

How can music therapy support men at a specialist treatment unit in a
prison setting in Aotearoa New Zealand?

An exegesis presented in partial fulfilment for the degree of

Master of Music Therapy

Te Kōkī

New Zealand School of Music

Victoria University of Wellington

Wellington, Aotearoa New Zealand

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2020

“¿No es hora acaso de trepar los muros para construir nuevas formas de libertad? La fuerza para que ello sea posible no está detrás del muro, sino en nosotros mismos. Muchos maestros lo saben, sólo que el orden lo mantiene subterráneo” (Landreani, 2001, p.17)

“Isn't it time to climb the walls to build new forms of freedom? The force to make this possible is not behind the wall but in ourselves. Many teachers know it, only that order keeps it underground”

DEDICATION

To Prof. Nélida “Nina” Landreani

14/04/1943 - 13/08/2002

Gracias mama

por el regalo de la vida

por traer música a mi vida

Thank you mum

for the gift of life

for bringing music to my life

Abstract

This study aimed to explore how the use of music therapy can support prisoners in a specialist treatment unit at a prison in Aotearoa New Zealand. The research was initially designed using action research methodology to evaluate how I, a music therapy student, can support men at a special treatment unit in a prison setting in Aotearoa New Zealand. Seven weeks into my placement a rapidly escalating response to the Covid-19 global pandemic put my placement on hold indefinitely. In response to the challenges of not being able to attend placement, the research framework was changed to exploratory research. My question evolved into a theoretical exploratory study seeking to find out how music therapy can provide support in prisons. Documentation of music therapy is scarce in the New Zealand context; thus, the exploration was guided by a broad international literature search. Thematic analysis was used to develop themes about the reviewed literature and from reflective data identified in my clinical journal. The findings provide a broad scope of understanding of how music therapy is used in prisons and three main themes were identified in the analysis. These were: the ecologies of music in prisons, practicing self-care, and awareness of theory in developing specific aims and goals. The results show that music can support prison populations in various ways depending on which context takes place; from a musicological viewpoint music facilitates the expression of cultural spheres, whereas from a medical standpoint, therapeutic approaches to music therapy provide effective rehabilitation and treatment for psychological ailments. Ample theoretical, clinical, and cultural preparation should be taken into account by therapists before embarking on any work into the prison environment.

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Acknowledgements

Throughout the writing of this dissertation I received a great deal of support and assistance from many people. First and foremost, I would like to express my heartfelt gratitude to Associate Prof. Dr. Sarah Hoskyns for your guidance and support throughout my academic journey. I am immensely grateful and honored for having had the opportunity to learn from you. To my clinical supervisor, thank you for your constant support and guidance, for incessantly enquiring me to look deeper into myself and my work, for believing in me. I feel very fortunate to have had you as my supervisor. To my teachers Dr. Daphne Rickson, Penny Warren, and Dr. Carolyn Ayson, it has been a privilege to learn from you, and thank you for challenging me in ways that made me grow and expand from within. To Laura Kamau, ngā mihi nui to kaiarahi. You brought a valuable jolt of awareness to my study which signaled a critical change in my positioning as therapist and researcher. To my fellow classmates, thanks for the laughter and joy, for sharing your delicious foods and your genuine charismatic selves in the classroom, I will forever treasure you all in my heart. To my close family, my dad Enrique, my aunty Coty, my sister Luz, el Negrito, la Selvita, my brothers Miguel, la Mila y el David, and Guillermo y Teo, to my extended family and dear friends, you are always in my heart all along this long and windy road that is life. Finally, I would like to acknowledge my grandmother Dora Daichman who passed during my first year of study. Your love and support have been with me all along.

Ethics Statement

This research project was considered under the ethical template for student research in part II of the New Zealand School of Music (NZSM) Master of Music Therapy Programme, undertaken as observational studies, theoretical or case study research or action research. Application # 028127 to Victoria University of Wellington Human Ethics Committee was granted in November 2019. The application was made by course lecturers, on behalf of student researchers, for studies of lower risk.

Introduction

This exegesis accounts for my learning process as a music therapy student who worked at a specialist treatment unit with violent offenders who are considered at high-risk of reoffending, at a prison in Aotearoa New Zealand between February and December of 2020. Initially I gained approval from the New Zealand School of Music (NZSM) postgraduate committee for my proposal to conduct qualitative action-based research reflecting on my practice, however, due to the rapidly escalating emergency response to the global pandemic, Aotearoa New Zealand went into lockdown for a period of eight weeks. This meant I could not attend my placement, and the uncertainties of the situation made it difficult to know when I was going to be able to return. Action research was therefore not a viable approach for my study and, in consultation with my supervisors and post graduate committee, I was guided to alter my research question, framing it to suit a qualitative exploratory study. My research question evolved into a theoretical exploratory research study, seeking to find out how music therapy can support men in a specialist treatment unit at a prison in Aotearoa New Zealand. Given there was a lack of literature in the Aotearoa New Zealand context, the exploration was guided by a broad international literature search. Findings provide a broad scope of understanding of how music therapy is used in prisons worldwide, whilst supported by contributions made from coding of my personal reflective journal of some of my placement experiences.

It is important to note that the terms used to describe the incarcerated people referred to in this study are adapted to each context in which the participants of the interventions are placed. In discussion with a university Māori cultural advisor, it was brought to my attention

some important things about how to position myself as a colonising Pākehā¹ working with Māori people, and particularly addressing them as rangatira² or sovereign beings.

In my practice at the special treatment unit, we address the people we work with as