sensitivity were all significantly correlated to the effectiveness scores of pre-service teachers. Despite the early findings of Eckman (1975) that the “big six” emotions (happiness, sadness, fear, surprise, anger, and disgust) were relatively standard across multiple cultures, there are nuanced differences that exist which can cause problems in daily interactions (Marsh, Elfenbein, & Ambady, 2003). Hugenberg and Bodenhausen (2004) showed tacit racial prejudice in the categorization of facial affect, by a greater number of generalizations of hostility to African-American models of facial affect. A gender bias also exists, exhibited by doctors’ reports of female patients as more inclined to psychosomatic issues and as being more demanding on their physician’s time, in comparison with male patients (Bernstein & Kane, 1981). In his review of the research surrounding social skills and children with learning disabilities, Maurice Elias (2004) found that there is substantial evidence to corroborate the fact that children with Learning Disabilities often have difficulties with identification or regulation of emotions, and often cannot recognize their own strengths and weaknesses in this regard. While the lack of emotional expressivity is highly correlated to various social problems, no distinct causal relationships have yet been proven.

Factors Affecting Emotional Expressivity

Both genetics and environment are important factors that affect an individual’s emotions and expressiveness. Studies of identical twins are the gold standard of genetic research, because they allow researchers to view individuals with identical genetic makeup in both the same and different environments. Most twin studies are also
conducted over a long period of time in order to take into account the developmental concerns associated with the variables that are being studied. One such twin study has shown that genetics play an important role in one’s response to stress & in the emotions of persons with severe psychiatric disorders (Gabbay, 1992). Another longitudinal twin study by Robert Emde et al. (1992) showed that several dimensions of personality were significantly linked to genetic factors, including behavioral inhibition and observed empathy. Thomas Bouchard Jr. (2004) conducted a survey of extant research examining the effect of genetics on psychological traits and stated that the standard findings indicated that genetic influence ranges from forty to fifty percent. Several correlations have been found between parental characteristics and children’s emotional functioning. Dispositional sympathy of the same-sex parent was related to children’s vicarious emotional responses, suggesting that children of sympathetic parents are more likely to display appropriate levels of arousal and distress in response to emotional stimuli (Eisenberg, Fabes, Schaller, Carlo, & Miller, 1991). Parental empathy was highly correlated to children’s adjustment and social competence (Zhou, et al., 2002). Another investigation within the same longitudinal study found that parents who express more positive emotions around their children increase the child’s level of ego control and decrease the child’s level of emotional expressivity (Eisenberg, et al., 2003).

Fabes, Leonard, Kupanoff, and Martin (2001) report that parents who are distressed and lack functional coping styles have particular difficulty when their child displays negative emotions, and these parental reactions increase the child’s expressive intensity. More structured parenting styles are related to a child’s use of less aggressive coping mechanisms, according to Hardy, Power, and Jaedicke (1991). Aggression in marital conflict that is observed by the child can increase that child’s aggression in other interactions, such as with peers and teachers (Jenkins, 2000). Despite the myriad of genetic and environmental factors that complexly contribute to the expression of emotion, individuals generally communicate within the bounds that are acceptable in their society.

Every society maintains a set of expectations for social interaction which are based on one’s age, level of development, and culture. Eisenberg, Fabes, and Murphy
(1996) propose that the socialization of emotion is viewed as a more prominent function of the mother than the father. This assertion stands to reason since maternal figures are generally present with their children for longer periods of time, particularly during the first few years of life. A study of infants from two-and-a-half to seven-and-a-half months indicated a decrease over time in the expression of negative emotions (Malatesta, Grigoryev, Lamb, Albin, & Culver, 1986). Eisenberg, Cumberland, and Spinrad (1998) indicate that parents’ negative reactions to their children’s expression of emotion is highly correlated with childrens’ expression of negative emotion and ratings of low social competence. The literature yields several important considerations to be taken into account regarding the effect of parents on socialization. Parental interaction and the socialization of emotion is put into a culturally sensitive framework by Jones and Garner (1998), as they state “Perhaps low- and middle-income children take different routes to emotional competence that involve socialization behaviors other than the ones most often used by middle-income parents,” (p. 299). Zahn-Waxler, Klimes-Dougan, and Kendzioria (1998) integrate etiological findings from psychopathology to inform that, although parents clearly have an influence on their children’s expressiveness, a causal relationship cannot be substantiated with overall social competence. Culture must also be a large factor in the socialization of the expression of emotions, as it is the framework in which individuals live, learn, and function (Eisenberg, Spinrad, & Cumberland, 1998). Parents teach their children how to display emotion and clearly play a strong role in the socialization of expressivity.

In addition to the home, another place where individuals learn the display rules of society is in the school environment. Despite the obvious and inevitable effect of teachers on the emotional socialization of their students, a surprisingly small amount of research exists that examines this relationship; however, teachers do make an effort to incorporate socio-emotional learning into their academic curricula, and a few instances of this effort are documented in the research journals. For example, one practice of English teachers which is increasing in popularity is to evoke emotional expressivity through having students engage in online journaling, where they can explore different aspects of
themselves and use a variety of mediums for expression (Guzzetti & Gamboa, 2005). Another more common practice among English teachers is having students perform rehearsed poems in front of a class, which necessitates empathy in sharing the feelings of the author (Athanases, 2005).

A further way in which the school environment extends the socialization of emotional expressivity, for better or worse outcomes, is that teachers and peers make judgements about students based on subconscious observation of social displays. Yael Babad, Alexander, and Elisha Babad (1983) found that teachers deemed students who smile more to be more socially competent. Peers’ likability ratings are also affected by their affective display. Children who express higher levels of negative emotion tend to be liked less by their peers, according to Denham, McKinley, Couchoud, and Holt (1990). Hubbard (2001) found that peers were able to reliably identify more aggressive children and rated them lower in likability measures. Subconscious labels often perpetuate peer rejection and children who are rejected may develop coping mechanisms that are antisocial. Tobin (1995) asserts that the pedagogy of self-expression within our school systems is lacking, because it does not include the opportunity to develop intuiting aspects of self discovery at an early age, such as the development of empathy. There is much to be done in the school systems to integrate social learning within the curricula.

**Emotional Expressivity of Children**

Extant research has repeatedly shown that social skills are largely developed during the first few years of one’s life. Malatesta and Haviland (1982) studied gains scores of infants from three to six months and found that a large part of the socialization of emotional expressivity takes place by the sixth month of life. Mumme, Fernald, and Herrera (1996) illustrate that vocal cues, in addition to facial signals, may be necessary to manage infant interactions at twelve months of age. Malatesta et al. (1989) found that gender differences in the expression of emotions were more pronounced in the second year than the first, which suggests that gender roles and differences are strongly influenced by environmental factors. Their study indicated that mothers use more expressive affective display when communicating with daughters in comparison to sons.
By two years, children demonstrate evidence of emotional regulation and resilience (Cole, Barrett, & Zahn-Waxler, 1992). Field and Walden (1982) report that there is a significant correlation between teachers’ ratings of the frequency of their students’ positive emotional expression and students’ IQ scores, but they warn that a causal relationship is unclear. Evidence suggests that children’s general affective style effects others’ performance of prosocial behavior, as well as their receipt of it (Lennon & Eisenberg, 1987).

Zahn-Waxler, Friedman, Cole, Mizuta and Hiruma (1996) investigated cultural differences between Japan and the United States, and found that American mothers were more likely to encourage emotional expression in their children, and were more likely to express both positive and negative emotions, including anger and aggression. Without normative interactions during this crucial period of development, children have no basis for establishing relationships and defining appropriate social interactions.

Children who have experienced maltreatment can display deficiencies in social skills and alternative cognitive processing. It was found that the experience of maltreatment in infancy is significantly associated with the development of insecure attachment, which symptoms continue at least through the toddler years (Barnett, Ganiban, & Cicchetti, 1999). Maughan and Cicchetti (2002) investigated the emotion regulation patterns of both maltreated and nonmaltreated children aged four to six, and discovered that children who had experienced maltreatment displayed dysregulated emotion patterns at 80%, compared to the rate of 37.2% of their counterparts. A longitudinal study examining the relationship between maltreatment, aggression, and peer rejection indicates a developmental pathway with significant correlation between maltreatment, aggressive behavior, and peer rejection, in that order (Bolger & Patterson, 2001).

Alessandri and Lewis (1996) discovered two differences between maltreated girls and boys. The first was that maltreating mothers were significantly more critical of their daughters through both verbal feedback and negative affect. Second, girls who had experienced maltreatment showed significantly more shame when unable to complete a
difficult task and significantly less pride when any task was completed. Another study indicated that children who were identified as either aggressive or depressed by peer nomination and teacher ratings were more likely to assign hostile intent to another person within a negative situation (Quiggle, Garber, Panak, & Dodge, 1992). Pollak, Cicchetti, Klorman, and Brumaghim (1997) found that children who have experienced maltreatment use alternative information processing in response to negative experiences. In their review of research investigating lateralization and functioning of the brain, Heller, Nitschke, and Miller (1998) found that a lack of right posterior brain activity was significantly correlated to inaccurate analysis of emotional information. Alternative treatment methods are necessary for populations who do not process social information in a typical manner.

The Arts and Emotion

The arts are natural modalities through which humans express their emotions. Within the field of dance, scholars have defined the process by which expressive movement is produced as classical expression theory. Franko (1992) defines classical expression theory as expressive movement that comes from one’s inner feelings. In a review of extant literature, Alter (1997) relays students’ views of the benefits of dance education, citing that it gave “freedom and joy; it gave them a chance to express themselves, and a feeling of being unified. Performing was exciting, risky, lifted them to another plane, gave them a natural "high," and thus, provided its own rewards” (p. 72) Expressive movement can provide an alternative outlet to release anger and aggression, instead of using physical violence to release those negative energies.

In the domain of visual art, Bresler (1994) puts art education in a functional context as she advocates for an expansive paradigm that incorporates different ways of thinking. Burton (2000) takes this idea a step further, explaining that art provides students with opportunities to analyze themselves through images that are associated with their unique culture and experience. Two other studies have shown a therapeutic element within art education. Henley (1991) highlights case studies in which students used visual art to express feeling through the depiction of objects in their environments. This
opportunity provided students with a safe, aesthetic outlet in which they could express their feelings. In the second article, Kemp and Cupchik (2007) examined how the subject matter of paintings affected the participants’ affective responses. They cite two principles based on their findings: “viewers... prefer artworks that (1) evoke moderate states of stimulation and (2) achieve an optimal balance between personal meaning of the subject matter and appreciation of the stylistic properties” (p. 72). Clearly, visual art and dance can be used effectively to teach and elicit emotional expressivity.

Music and Emotion

Both the creation and performance of music serve as a channel for the expression of one’s emotions. Robert Woody (2006) found that musical modeling of concepts served as an effective means of communication and, according to student reports, a tool for transfer. Musical elements assist in the identification of emotions as they are expressed. A study by Juslin and Madison (1999) indicated that as expressive tempo changes were removed from recorded musical performances, listeners were less likely to accurately decode the emotion expressed. Bresin and Friberg (2000) provided further evidence that musical elements transfer to emotions. Using a computer program called Director Musices, they assigned emotional meanings to corresponding characteristics of music, such as tempo, timbre, texture, and tonality. The Director Musices program was able to produce musical performances that musicians were able to decode into different emotions (p. 44). Levy (1970) identified compositional techniques that evoke excitement in a listener, such as attaching a tail to each musical phrase, and a consistent variance of the melodic motive (p. 10). Music not only expresses the feelings of the composer; it can also elicit a response from an audience.

Music can evoke emotional responses in active listeners. Music provides a constant auditory cue which elicits arousal and affective responses from listeners. Madsen (1997) explained, however, that non-musicians would likely require a task while listening to keep them focused. Verbal reports are a useful tool in analyzing children’s aesthetic experiences with music (Paul, 2008). Schubert (2007) highlighted the difference between the external locus of emotion, or what is perceived, and the internal locus of
emotion, or what is felt, and states that separate measures are necessary for accurate analysis. Because music is clearly associated with emotional responses, it can be an effective medium to address emotional goals in therapy.

In addition to eliciting emotional responses, there is further evidence to suggest that music can be a useful tool to assist in cognitive processing. Besson, Faita, Peretz, Bonnel, and Requin (1998) examined the cognitive processing of participants as they listened to opera excerpts sung a capella (i.e., without instrumental accompaniment). The event-related potentials were measured using an electroencephalogram (EEG). Listeners demonstrated separate and simultaneous cognitive processing of lyrics and melody. Aniruddh Patel (1998) acknowledged these distinct processes, but his research showed evidence that there is a shared aspect present. He stated, “linguistic and musical syntactic processing rely on distinct cognitive operations, but structural integration in both domains relies on a common pool of neural resources” (p. 39). Facial expressions were observed in the perception, planning, production, and post production of emotional singing (Livingstone, Thompson, & Russo, 2009). Because music is processed throughout the brain and provides opportunities for visual, auditory, and kinesthetic engagement, it is an ideal medium for therapeutic intervention.

**Music Therapy & Emotion**

Music therapy has been shown to be an effective treatment in addressing a variety of clinical goals relating to emotion. Music serves as a powerful tool that can cross cultural bounds. Kwoun (2009) found that Americans and Koreans, aged from 18-77, were generally able to decode the basic emotional content of music, suggesting some degree of universality of emotional expressivity through music. Darrow (2006) mindfully stated that students with moderate to severe hearing loss may not be able to decode emotion from music as easily as students without a hearing loss, but provided possible adaptations to music that would increase its accessibility. Darrow (2006) goes on to emphasize the importance of using music with children of all populations because, despite minor limitations, music can be an excellent vehicle for the therapeutic development of appropriate expressivity.
Music therapists create opportunities for and encourage emotional expression. Music therapists are specially trained in music, nonverbal communication, and therapeutic techniques, in order to effectively elicit an emotional response from a client. Gilboa, Bodner, and Amir (2006) cite that music therapists undergo emotional training in their educational work, where they learn to create a safe space and supportive musical background to encourage emotional expression through music.

Several assessment tools relating to emotion have been developed in the field of music therapy. Priestley (1994) developed a “map of emotional territory,” which is a conceptual framework that is useful in therapy sessions, but was not designed for effectiveness measurement or research. Additionally, Madsen, Madsen, and Madsen (2009) created a valid measure by which music therapists can monitor the emotions of adult clients to help ensure their clinical effectiveness. Walworth, Register, and Engel (2009) discovered that the SCERTS model, or Social Communication, Emotional Regulation, and Transactional Support model, is a valuable therapeutic curriculum designed for use by a multidisciplinary team to assess and identify treatment goals for clients with Autism Spectrum Disorder. The Special Education Music Therapy Assessment Process (SEMTAP) was developed by Brunk and Coleman (2000, 2002) and is designed for use in the school system with students of various disabilities who possess an Individual Education Plan. Layman, Hussey, and Laing (2002) designed an assessment measure for severely emotionally disturbed children called the Beech Brook Music Therapy Assessment. The Beech Brook Music Therapy Assessment (BBMTA) measures participation during music therapy treatment, and addresses domains of behavioral/social functioning, emotional responsiveness, language/communication abilities, and music skills. The BBMTA yields inter-rater reliability of 91.5%.

In addition to the tools for assessment of emotion in music therapy, there are also ways to substantiate the effectiveness of music therapy interventions and of music therapists themselves. The effectiveness of music therapy interventions can be assessed through the Music Therapy Outcomes-Based Measurement Program (Kaplan & Steele, 2005). Kaplan and Steele measured outcomes for music therapy treatment with a variety
of populations and found significant gains in therapeutic outcomes across all clients and a
general transfer of skills learned through music therapy to nonmusical environments.
Music therapists were found to be significantly more accurate decoders of expressed
emotion than non-music therapists, according to Gilboa, Bodner, and Amir (2006).

Music has been shown as an effective treatment for physiologic measures relating
to emotion. Cevasco (2008) examined the physiological effects of mothers’ singing on
their infants and the mothers’ emotional response to the interactions. Infants born
prematurely who listened to their mothers’ singing left the hospital an average of two
days earlier than the control group, and mothers of premature babies overwhelmingly
agreed with the following statement: “knowing my infant listened to my singing helped
me to cope with my infant's stay in the NICU.” Another study that has shown music to
effectively improve physiologic measures is that of Hirokawa and Ohira (2003), who
studied the effects of listening to low- versus high-uplifting music after a stressful task,
and looked at immune functions and hormonal responses. They found that both
conditions had positive yet different effects on the body. The use of preferred music was
shown to reduce reports of emotional stress during radiation treatments (Clark, et al.,
2006). Patients living with schizophrenia who received treatment through music
relaxation experienced an increase in quality of sleep, a decrease in measures of
depression, and an improvement in their psychopathology score as measured by the
Positive and Negative Syndrome Scale, or PANSS (Bloch, et al., 2010). Hernandez-Ruiz
(2005) found a decrease in anxiety levels among abused women in shelters after having
received music therapy treatment. The ways in which music effectively addresses
physiologic goals continues to increase. Along with physiologic measures, music can be
used to address psycho-social goals.

Music therapists have demonstrated an ability to elicit emotional change.
Songwriting and lyric analysis are common techniques used by music therapists to elicit
emotional change (Jones, 2005). Jones (2005) compared these two techniques to see if
one would yield greater improvement in clients who are chemically dependent. Both
songwriting and lyric analysis gave significant increases in emotional change exhibited
by clients. Although there was no significant difference found between the two techniques, songwriting had a slightly higher mean score given for emotional change.

There are a few considerations that were taken into account by the examiner while using lyric analysis in this study. When analyzing lyrics, one must be aware that the meanings of the text are not always explicitly stated. Also, lyric analysis requires the ability to decipher meaning and convey the feeling that has been expressed, which skills may be difficult for children who have experienced maltreatment.

Music can serve as a tool of transfer, using the innate aspects of rhythm, tempo, pitch, and timbre to illustrate the range of emotions felt by those listening and creating it. Katagiri (2009) showed that pairing song texts with background music greatly increased emotional understanding for children with autism. Improvisation in music engages the areas of the brain that are responsible for tracking emotions—both our own and those of others (Cochrane, 2008). Opportunities for increasing emotional expressivity are presented during music activities such as lyric analysis, songwriting, and improvisation.

**Rationale for Study**

Children who have experienced abuse or neglect are not equipped to cope with, or perhaps even understand what has happened to them. Childhood is a time for learning the way the world works, and the majority of that time is spent within the home environment. Safety is a basic human need, and a necessity for any learning environment. In a home environment that denies children of one of their most basic needs, children are forced to develop coping mechanisms to protect themselves. Coping mechanisms such as withdrawal, hyper-sensitivity to verbal and nonverbal cues, and disproportionately emotional responses are formed and used by these children in every aspect of their lives (Leiter & Johnsen, 1994). Because of these adaptations, children do not learn as well as children who have grown up in a nurturing environment.

When a child’s most prominent example of our society is one that ignores, or is violent toward them, that child may develop a skewed view of how society functions. Children who have experienced abuse or neglect cannot understand that the behaviors that helped them cope at home are maladaptive in other environments like school.
Therefore, a maltreated child may view the cause of his peer rejection as ‘the way the world works,’ instead of his peers’ misinterpretation of his use of coping mechanisms. Any behavioral adaptations and cognitive conflict will continue into adulthood if they are not addressed during childhood or adolescence.

The need for early intervention is clear; the question that follows is what kinds of interventions will be the most effective? Improving and sustaining social skills is important, and music therapy can offer instances where social skills can be practiced in a safe and supportive environment (Gooding, 2009). The mode of group treatment has been shown to be beneficial with children and adolescents because there is a strong need for children to find peers to relate to, and with whom they will be accepted (McGee, Kauffman, & Nussen, 1977). Through lyric analysis, children who have experienced maltreatment can express emotions by relating to lyrics, and learn to expand those expressions with different styles and moods of music. In songwriting, the lyrics of familiar songs can also be altered to include figurative language or add personal significance. Learning to sing or play an instrument has also been shown to increase a person’s self esteem and sense of worth (Whipple, 2004). Using these techniques, the following research questions will be investigated.

Research Questions

1. Do children and adolescents who have experienced abuse or neglect fall outside the curve of normal distribution of reported levels of emotional expressivity, and if so, does this imbalance generally lean in one direction over another?
2. What is the effect of music therapy on the emotional expressivity of children and adolescents who have experienced abuse or neglect?
3. Do foster guardians perceive any difference in the childrens’ levels of emotional expressivity after receiving music therapy?
Participants

Participants included 22 children who were currently receiving treatment through either Boys Town of North Florida or North Florida Children’s Baptist Home, and all were living in a group home with specially trained foster parents. The campuses, or foster care grounds, include multiple group homes for girls and boys. These children were in the child welfare system due to experiencing abuse or neglect. All participants had been removed from their homes by the courts determination that the risk of harm to the child was too great for them to remain living there. Participants were from 10 to 17 years old, with a mean age of 15.8. Children who agreed to participate signed forms of assent and returned consent forms (see Appendices A & B) signed by their caseworkers from the Florida Department of Children and Families. Female participants were randomly assigned to experimental and control groups. Due to the availability of few male participants and at the request of the males’ foster guardians to not split the group of seven participants, the male group served as their own control. There were 15 female participants and 7 males. Fifteen of the participants were African-American, five were Caucasian, one was Latino, and one was of a blended racial background. Each group chose a house on the grounds of the foster care campus in which to meet for the tests and sessions.

Board-certified music therapists participated as members of an expert panel. To qualify as a judge for the expert panel, individuals were required to have clinical experience in music therapy practice, graduate work in nonverbal communication, and a willingness to participate in the study. Prospective judges were unaware of the purpose of the study due to confidentiality regarding the participants’ background. Three judges
were selected for the panel, and all were female, two were African-American, and one was Caucasian.

Setting

All sessions were held at the group homes of the participants. The living rooms in the various group homes were used for sessions and were large enough for a group of approximately eight people to sit and talk comfortably in a semi-circle and to move around the room. The living rooms in two of the group homes contained two couches and two chairs, and in the third group home, there were three couches. In each living room, the furniture was arranged in a semi-circle to facilitate communication within the group. For songwriting and lyric analysis activities, the participants sat on the furniture. For improvisational instrument playing and musical games, participants were allowed to use floor space or to move more freely around the room. The final sessions for each group were held in the dining room of the group homes, each of which had a large dining table where all the group participants were able to sit together.

An adjacent room was used for the video assessments for the various groups. The examiner held the camcorder to record the participants, who were approximately eight feet away. The panel of judges viewed the videotapes in a classroom at a large Southeastern university. The classroom had desks with chairs attached, a projector, and a large screen. The panel of judges sat in desks as they viewed the video assessments on the large screen.

Materials

The video camera that was used was a Canon FS300. Video assessments were transferred to an Apple Macbook OS X with iMovie. Musical instruments used in the group included an acoustic guitar, a drum set, a keyboard, hand drums, and various other percussion instruments. An iPod and portable speakers were also used at various times for active music listening and lyric analysis.

The researcher selected songs used for lyric analysis based on the following criteria: songs were from participants’ preferred genre of music, songs contain no obscene language or inappropriate themes, and some songs and artists were relatively unknown to the participants in an effort to increase listening focus. During active music listening and
lyric analysis activities, a large spiral-bound poster board was used to write on as needed. The researcher provided participants with pens and clipboards when writing was required.

**Intervention Procedures**

Participants were scheduled for a total of five group sessions, one session a week for five weeks. Each session lasted approximately one hour. Groups met in the same location at their respective times, and each full session followed the same basic outline: hello/greeting, explanation of different emotions, discussion of various ways to express the emotion, activity practicing emotional expression, discussion of the activity, and goodbye/ending. Care was taken to ensure that the information and activities in each session were the same across all groups, in order to make the intervention procedures as homogeneous as possible. The schedule for sessions is summarized in Tables 1 and 2, and a more detailed plan for the sessions is outlined in Appendix C.

**Table 1**

*Schedule of Sessions for the Female Experimental and Control Groups*

<table>
<thead>
<tr>
<th>Week</th>
<th>Experimental Group (n=7)</th>
<th>Wait-List Control Group (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-test, Introduction to emotions</td>
<td>Pre-test</td>
</tr>
<tr>
<td>2</td>
<td>Happy, Sad</td>
<td>(no session)</td>
</tr>
<tr>
<td>3</td>
<td>Angry</td>
<td>(no session)</td>
</tr>
<tr>
<td>4</td>
<td>Surprised, Disgusted</td>
<td>(no session)</td>
</tr>
<tr>
<td>5</td>
<td>Review of Emotions, Post-test</td>
<td>Post-test, Introduction to emotions</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Happy, Sad</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Angry</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Surprised, Disgusted, Review</td>
</tr>
</tbody>
</table>
Table 2

Schedule of Sessions for Male Participants

<table>
<thead>
<tr>
<th>Week</th>
<th>Sessions</th>
<th>(n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-test</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(no session)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>(no session)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(no session)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Post-test 1, Introduction to emotions</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Happy, Sad</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Angry</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Surprised, Disgusted</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Review of Emotions, Post-test 2</td>
<td></td>
</tr>
</tbody>
</table>

The first session was the same for all groups, and was composed of a formal introduction, the pre-tests, and participants filling out a form of their musical preferences. The fifth week in both schedules included the post-testing, which was the final session in the experimental group schedule and was the second session on the control group schedule. The male group followed the control group schedule, but had a final post-test after the experimental condition.

Assessment Measures

*The Emotional Expressivity Scale.* Participants were given the Emotional Expressivity Scale (EES; Kring, Smith, & Neale, 1994; Appendix D) as part of the pre- and post-tests. The EES is a self-report assessment designed to measure the level of emotional expression used by the person taking the test. The participants were asked to read and rate statements about encoding, decoding, and regulating emotional expression. Over the course of seventeen questions, participants rated how much a statement (such as “I do not easily show my emotions”) applied to him or her. The rationale behind using the
EES as a measurement was for its reliability (Kring, et al., 1994). Another reason the EES was used is the accessibility for children aged ten to seventeen.

**Likert Scale Ratings by an Expert Panel of Judges.** Judges were asked to rate both the degree and appropriateness of the participants’ emotional expressions in the video assessments (Appendices E & F). The rationale for using a panel of judges to rate performance on a Likert scale is that these ratings are meant to show the participants’ functional use of emotional expressivity within social situations. Although more intricate systems of emotional measurement exist, it is believed that expert judges can provide a fair assessment measure of the participants’ ability to effectively communicate emotions.

**Post Session Questionnaire for Foster Parents.** Foster parents were requested to fill out a short questionnaire (Appendix G) to determine whether they perceived any effects the study had on the participants, if any effects were perceived, on which participants was the difference observed, and any other comments they would like to share. One week after the final session, the examiner briefly met with the foster parent to administer the questionnaire. The answers provided by the foster parents were assessed as qualitative data and are discussed in subsequent chapters.

**Assessment Procedures**

During both the pre- and post-tests, the examiner administered the Emotional Expressivity Scale (EES) to each group separately, with the participants of each group seated and spread throughout the living room in which they met. The examiner read the directions aloud to each group and offered to answer any questions during the test. The identities of the participants were not included on the assessment forms; the top right corner of the forms included the respective group and the participant’s number, which corresponded with the order in which the consent forms were returned to the examiner. The key matching participants’ names and numbers were kept in a private file folder with other documentation related to the study. Each participant completed the EES and returned it to the examiner.

The Emotional Expressivity Scale (see Appendix D) scores were computed, ranked, and analyzed using the Mann-Whitney U test to compare the groups’ pre- versus
post-test scores. The gain scores of the experimental versus control groups were then compared using the Mann-Whitney U.

When conducting the video assessments, the examiner used a script (Appendix H) to explain the definitions of the five emotions (see Appendix I), and both the tasks to each participant before administering the video assessments (see Appendices J & K), so that every child heard the same words and vocal inflections during both the pre- and post-tests. The first task was for the participants to show each of the five emotions after a verbal cue from the examiner. The second task was to show the same five emotions within a context, or expressive story, by acting out what the protagonist was feeling as the examiner read the story aloud. The expressive story was split into two halves, one for each of the pre- and post-tests. This was done in an effort to control for habituation. The part of the story that was to be tested was read aloud by the examiner to all participants before testing. Completed video assessments were transferred onto the examiner’s personal laptop computer and placed in a locked folder that was password-protected. Participants’ names were not video-recorded.

The video assessments were transferred onto a DVD and shown to a panel of three judges. The pre- and post-tests were randomly mixed on the DVD so they were not identifiable to viewers, and a digital key was made of the DVD order so the examiner would be able to properly match and analyze the pre- and post-tests with their respective data. The panel was blind to the specific population, and to the purpose and conditions of the study. The three judges were all experienced music therapists. Each judge on the panel was given a sheet of paper with an operational definition of each emotion being tested (Appendix H) and a moment to review the definitions and ask any questions about the rating task. Judges were seated within a room approximately two feet apart, with a clear view of the video screen. Each judge rated the degree of expressivity and the appropriateness of the participants’ expressions (see Appendices E & F) from the video, with a separate sheet of paper for each participant’s tests (both pre- and post-). The judges’ ratings for each participant were compared pre- to post, and the scores of the experimental versus control groups were compared using the Mann-Whitney U test.
Data Analysis for Research Question One

Do children and adolescents who have experienced abuse or neglect fall outside the curve of normal distribution of reported levels of emotional expressivity, and if so, does this imbalance generally lean in one direction over another?

Kring, Smith, and Neale (1994), in their creation and validation of the self-report measure called the Emotional Expressivity Scale (EES), established a mean score for each gender and the standard deviation for young adults. The average female score was 66.6 and the average male score was 61.2, with both genders having a standard deviation of 12.7 points, or 6.35 on either side of the respective gender’s mean score.

Analysis of the scores of children and adolescents who have experienced maltreatment reveal that their EES scores more frequently fall outside of the normal distributional curve. Additionally, these outlying scores occur on both ends of the curve. The mean pre-test score for females was 64.3, approximately two and-a-half points lower than the average for the normative sample reported by Kring, et al. (1994), and the males’ mean pre-test score for the current study was 62.0, one point higher than the average previously reported. Table 3 shows the pre-test scores for females and males, respectively, from the current study.

Table 3

<table>
<thead>
<tr>
<th>Participants</th>
<th>Females’ Pre-test Scores</th>
<th>Males’ Pre-test Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>54</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>54</td>
<td>69</td>
</tr>
</tbody>
</table>
Since there were only seven male participants, they served as their own control and subsequently received the therapeutic intervention and final post-test. It is noteworthy that a slightly higher number of male participants showed outlying scores above the curve. Clinical implications of these findings are discussed in the next chapter.

### Data Analysis for Research Question Two

**What is the effect of music therapy on the emotional expressivity of children and adolescents who have experienced abuse or neglect?**

*The Emotional Expressivity Scale* (EES; Kring, et al., 1994) was used as part of the pre- and post-tests to track the participants’ perception of their own level of emotional expression. The participants answered 17 questions, giving a rating on a Likert-type scale for each question, which then gave a score of between 17 and 102 possible points. Overall, the EES scores from the pre- and post-tests indicate a general movement toward

<table>
<thead>
<tr>
<th>Participants</th>
<th>Females’ Pre-test Scores</th>
<th>Males’ Pre-test Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>52</td>
<td>68</td>
</tr>
<tr>
<td>4</td>
<td>72</td>
<td>49</td>
</tr>
<tr>
<td>5</td>
<td>42</td>
<td>53</td>
</tr>
<tr>
<td>6</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>7</td>
<td>70</td>
<td>53</td>
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<tr>
<td>8</td>
<td>86</td>
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<tr>
<td>9</td>
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<tr>
<td>10</td>
<td>59</td>
<td>68</td>
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<tr>
<td>11</td>
<td>76</td>
<td>47</td>
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<tr>
<td>12</td>
<td>60</td>
<td>52</td>
</tr>
<tr>
<td>13</td>
<td>65</td>
<td>72</td>
</tr>
<tr>
<td>14</td>
<td>72</td>
<td>53</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td><strong>64.3</strong></td>
<td><strong>62.0</strong></td>
</tr>
</tbody>
</table>
the societal mean across the five sessions among the experimental group. Analysis of the gain scores from pre- to post-testing were compared between control and experimental groups using the Mann Whitney U test. Table 4 shows the female gain scores from pre- to post-test, and their subsequent ranks. Table 5 shows the same information for the male participants.

Table 4

*Female EES Gain Scores and Subsequent Ranks for the Control and Experimental Groups*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Control Group Gain Scores</th>
<th>Experimental Group Gain Scores</th>
<th>Control Group Rankings</th>
<th>Experimental Group Rankings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-2</td>
<td>9</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
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</table>

Table 5

*Male EES Gain Scores and Subsequent Ranks for the Control and Experimental Groups*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Control Group Gain Scores</th>
<th>Experimental Group Gain Scores</th>
<th>Control Group Rankings</th>
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<td>Control Group Rankings</td>
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</table>

There were statistically significant differences between the gain scores of control and experimental groups, for both genders, from pre- to post-testing. All tests were bidirectional, with an alpha level of 0.05. For the test comparing the female groups, U=35, p< .05. The figures for the male test were U=21, p< .05. The result for the test comparing all 28 scores was U=112, p< .05. The difference in the range of gain scores between the control and experimental conditions is particularly interesting. Figure 1 displays the variance between groups.

![Figure 1. A Comparison of the Range of Gains Made by Control Vs. Experimental Conditions](image-url)
In groups of both gender, the control condition gave no substantial change over the five week period. Conversely, the experimental groups clearly made progress toward the mean score, indicating a more normative use of expressivity. Figures 2 through 5 illustrate the gains of the female control and experimental groups and male control and experimental conditions, respectively.

![Light green area designates the normal emotional range](image)

Figure 2. Female Gains in the Control Condition

The normative range of EES scores for females is from 61 to 73. All but one of the post-test scores for the female experimental group ended in this normative range. The one participant’s score that did not end in the normative range began as the lowest score in the study and made substantial gains. The normative range of EES scores for males is from 67 to 55. All but one of the male scores ended within the normative range, with the exception being the lowest male score. This participant also made considerable gains and his post-test score was one point below the lower limit of the normative range.
Light green area designates the normal emotional range

Figure 3. Female Gains in the Experimental Condition

Figure 4. Male Gains in the Control Condition
The Ratings by an Expert Judge Panel were on ten-point Likert scales. The gain scores from pre- to post-tests for both the degree to which an emotion was expressed and the appropriateness of the expression were computed for the five emotions, and for each participant. The resulting data showed gains from pre- to post-testing, but most of these results were not statistically significant. Results indicate an observable difference between the degree of emotion expressed and the appropriateness of the expression, meaning that for children who have experienced maltreatment, one’s nonverbal intention is not always synonymous with how the expression functions. The only statistically significant results of the degree of emotion expressed were the differences in female gains for happiness (U=41, p< .05) and disgust (U=36.5, p< .05). Table 6 shows the female gain scores from pre- to post-test and their subsequent ranks for the degree of expressed happiness. Table 7 shows the same information for the male participants. The
remaining four emotions are shown in the same fashion, in the following order: sadness, anger, disgust, and surprise.

Table 6

*Panel Ratings for the Degree of Happiness Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Control Group Gain Scores</th>
<th>Experimental Group Gain Scores</th>
<th>Control Group Rankings</th>
<th>Experimental Group Rankings</th>
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</thead>
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Table 7

*Panel Ratings for the Degree of Happiness Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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<th>Participant</th>
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Table 8

*Panel Ratings for the Degree of Sadness Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 9

*Panel Ratings for the Degree of Sadness Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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Table 10

*Panel Ratings for the Degree of Anger Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 11

*Panel Ratings for the Degree of Anger Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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Table 12

*Panel Ratings for the Degree of Disgust Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 13

*Panel Ratings for the Degree of Disgust Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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Table 14

*Panel Ratings for the Degree of Surprise Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 15

**Panel Ratings for the Degree of Surprise Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups**

<table>
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<tr>
<th>Participant</th>
<th>Control Group Gain Scores</th>
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<th>Control Group Rankings</th>
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</table>

The results for the appropriateness of the participants’ expressions were similar to their degree. Both domains of degree and appropriateness improved over the course of the five week treatment period for the experimental condition, when compared to the control, although mostly not to a statistically significant degree. The only statistically significant result of the appropriateness of emotion expressed was the difference in female gains for happiness (U=38.5, p< .05). It is also interesting that surprise and disgust give the least amount of increase overall. This will be discussed further in the next chapter.
Table 16

*Panel Ratings for the Appropriateness of Happiness Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

<table>
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<th>Participant</th>
<th>Control Group Gain Scores</th>
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Table 17

*Panel Ratings for the Appropriateness of Happiness Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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Table 18

*Panel Ratings for the Appropriateness of Sadness Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

<table>
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<th>Participant</th>
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Table 19

*Panel Ratings for the Appropriateness of Sadness Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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### Table 20

**Panel Ratings for the Appropriateness of Anger Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups**

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### Table 21

**Panel Ratings for the Appropriateness of Anger Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups**

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<th>Control Group Gain Scores</th>
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Table 22

*Panel Ratings for the Appropriateness of Disgust Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 23

*Panel Ratings for the Appropriateness of Disgust Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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Table 24

*Panel Ratings for the Appropriateness of Surprise Displayed: Female Gain Scores and Ranks for the Control and Experimental Groups*

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Table 25

*Panel Ratings for the Appropriateness of Surprise Displayed: Male Gain Scores and Ranks for the Control and Experimental Groups*

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The results were consistently positive with the experimental condition, with a clear difference from the control condition. Figures 6 and 7 compare the average gains made by the control and experimental groups for each emotion tested, by both the degree and appropriateness of the expressions, respectively.

Figure 6. Comparison of Average Gain Scores: Degree of Emotional Expressivity
Data Analysis for Research Question Three

Do foster guardians perceive any difference in the children’s levels of emotional expressivity after receiving music therapy?

To answer this question, the foster parents were shown a short questionnaire at the final session, asked to observe over the next week, and then they returned the form to the examiner one week after the final session. The questionnaire asked parents to rate the degree of overall change on a ten-point Likert scale for both the level of expressivity and the appropriateness of the child’s expressivity. Guardians were then asked “Do you feel the difference you have observed has made interaction with your child easier? If so, can you share an example of this?”

The mean rating for observed improvement among the reports of foster parents was 6 for the level or degree of expressiveness, and 8 for the appropriateness of those expressions. The answers to the free-response questions indicate that the foster parents viewed music therapy as a positive and effective experience for these children. There were no negative comments in the free-response portion of the questionnaire, nor in
conversations with foster guardians. Each foster guardian gave more than one specific example of evident improvement.

The following quotations are examples of these written answers:

“I think I could tell a big difference in (female participant), because she has started a song notebook where she can express whatever she’s feeling, and has not gotten into as many arguments with the other girls. She also doesn’t lose her temper as fast when talking to the adults here.”

“Everybody says they had so much fun in the groups, so if you’re able to make a difference while making it fun, that’s awesome!”

“(Male participant) told me that in his group he came up with a strategy to help him not get too angry, and he asked if I would let him have a couple of minutes to calm down before discussing problem situations. I think that is great, and told him ‘Yes.’”

“(Male participant) has had a difficult time connecting to anyone here, but I’ve noticed that beginning to change since he’s been able to bond through the music.”

The vast majority of these responses involved one of the following behavioral domains: emotional regulation, and accuracy of emotional expressivity. These domains, as well as their clinical implications, are discussed in the following chapters.
CHAPTER 5
DISCUSSION

The purpose of this study was to examine the effect of music therapy on the emotional expressivity of children and adolescents who have experienced maltreatment. The different dependent measures administered indicated progress toward normative emotional expressivity and emotional regulation. The Emotional Expressivity Scale (EES) scores showed a statistically significant difference between the control and experimental groups, with all scores from the experimental group moving toward the normative mean score. Observational data from the panel of judges also revealed a significant difference between the two groups, with an increase in both the degree and appropriateness of all five emotions expressed by participants in the experimental condition.

Limitations of the Study

Research question one asked if there was a difference in the EES scores between children who have experienced maltreatment and the normative samples from previous research (Kring, et al., 1994). It should be stated that the difference in mean EES scores that was found in this study could also be due to the age difference between populations in the study by Kring, et al. and the present study. The normative mean was taken from the previously studied samples (Kring, et al., 1994) which mainly consisted of first and second year college students, 18 to 19 years old. The mean age for the present study was approximately 16. It is impossible, therefore, to isolate one cause (such as maltreatment) for the variance.

The difference in gain scores from both the EES and expressed emotion (video) scorings might have been partly due to habituation, since these measurement tools were administered both as a pre- and post-test. However, the gain scores of all participants
seem unaffected by repeating the EES and expressed emotion (video) measures, and there remains a clear difference between gains of the control and experimental groups. Although the measurement of emotional expression by a panel of judges is subject to any biases of those judges, this limitation may be negligible since these ratings agree with participants’ EES scores. Additionally, ratings by a panel of therapists yield functional therapeutic information; for instance, a therapist’s judgement of the appropriateness of a young boy’s emotional expression will generalize to his ability to effectively communicate within society.

Due to the unavailability of participants and at the request of the foster guardians for the male participants, it was decided to not split the group up. Females had separate control and experimental groups, while the males served as their own control. Despite this difference, the method and interventions for all participants remained the same, and it did not seem to affect the resulting data.

Caution should be exercised in representing children who’ve experienced abuse and neglect as a homogeneous group rather than as multifaceted and pluralistic one. Akin to most research with children who have experienced maltreatment, the sample in the present study included children who had experienced various subtypes of abuse. Furthermore, subtype-based analyses were prevented due to the small sample size and the unavailability of the personal records of the participants. One must be careful, therefore, in generalizing the results of this study.

Relationship to Extant Literature

This study both corroborates previous findings and fills gaps that existed in the literature, as follows. It serves as another study that measures what are considered to be the five most universally identifiable emotions: happiness, sadness, anger, disgust, and surprise (Remland, pp. 179). It also corroborates extant research findings that anger and disgust are not as easily communicated, both among the general population and with children who have experienced maltreatment (Ekman, 1973; Maughan & Cicchetti, 2002). It is another investigation to use the EES as an independent measure (Kring, et al., 1994), and it examines expressivity with a distinct population and age group.
This investigation confirms previous findings of expressive deficits or differences among children who have experienced abuse or neglect (Maughan & Cicchetti, 2002; Bolger & Patterson, 2001; Pollak, et al., 1997). Additionally, it is a useful examination of the functionality of emotional expressivity. Traditionally, emotional expressivity has been measured most frequently in a nominal manner by looking at the accuracy of encoding and decoding emotions (Remland, pp. 190). This study attempts to put these nonverbal skills into a social context and to measure how these nonverbal skills operate and their importance for this population. Although social skills have been addressed in similar populations with similar goals (Gooding, in press), the present study is the first known study to examine effectiveness of music therapy for this specific purpose and population.

Discussion

The results of the data from the EES have particular therapeutic significance. As Kring, et al (1994) note, “An examination of the convergent and discriminant validities showed that the EES is related to measures that assess affect intensity, more specific aspects of expressivity, two broad factors of personality (Neuroticism and Extraversion), and self-monitoring” (p. 946). Therefore, participants’ EES scores are associated with both emotional regulation and the degree of expressiveness. It is clear that music therapy had a positive effect on the participants’ perception of their expressivity, as all but one of the EES post-test scores for the experimental condition fell within one standard deviation of the normative average score given in previous research findings (Kring, et al., 1994).

Participants’ EES scores, when compared with the observational data from the panel of judges, revealed instances of discrepant ratings; often participants rated themselves as more expressive than did the panel of experts. This discrepancy makes sense considering how individuals accomplish purposeful change within themselves by first deciding to change within their minds. A self-report measure such as the EES can show this cognitive change before specific behaviors are put into practice. It is also common for people to feel emotions to a greater degree than they are displayed.

The judges’ ratings yield several interesting findings. First, the degree and appropriateness of emotional expression are two related but distinct dimensions. Some of
the participants, in order to achieve a higher appropriateness score, needed to decrease or regulate their emotional display. Other participants needed to increase expressivity to achieve greater communicative effectiveness. Therefore, the degree of expressivity is not synonymous with appropriateness of expression within social contexts.

Second, due to the gain scores in the degree of expressiveness, it is clear that an investigation of the effect of music on the degree or level of expressivity is warranted in clinical practice. As emotional expression and regulation involve a delicate balance between extremes, music could potentially bring out greater expressivity than is helpful or productive. The results of this study indicate that music therapy can produce a functional balance of expressivity, when treatment focuses on the social context of emotional expression and emphasizes emotional regulatory behaviors.

Also of note are the pre-test results of the different emotions. The expression of happiness and sadness were relatively normal, which corroborates findings in previous research (Elfenbein & Ambady, 2002) that these two emotions are more basic and more easily communicated. This investigation found that children who have experienced abuse or neglect express lower levels of anger compared to the other emotions measured. The suppression of anger can build up and lead to difficulty in regulating one’s reactions and social behavior. This encoding deficit found in the present study is interesting considering that researchers found a lower threshold for decoding anger among children who have experienced abuse (Pollak & Sinha, 2002). Another finding of the present study was lower levels of disgust displayed, as compared to the other emotions measured. Since the expression of disgust incorporates an element of disapproval, it could be said that children who have experienced maltreatment and are acutely concerned with their own safety would be more reserved in these expressions as an adaptive or coping behavior. Surprise was comparatively easier to express than anger and disgust, which seems to be a trend among all populations according to extant research (Eckman & Keltner, 1997).

The comments of the foster parents seem to indicate a positive view of music therapy and it’s benefits for children in foster care. The average ratings of foster parents are relatively close to the actual gain scores made by the participants, suggesting an
accurate assessment of performance. However, the written responses additionally identify a hope for lasting benefits and generalization of social skills learned into participants’ daily interaction. Foster parents also highlighted the value of music therapy in clinical considerations such as rapport and general effectiveness due to participants’ enjoyment of the therapeutic sessions.

Across all measures, music therapy clearly had a positive effect on the emotional expressivity of children who have experienced maltreatment. Therapeutic population samples are not as great in number as normative samples, and it can be difficult to achieve statistical significance with small sample sizes. The results of this study, in addition to yielding statistical significance, are considerably significant in therapeutic terms. There is a clear benefit from music therapy when compared to baseline conditions.

Clinical Implications

The improvement of expressivity produces several key benefits throughout one’s life. The first advantage is better performance in school, both academically and socially. Children who produce high levels of positive nonverbal communication are much more likely to receive higher written evaluations of both intellectual and social abilities (Bates, 1976). Also, the regulation of emotional displays is highly correlated with both academic performance and college enrollment (McLeod & Kaiser, 2004).

A second area in which people benefit from the improvement of emotional expressivity is greater success in the workplace. Studies have found that nonverbal communication is linked to perceptions of trustworthiness (Boone & Buck, 2003). Additionally, persons who are savvy in nonverbal encoding and decoding are also rated with higher charisma and instances of leadership in the workplace (Rubin, Munz, & Bommer, 2005). The ability to self-monitor, an aspect of emotional regulation, is highly correlated to career promotions (Kilduff & Day, 1994). People who are demographically different from their coworkers generate more negative first impressions, but those who are demographically different and are higher self-monitors prompt more positive impressions in the workplace than similar coworkers (Flynn, Chatman, & Spataro, 2001).
The third way in which individuals benefit from an improvement of socio-emotional functioning is that people who have greater nonverbal communication and emotional regulation experience stronger personal relationships. Beginning in grade school, children who employ greater levels of emotional regulation have far fewer instances of peer rejection (Hubbard, 2001). Young adults who employ higher levels of emotional regulation adjust more easily in general, including within interpersonal relationships (Bonanno, et al., 2004). Marital couples who generally regulate their negative emotional expression are less likely to experience instability and divorce (Matthews, Wickrama, & Conger, 1996). Positive socio-emotional behavior, or “emotion work,” in marital couples is highly correlated with marital satisfaction (Erikson, 2005).

According to the correlations of effective emotional expressivity that are identified in the research literature, it is clear that the improvement of social functioning amongst all populations can be life changing. How much more transformative would these affects be for special populations, particularly those that experience deficits in social functioning? As a treatment method, music therapy provides several unique benefits. Music therapy can produce instant rapport between the clinician and participants. One’s preferred music often holds deep emotion and vulnerability because of the expressive avenue it provides. When music is used as a bonding experience, it easily and quickly brings people closer together because of the depth of personal expression that occurs within a musical experience. Music is a highly structured art form by nature. Likewise, music therapy can be structured to replace dysfunctional behaviors with effectual behaviors, in order to reach the desired goal(s). Music therapists can use music as a contingent reinforcement of appropriate interaction. The structural aspects of music also engage the attention of individuals that otherwise have difficulty staying on task.

Music provides a non-threatening context through which one can disclose deep issues, and express feelings that would otherwise remain hidden. For example, the song ‘Night and Day’ discusses the concept of sexual attraction within the social context of the repressed 1950s. Also, modern rap and R&B artists use their music to discuss deep issues such as social injustice, betrayal, and even different forms of abuse. Music therapists are
trained to provide support to such expressions, both therapeutically and musically. Due to it’s deeply expressive nature, music is a formidable tool in emotional expression and development, but should be used with caution since increases in these areas may be contraindicated in terms of social and clinical effectiveness.

Music, as a form of expression, is innately social. It is an alternative form of communication and can easily be used as a therapeutic tool for the transfer of social skills. Music provides a particular benefit in the development of empathy. Children who are subjected to repeated errors in behavioral reinforcement have a limited understanding of relationships, and often have difficulty empathizing with others. Music adds another dimension of expression beyond visual cues like facial affect, as it provides an auditory cue for emotion. Another advantage to the innately social aspect of music is the fact that music therapy lends itself well to group treatment, which is more cost-effective.

Lastly, if participants are having fun while engaged in the therapeutic process, they are more likely to be consistent in their attendance of sessions, more compliant with expectations within the sessions, and more likely, therefore, to reach the desired goals for treatment. The most common comment that was received in the feedback given by foster parents was that music therapy is fun. This comment holds great therapeutic significance, considering that change must come as a result of the patient or client’s own decision to change.

Suggestions for Future Research

The literature would benefit from a similar study that is comparative with another population, as the sets of data could be compared. A similar study could also be conducted using different measurements of behaviors outside the sessions, investigating the participants’ generalization of nonverbal skills and emotional regulation to their daily social interactions. Another interesting investigation would be the effect of music therapy on the display of anger and the emotional regulation of participants, using measures designed more specifically for this population. Another large obstacle in research among therapeutic populations is the availability of larger sample sizes. It is suggested, therefore, that clinicians working with populations that are smaller in number should conduct
research together. This would accomplish several things. It would increase the
demographic variety of the participants and isolate the different environmental factors for
emotional expressivity. The data would likely show a more accurate representation of the
population overall. Also, a greater sample size would allow for the analysis of the
different subtypes of abuse, which would be very beneficial to clinicians, foster and
adoptive parents, and teachers. Finally, a greater sample size would provide a larger
chance of reaching statistical significance in effectiveness research, which affects public
policy by providing substantiation for the field of music therapy and its use with children
in the foster care system.

Other clinical considerations need further investigation. The present study found
that male participants’ EES scores were outliers from the normative mean, to an even
greater extent than the female participants. This gender difference warrants an
examination of the unique effects of abuse and neglect on males. Another important
question to investigate is: how do music therapy and traditional psychotherapy compare
in terms of efficiency with reaching nonverbal goals such as the improvement of social
skills? A cost-benefit analysis of music therapy versus traditional psychotherapeutic
treatment would also be interesting to see. How does music therapy compare to other
innovative treatment methods, such as art therapy and drama therapy, in the measurement
of emotional expressivity?

Another emerging area of research is neurobiology and its relation to both music
and maltreatment. We know that music is processed throughout the brain from viewing
EEGs of people actively listening to music. There is also evidence to suggest that
children who experience extreme trauma such as maltreatment have brains that develop
in an atypical manner. What are the neurological implications of music therapy with this
population? Could music be used as a tool to minimize the effects of maltreatment?

Conclusions

Multiple participants were considered to be “better at working with others” in
their home environments after the onset of the study. Several participants were reported
to be more cooperative and on-task. Foster parents’ reports corroborated the judges’
ratings of a general increase in participants’ awareness of their emotional expressivity and how to regulate it appropriately. The examiner received many positive remarks from participants regarding how much they enjoyed music therapy sessions, such as—“Will you get to keep coming for groups,” or “Can we keep doing music therapy?” All the groups were supportive of each other and the songs they shared and created. This study demonstrates how music can be used as a tool to improve the quality of life, self-awareness, and emotional expressivity of children who have experienced maltreatment.
Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 6/23/2010

To: Sharon Graham

Address: 2039 N. Meridian Rd. #230 Tallahassee, FL 32303
Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
The effect of music therapy interventions on the emotional expressivity of children and adolescents considered to be at risk.

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 06/09/2010. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 6/8/2011 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to
timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Alice-Ann Darrow, Advisor
HSC No. 2010.4081
Assent Form for Minors

My name is Sharon Graham. I am a student researcher from Florida State University. I am asking if you would like to take part in a research study of Emotional Expressivity in Youth, which is about showing people how you feel.

If you agree to be in this study, you will come to five (5) group or individual sessions where you will participate in fun musical activities. The activities will include playing different instruments, moving to music, and interacting with me and maybe other people, if you’re in a group. Each session will be about 45 minutes long.

Parts of the first and fifth sessions will be video recorded. You will be asked to show different feelings (happy, sad, angry, disgust, surprise) in front of the camera and to act out a story. The video will only be shown to four other people, who will write down how you showed your feelings. You will also be asked to fill out a short survey of how you interact with people.

You may need help understanding what the questions mean, so I will be ready to help assist you in case you need me. This study may help counselors learn better ways to help students with showing how they feel.

Please talk this over with your parents before you decide whether or not to participate. We have asked your parents to give their permission for you to take part in this study. But even if you parents said “yes” to this study, you can still decide to not take part in the study, and that will be fine.

If you do not want to be in this study, then you do not have to participate. This study is voluntary, which means that you decide whether or not to take part in the study. Being in this study is up to you, and no one will be upset in any way if you do not want to participate or even if you change your mind later and want to stop.

You can ask any questions that you have about this study. If you have a question later that you did not think of now, you can call me at ____________, or ask me next time.

Signing your name at the bottom means that you agree to be in this study. You and your parent or guardian will be given a copy of this form after you have signed it.

Name of child (please print) ______________________________________

Signature of Child ___________________________________________ Date ____________

FSU Human Subjects Committee Approved on 11/02/10. Void after 6/08/11. HSC# 2010.4794
Parental/Guardian Permission and Video Release Form

My name is Sharon Graham and I am a graduate student from the Music Therapy department at Florida State University. Your child is invited to be in a research study about emotional expressivity. I am asking that your child take part because your child is in the age group I want to study. I ask that you read this form and ask any questions you may have before agreeing to allow your child to take part in this study.

The study: The purpose of this study is to find out whether music therapy interventions have an impact on the degree and appropriateness of a child’s emotional expression. If you agree to allow your child to take part, your child will be asked to complete a pre-and-post-test that will include filling out a 17-question survey of their perception of their own emotional expressivity. This written survey will ask only for gender, age, and first name; it will not include your child’s full name. Your child will also be asked to show different emotional states and act out a short story in front of a camera. The emotional states your child will be asked to portray include happiness, sadness, anger, disgust, and surprise. The pre-and-post-tests will be conducted during the first and fifth forty-five (45) minute sessions. Your child may be put on a waiting list for musical intervention. In this case, your child will participate in the videotaping and survey assessments just as the children in the other group, but will receive the same musical interventions as the other group after the post-tests are complete. The waiting list group will not have sessions between the pre-and-post-tests. All records from this study will be kept confidential, to the extent permitted by law, as confidentiality is limited by Florida's child abuse reporting requirements.

Risks and benefits: The risks in this study are minimal. The anticipated benefits to you and your child, if he or she takes part in the study, are increased social awareness and the promotion of more positive social experiences.

Compensation: At the end of the final session, each child in this study will receive a small gift in appreciation of their participation.

Voluntary Participation: Your child’s participation in this study is completely voluntary. Your decision whether or not to allow your child to take part will not affect your current or future relationship with Florida State University or with the BoysTown organization. If you decide to allow your child to take part, your child is free to stop at any time. You are free to withdraw your child at any time without affecting your relationship with the University or BoysTown.

All activities will be supervised by an employee of BoysTown, and there will be two videotaped assessments for data collection purposes that will be used only for this study. Please read the following page about videotaping. Should you have any questions, please contact me, the researcher, Sharon Graham at smg07h@fsu.edu. My contact information is provided on both pages of this document for your convenience.
Confidentiality Protection Protocol

Please read the following for videotaping for this study:

Videotaping is going to take place during this research study for assessment purposes. The researcher will videotape the pre- and post-tests, during the first and last sessions. The video will include no further identifiers (name, age, etc.,) beyond the face of the child. Using the recording of these assessments, a panel of three judges will rate both the degree and appropriateness of each participant’s emotional expressivity. Data will be reported in the research report by group only and participants will be coded to maintain confidentiality.

The video camera used for recording of activities during this study is the researcher’s personal property. Also, the recordings of the activities will be property of FSU Music Therapy Department and will be stored in a locked cabinet by the researcher. Video recordings from this study will be used only for data collection for this study. Only Sharon Graham (researcher) and Dr. Alice-Ann Darrow (Thesis Director) will have access to the video recordings. Written surveys (which will include each child’s first name only) and videotapes (including no further identifiers) will be kept securely for one (1) year after this study ends in a locked cabinet and office. The materials will then be destroyed, on or before 08/15/11.

I understand that my child will be videotaped by the researcher. These tapes, along with the corresponding written surveys, will be kept by the researcher in a locked filing cabinet and used for data collection for this study only. I understand that only the researcher and thesis director will have access to these tapes and that video recordings will be destroyed one year after this study ends.

Your child's name: ________________________

Your signature ___________________________ Date _____________

I, the researcher for this study, am Sharon Graham. You may reach me at [redacted] or [redacted]. Please feel free to ask any questions you have now, or at any point in the future. Dr. Alice-Ann Darrow, who will be supervising my thesis research, is also available at (850)645-1438, or aadarrow@fsu.edu. If you have any questions or concerns about your child's rights as a research subject, you may contact the FSU Institutional Review Board (IRB) at 850-644-8633 or you may access their website at http://www.fsu.research.edu. You will be given a copy of this consent form for your records.
OFFICE OF THE VICE PRESIDENT FOR RESEARCH
HUMAN SUBJECTS COMMITTEE
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPENDIX B

APPROVAL MEMORANDUM (for change in research protocol)

Date: 7/20/2010

To: Sharon Graham
Address: 2039 N. Meridian Rd. #230 Tallahassee, FL 32303
Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research (Approval for Change in Protocol)
Project entitled: The effect of music therapy interventions on the emotional expressivity of children and adolescents considered to be at risk.

The form that you submitted to this office in regard to the requested change/amendment to your research protocol for the above-referenced project has been reviewed and approved.

If the project has not been completed by 6/8/2011, you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.
This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Alice-Ann Darrow, Advisor
HSC No. 2010.4794
Parental/Guardian Permission and Video Release Form

My name is Sharon Graham and I am a graduate student from the Music Therapy department at Florida State University. Your child is invited to be in a research study about emotional expressivity. I am asking that your child take part because your child is in the age group I want to study. I ask that you read this form and ask any questions you may have before agreeing to allow your child to take part in this study.

The study: The purpose of this study is to find out whether music therapy interventions have an impact on the degree and appropriateness of a child’s emotional expression. If you agree to allow your child to take part, your child will be asked to complete a pre-and-post-test that will include filling out a 17-question survey of their perception of their own emotional expressivity. This written survey will ask only for gender, age, and first name; it will not include your child’s full name. Your child will also be asked to show different emotional states and act out a short story in front of a camera. The emotional states your child will be asked to portray include happiness, sadness, anger, disgust, and surprise. The pre-and-post-tests will be conducted during the first and fifth forty-five (45) minute sessions. Your child may be put on a waiting list for musical intervention. In this case, your child will participate in the videotaping and survey assessments just as the children in the other group, but will receive the same musical interventions as the other group after the post-tests are complete. The waiting list group will not have sessions between the pre-and-post-tests. All records from this study will be kept confidential, to the extent permitted by law, as confidentiality is limited by Florida's child abuse reporting requirements.

Risks and benefits: The risks in this study are minimal. The anticipated benefits to you and your child, if he or she takes part in the study, are increased social awareness and the promotion of more positive social experiences.

Compensation: At the end of the final session, each child in this study will receive a small gift in appreciation of their participation.

Voluntary Participation: Your child’s participation in this study is completely voluntary. Your decision whether or not to allow your child to take part will not affect your current or future relationship with Florida State University or with the Florida Baptist Children’s Home organization. If you decide to allow your child to take part, your child is free to stop at any time. You are free to withdraw your child at any time without affecting your relationship with the University or Florida Baptist Children’s Home.

All activities will be supervised by an employee of Florida Baptist Children’s Home, and there will be two videotaped assessments for data collection purposes that will be used only for this study. Please read the following page about videotaping. Should you have any questions, please contact me, the researcher, Sharon Graham at [sharon.graham@fsu.edu]. My contact information is provided on both pages of this document for your convenience.

FSU Human Subjects Committee Approved on 11/02/10. Void after 6/08/11. HSC# 2010.4794
Confidentiality Protection Protocol

Please read the following for videotaping for this study:

Videotaping is going to take place during this research study for assessment purposes. The researcher will videotape the pre- and post-tests, during the first and last sessions. The video will include no further identifiers (name, age, etc.,) beyond the face of the child. Using the recording of these assessments, a panel of three judges will rate both the degree and appropriateness of each participant’s emotional expressivitv. Data will be reported in the research report by group only and participants will be coded to maintain confidentiality.

The video camera used for recording of activities during this study is the researcher's personal property. Also, the recordings of the activities will be property of FSU Music Therapy Department and will be stored in a locked cabinet by the researcher. Video recordings from this study will be used only for data collection for this study. Only Sharon Graham (researcher) and Dr. Alice-Ann Darrow (Thesis Director) will have access to the video recordings. Written surveys (which will include each child’s first name only) and videotapes (including no further identifiers) will be kept securely for one (1) year after this study ends in a locked cabinet and office. The materials will then be destroyed, on or before 08/15/11.

I understand that my child will be videotaped by the researcher. These tapes, along with the corresponding written surveys, will be kept by the researcher in a locked filing cabinet and used for data collection for this study only. I understand that only the researcher and thesis director will have access to these tapes and that video recordings will be destroyed one year after this study ends.

Your child's name: ______________________________________

Your signature ___________________________ Date ____________

I, the researcher for this study, am Sharon Graham. You may reach me at [redacted] or [redacted]. Please feel free to ask any questions you have now, or at any point in the future. Dr. Alice-Ann Darrow, who will be supervising my thesis research, is also available at (850)645-1438, or aadarrow@fsu.edu. If you have any questions or concerns about your child's rights as a research subject, you may contact the FSU Institutional Review Board (IRB) at 850-644-8633 or you may access their website at http://www.fsu.research.edu. You will be given a copy of this consent form for your records.
APPENDIX C

Session Plan #1

Topic: Emotions Management, Happiness, Sadness

Procedure:
Greeting & Review of introduction

Game to emphasize nonverbal communication; namely facial affect.
-Experimenter will have participants play the emotion charade game using rhythm instruments. Individual participants will have to nonverbally display a particular emotion using various musical instruments. Experimenter will give out the Emotions handout and the other subjects will have to guess what emotions are being expressed. The first participant that guesses the correct emotion will be the next one to perform.
-After each round, the nonverbal cues will be discussed.

Promote active listening by having participants underline lines that stand out to them

Discuss appropriate contexts & ways in which to show happiness. Ask the following questions:
What are some appropriate ways to express happiness?
How might those reactions change in other situations?

Promote active listening by having participants underline lines that stand out to them

Discuss appropriate contexts & ways in which to show sadness. Ask the following questions:
What are some appropriate ways to express sadness?
How might those reactions change in other situations?

Review & Conclude

Materials:
various percussion instruments, iPod, speakers, emotions worksheet, lyric analysis sheets, pens, clipboards
Session Plan #2

Topic: Anger, Communication, Self-Regulation

Procedure:
Greeting & Review

Game to address self-regulation of behaviors:
- Participants split into two small groups and will share a single drum, placed between them. The groups take turns and earn points at each turn. Points are earned according to how close to the specified waiting time the group is before playing the drum. Each group randomly chooses an amount of time (5, 10, 15, or 20 seconds) that the other group must wait before being allowed to play the drum. No timing device is provided and they must guess what is the correct length of time (examiner will keep time and score points in each round).
- The song “Flight of the Bumblebee” will be used to distract the team waiting. The waiting will begin when the music starts.

Experimenter will transfer knowledge into everyday settings. Experimenter will ask questions such as the following:
How is self-regulation important here (their respective facility)?
Does self-regulation affect your report cards and college recommendations from teachers?
Does self-regulation affect your friends and other relationships?

Discuss nonverbal signs or examples of self-regulation from the game.

Lyric Analysis: Anger, by Marvin Gaye
Promote active listening by having participants underline lines that stand out to them

Discuss nonverbal cues for anger
Complete Self-Regulation Worksheet

Review & Conclude

Materials:
two drums, iPod, speakers, lyric analysis sheets, self-regulation worksheets, pens, clipboards
Session Plan #3

Topic: Emotions Management, Disgust, Surprise

Procedure:
Greeting & Review

Skits to emphasize other aspects of nonverbal communication; proximity and degree of expressivity
- Experimenter will have participants play a soundtrack using rhythm instruments for the nonverbal skit acted out by the experimenter & a volunteer foster guardian. The volunteer guardian will have to react to what the experimenter does. Participants will have to watch closely and play according to the level of action in the scene.
- Experimenter and foster guardian will act out the following & each will include either an inappropriate action or response:
  - Being told no emphatically (disappointment/sadness)
  - Winning a prize (happiness)
  - An angry approach or stand-off (anger)
  - Purposefully startling someone (surprise)
  - Stepping in gum that someone just spit out (disgust)

- After each skit, the participants will name the emotion & the nonverbal cues will be discussed.
- Experimenter will encourage empathy by asking participants:
  - How do you think ______ felt in that situation?
- Participants will also identify what was not appropriate about the different interactions.

Discussion of appropriate contexts & ways in which to show disgust. Ask the following questions:
- What are some appropriate ways to express disgust?
- How might those reactions change in other situations?

Discussion of appropriate contexts & ways in which to show surprise. Ask the following questions:
- What are some appropriate ways to express surprise?
- How might those reactions change in other situations?

Review & Conclude
Announce total behavior points & the reward

Materials:
various percussion instruments, iPod, speakers, pens, clipboards
APPENDIX D
EMOTIONAL EXPRESSIVITY SCALE

DIRECTIONS: The following statements deal with you and your emotions. Please select a number from the following scale that best describes YOU in each of the statements and place the number in the blank provided.

<table>
<thead>
<tr>
<th>Never True</th>
<th>Rarely True</th>
<th>Occasionally True</th>
<th>Usually True</th>
<th>Almost Always True</th>
<th>Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. ___ I don't express my emotions to other people.

2. ___ Even when I'm experiencing strong feelings, I don't express them outwardly.

3. ___ Other people believe me to be very emotional.

4. ___ People can "read" my emotions.

5. ___ I keep my feelings to myself.

6. ___ Other people aren't easily able to observe what I'm feeling.

7. ___ I display my emotions to other people.

8. ___ People think of me as an unemotional person.

9. ___ I don't like to let other people see how I am feeling.

10. ___ I can't hide the way I am feeling.

11. ___ I am not very emotionally expressive.

12. ___ I am often considered indifferent by others.

13. ___ I am able to cry in front of other people.

14. ___ Even if I am feeling very emotional, I don't let others see my feelings.

15. ___ I think of myself as emotionally expressive.

16. ___ The way I feel is different from how others think I feel.

17. ___ I hold my feelings in.
APPENDIX E

Degree of Emotional Expressivity Assessment

As you observe the following subjects encode different emotions, please rate the degree of their emotional expressivity on a Likert scale, 0 meaning the subject gave no expression at all and 10 meaning the subject gave as much expression as possible. Circle the number that best represents the degree/level of expressivity that you observe.

<table>
<thead>
<tr>
<th>Happiness</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Anger</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Disgust</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Surprise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>
APPENDIX F

Appropriateness of Emotional Expressivity Assessment

As you observe the following subjects encode different emotions, please rate the appropriateness of their emotional expressivity on a Likert scale, 0 meaning the subject gave no resemblance to the emotion at all and 10 meaning the subject gave the most accurate resemblance possible. Circle the number that best represents the level appropriateness of expressivity that you observe.

Happiness

0 1 2 3 4 5 6 7 8 9 10

Sadness

0 1 2 3 4 5 6 7 8 9 10

Anger

0 1 2 3 4 5 6 7 8 9 10

Disgust

0 1 2 3 4 5 6 7 8 9 10

Surprise

0 1 2 3 4 5 6 7 8 9 10
APPENDIX G

Guardian Observation Survey

In your observation of your child over the past five weeks, have you observed any difference in your child’s degree/level of emotional expression? Please rate the degree of their emotional expressivity on a scale from 0 to 10; 0 meaning your child has shown no difference in his/her level of expression, and 10 meaning your child showed an immense difference. Circle the number that best represents the change in the level of expressivity that you have observed.

Change in the level of emotional expressivity

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

In your observation of your child over the past five weeks, have you observed any difference in the appropriateness of your child’s emotional expression? Please rate the degree of change in appropriateness of emotional expressivity on a scale from 0 to 10; 0 meaning your child has shown no difference in the level of appropriateness of expression, and 10 meaning your child showed an immense difference. Circle the number that best represents the change in the level of appropriateness that you have observed.

Change in the appropriateness of emotional expressivity

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Do you feel the difference you have observed has made interaction with your child easier? If so, can you share an example of this?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
APPENDIX H

Script for Video Assessments

For the first part of the video, I’m going to ask you to show different emotions. Here is the list of emotions and their definitions, so you can follow along as I read them aloud.

(Read Operational Definitions)

Do you have any questions?
(Answer any questions)

Let’s begin part one.
Show me what it would look like if you felt happy.
(pause)

Show me what it would look like if you felt sad.
(pause)

Show me what it would look like if you felt angry.
(pause)

Show me what it would look like if you were disgusted.
(pause)

Show me what it would look like if you were surprised.
(pause)

Good. Now for part two, I will read the story that you heard with the group several minutes ago. As I read out loud, you will pretend you are the main character, (Lisa/Devin). As you play the part of the main character, I’d like you to show each of the same five emotions that we’ve already reviewed, just like you think you would feel if you were (Lisa/Devin). Do you have any questions?
(Answer any questions)

Let’s begin part two.
(Read Expressive Story)
APPENDIX I

Operational Definitions

herein are adapted from the 2010 Merriam-Webster and Oxford Dictionaries.

Happy is to be glad or pleased with a person or situation; to feel lucky or fortunate.

Sad is to be unhappy with a person or situation; to feel grief, sorrow, or pain.

Anger is to be very displeased, annoyed, or frustrated with a person or situation.

Disgust is to be turned off by something very distasteful; to highly disapprove of something unpleasant or offensive.

Surprise is to be shocked by something unexpected; to be amazed by something.
One morning, a young student named Lisa was sitting in homeroom, listening to the school announcements. She heard her principal say “And pay special attention to this, students: we have an upcoming school dance! So be thinking of who you’d like to ask, ladies, it’s a Sadie Hawkins girls-do-the-asking this October. It will be a Halloween Costume Ball and a Fright-fest, so we’ll have music and dancing with fun activities and food.”

Lisa was very pleased; her school had never done anything like this before! ‘Wow, a ball and Fright-fest,’ she thought. ‘That sounds like it could be a lot of fun!’ Lisa was happy to have something new to do for Halloween, because people had told her that she was getting too old to go “trick-or-treating.”

Lisa began to think about the dance; would she ask anyone at all? ‘It might be more fun to go with a big group of friends,’ she thought. ‘But if my friends get dates, I don’t want to be the only one without one... so, who would I ask to go?’ Lisa was deep in thought when, suddenly, someone slapped her on the shoulder! Lisa jumped in her seat, she was so surprised. It was her friend, Toya and, laughing, Toya jokingly said “Hey, Lisa, I dare you to ask principal Jones!”
“**Yuck!**” Lisa said, “That’s just **gross**!” she replied, disgustedly. Lisa was curious to know what her best friend thought about this dance, so she asked “Toya, what do you think? Are you gonna ask anyone?” Just as she had finished asking this question, Lisa’s homeroom teacher, Ms. Curtis placed a detention slip on her desk and then on Toya’s desk too. Lisa was **angry**. She knew they weren’t supposed to talk during announcements, but Ms. Curtis didn’t even give them a warning!

Later that day, Lisa was walking to her seat in the lunchroom and she was sure to take her usual route by the boys’ table. While she was walking by, she overheard the boys talking about the dance. Devin, the boy that Lisa thought was the cutest, said “I won’t be going to the dance. I’ll be out of town that weekend for a basketball game.” Lisa was so **disappointed**. She didn’t know if she wanted to ask anyone else. She didn’t even want to go anymore, really...

To be continued! (END OF PRE-TEST, PART 2)

Lisa went home and was feeling **sad**, because she didn’t know what to do about the dance *and* she had detention tomorrow. She did her homework and got ready for bed. The next day in homeroom, Lisa overheard one of the boys on the basketball team talking about how the team was going to ask the coach if they could drive back late- right after the game- so they will not miss the Fright-fest. Lisa looked **surprised**, she did not want to get too excited, though, because she didn’t know what the coach would say. Later that day at lunch, Lisa
was sitting at the table eating with her friends. She felt something gooey land on her arm. She looked down and saw that ketchup was on her arm. “Eww!” she said, as she wiped it off with a napkin. Lisa heard a boy laughing behind her and saw him walk away. On the ground behind the table, there was a ketchup packet that had been smashed. Lisa was so angry at that boy! She decided to ignore it, though, because she already had to go to detention this afternoon; she didn’t want to get in anymore trouble.

Just then, her friend Toya came over and said, “Hey, guess what I just heard, Lisa!”

“What?” Lisa said.

“The boys on the basketball team will be back in time for the Fright-fest! The coach didn’t know there was a conflict, but when they told him, he said he’d change the schedule!” Lisa was very happy; this meant she could maybe ask Devin and they could go with their friends in a group! Toya said “I already asked Jay, and he said ‘Okay’, so Lisa, you should ask Devin! Maybe we could all go together...”

“Yeah, that’d be great, if he says yes...” Lisa was a little nervous to ask Devin, but she decided to get it over with. As lunch was ending and everyone was throwing trash away and putting on their back-packs, Lisa walked over to Devin and said “Hey, Devin, how’re you doin?”

Devin smiled and said “Oh, hey, Lisa. I’m doin’ pretty good. What’s up?”

“Well,” Lisa said “I was just wondering if you wanted to go to the Fright-fest with me, and maybe our friends could all go together.”
“Yeah, that’d be fun,” Devin replied.

Lisa smiled and said “Great, well, I’ll see you later.” She told Toya the news and they decided to write out their plans during detention. It wouldn’t be so bad after all...

The End  (END OF POST-TEST, PART 2)
Expressive Story (Boys’)

One morning, a young student named Devin was sitting in homeroom, listening to the school announcements. He heard his principal say “And pay special attention to this, students: we have an upcoming school dance! So be thinking of who you’d like to ask, guys. It will be a Halloween Costume Ball and a Fright-fest, so we’ll have music and dancing with fun activities and food.”

Devin was very pleased; his school had never done anything like this before! ‘Wow, a ball and Fright-fest,’ he thought. ‘That sounds like it could be a lot of fun!’ Devin was happy to have something new to do for Halloween, because people had told him that he was getting too old to go “trick-or-treating.”

Devin began to think about the dance; would he ask anyone at all? ‘It might be more fun to go with a big group of friends,’ he thought. ‘But if my friends ask people, I don’t want to be the only one without one... so, who would I ask to go?’ Devin was deep in thought when, suddenly, someone slapped him on the shoulder! Devin jumped in his seat, he was so surprised. It was his friend, Jay, and laughing, Jay jokingly said “Hey, Devin, I dare you to ask principal Jones!”

“Yuck!” Devin said, “That’s just gross!” he replied, disgustedly. Devin was curious to know what his best friend thought about this dance, so he asked “Jay,
what do you think? Are you gonna ask anyone?” Just as he had finished asking this question, Devin’s homeroom teacher, Ms. Curtis placed a detention slip on his desk and then on Jay’s desk too. Devin was angry. He knew they weren’t supposed to talk during announcements, but Ms. Curtis didn’t even give them a warning!

Later that day, Devin was walking to his seat in the lunchroom and he was sure to take his usual route by the girls’ table. While he was walking by, he overheard the girls talking about the dance. Toya, the girl that Devin thought was the cutest, said “I won’t be going to the dance. I’ll be out of town that weekend for a Running Club meet.” Devin was disappointed. He didn’t know if he wanted to ask anyone else. He didn’t even want to go anymore, really...

To be continued!  (END OF PRE-TEST, PART 2)

Devin went home and was feeling sad, because he didn’t know what to do about the dance and he had detention tomorrow. He did his homework and got ready for bed. The next day in homeroom, Devin overheard one of the girls on the running team talking about how the team was going to ask the coach if they could drive back late- right after the game- so they will not miss the Fright-fest. Devin looked surprised, he did not want to get too excited, though, because he didn’t know what the coach would say. Later that day at lunch, Devin was sitting at the table eating with his friends. He felt something gooey land on his arm. “Eww!” he said, as he wiped
it off with a napkin. Devin heard a boy laughing behind him and saw him walk away. On the ground behind the table, there was a ketchup packet that had been smashed. Devin was so angry at that boy! He decided to ignore it, though, because he already had to go to detention this afternoon; he didn’t want to get in anymore trouble.

Just then, his friend Jay came over and said, “Hey, guess what I just heard, Devin!”

“What?” Devin said.

“The girls on the running team will be back in time for the Fright-fest! The coach didn’t know there was a conflict, but when they told him, he said he’d change the schedule!” Devin was very happy; this meant he could maybe ask Lisa and they could go with their friends in a group! Jay said “I already asked Toya, and she said ‘Okay’, so Devin, you should ask Lisa! Maybe we could all go together...”

“Yeah, that’d be great, if she says yes...” Devin was a little nervous to ask Lisa, but he decided to get it over with. As lunch was ending and everyone was throwing trash away and putting on their back-packs, Devin walked over to Lisa and said “Hey, Lisa, how’re you doin?”

Lisa smiled and said “Oh, hey, Devin. I’m doin’ pretty good. What’s up?”

“Well,” Devin said “I was just wondering if you wanted to go to the Fright-fest with me, and maybe our friends could all go together.”

“Yeah, that’d be fun,” Lisa replied.
Devin smiled and said “Great, well, I’ll see you later.” He told Jay the news and they decided to write out their plans during detention. It wouldn’t be so bad after all...

The End (END OF POST-TEST, PART 2)
APPENDIX L

My Personalized Page

In order to make these groups more enjoyable for you, I need to know your preferences.

Think about your music and your favorite artists. I will make every effort to use your favorite genre and the group’s consensus of artist(s) in our activities.

What is your favorite genre/style of music? ______________________________________

Name two other kinds you like: ______________________________________

____________________________________________________________________

Who is your favorite musical artist/group? ______________________________________

Name two or three others you like: ______________________________________

____________________________________________________________________

Next, vote on your preferred reward at the end of the five weeks. Circle which one of the two you would like to have, if your group has an approved total of points (according to the R.A.P. Rules):

Pizza  Ice-cream cake

Thank you for helping out by sharing your preferences!
"Just Fine" by Mary J. Blige

1. Let it go......Can't let this thing called love get away from you
2. Feel free right now, going do what you want to do
3. Can't let nobody take it away, from you, from me, from we
4. No time for moping around, are you kidding?
5. And no time for negative vibes, cause I'm winning
6. It's been a long week, I put in my hardest
7. Gonna live my life, feels so good to get it right
8. So I like what I see when I'm looking at me, When I'm walking past the mirror
9. Don't stress through the night at a time in my life I ain't worried 'bout if you feel it
10. Got my head on straight, I got my vibe right, I ain't gon' let you kill it
11. You see I wouldn't change my life, my life's just.....
12. Fine, fine, fine, fine, fine, fine, ooooh (2x)
13. Just fine, fine, fine, fine, fine, fine, ooooh
14. You see I wouldn't change my life, my life's just fine
15.Feels so good, when you're doing all the things that you want to do
16. Get the best out of life, treat yourself to something new
17. Keep your head up high
18. In yourself, believe in you, believe in me
19. Havin a real good time, I'm not complaining, And I'ma still wear a smile if it's rainin'
20. I got to enjoy myself regardless, I appreciate life, I'm so glad that it's mine
21. So I like what I see when I'm looking at me, When I'm walking past the mirror
22. Aint worried about you and what you gonna do, I'm a lady so I must stay classy
23. Got to keep it hot, keep it together, If I want to get better
24. You see I wouldn't change my life, my life's just.....

Fine, fine...
25 I aint gon’ let nothing get in my way (I ain’t gon’ let nobody bring me down...)
26 No matter what nobody has to say (No way, no way, no way)
27 I ain’t gon’ let nothing get in my way, No matter what nobody has to say
28 Feels so good, when you’re doing all the things that you want to do
29 Get the best out of life, treat yourself to something new
30 It’s a really good thing to say that ‘I won’t change my life, my life’s just fine
   Fine, fine...
31 So I like what I see when I’m looking at me, When I’m walking past the mirror
32 Don’t stress through the night at a time in my life I ain’t worried ‘bout if you feel it
33 Got my head on straight, I got my vibe right, I ain’t gon’ let you kill it
34 You see I wouldn’t change my life, my life’s just….. Fine, fine...
It's so Hard to Say Goodbye to Yesterday
by Boyz II Men

1 How do I say goodbye to what we had?
2 The good times that made us laugh
3 Outweigh the bad.
4 I thought we'd get to see forever
5 But forever's gone away
6 It's so hard to say goodbye to yesterday.

7 I don't know where this road
8 Is going to lead.
9 All I know is where we've been
10 And what we've been through.
11 If we get to see tomorrow
12 I hope it's worth all the wait
13 It's so hard to say goodbye to yesterday.

14 And I'll take with me the memories
15 To be my sunshine after the rain
16 It's so hard to say goodbye to yesterday.

[repeat 14-16]

And I'll take with me the memories
To be my sunshine after the rain
It's so hard to say goodbye to yesterday.
Anger
by Marvin Gaye

1 Up and down my back, my spine, in my brain
2 It injures me, babe....

3 Anger, can make you old, yes it can
4 I said anger, can make you sick, children... oh
5 Anger destroys your soul
6 Rage, there's no room for rage in there
7 There's no room for rage in here
8 line up some place to go to be mad
9 Is it a sin to treat your body bad

10 When anger really gets the best of us
11 We've really lost our heads
12 We often say a lof of things, oh darlin'
13 Wish we'd never said
14 Oh, reason is beyond control
15 And the things we do spite
16 Makes me ashamed
17 And I mean this, baby, makes me want to do things right

18 Someday soon I hope and pray like Jesus
19 I'll reach that wiser age
20 Hope I will learn I really never, never profit
21 From things I do in rage

22 One more time-anger, more anger
23 When it's flaming hot
24 Anger burns to the bitter end
25 Know what i'm talkin' 'bout
26 When it cools I find out too late
27 I have lost at love, love, love, dear friend
28 I said, anger will make you sick, children, oh
29 Anger destroys your soul

30 I ain't gonna let you get the best of me, babe
31 I'm gonna go somewhere and cool
32 This is not the way my head's supposed to be, babe
33 You've got me feelin' like some silly fool
34 But I know a real nice place where I can go
35 And feel the way i'm supposed to feel
I don't want to be mad at nobody
I don't want to be feelin' bad
Up and down my back, my spine, in my brain
It injures me, babe

Anger, can make you old, yes it can
I said anger will make you sick, children, oh
Anger destroys your soul. Anger
APPENDIX N

Self-Regulation: How can we control anger?

What are some things that make you angry? List at least three.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Marvin Gaye’s way to keep control of himself was to “go somewhere where I can cool,”
or to step away from the situation to calm down.

Take a minute to brainstorm some different ways to help yourself stay calm or cool down.
List at least three strategies.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Another important thing to remember is that it may be necessary to explain to whomever
is around you (friends, teachers, etc.) that you need some time to calm down. Take
several seconds to compose yourself before you try to communicate & speak respectfully.
REFERENCES


BIOGRAPHICAL SKETCH
Sharon M. Graham

EDUCATION
  • Bachelor of Arts in Music –
    Florida College, Temple Terrace, FL
    May 2006

PROFESSIONAL EXPERIENCE
  • Private Music Therapy Practice – Tallahassee, FL
    March 2011 – April 2011

  • Big Bend Hospice – Tallahassee, FL
    November 2009 – May 2010
    o Music Therapy Intern

  • School District of Hillsborough County – Tampa, FL
    August 2006 – June 2007
    o Elementary Music Teacher, Potter Preparatory Elementary

CERTIFICATION
  • Certified MT-BC – March 2011
    o Approved credential of the Certification Board for Music
      Therapists and the American Music Therapy Association

  • Certified NICU-MT – March 2011
    o Specialized music therapy training in a neonatal intensive care unit

PROFESSIONAL MEMBERSHIP
  • American Music Therapy Association, 2008 – 2011
  • Florida Music Educator’s Association, 2006 – 2007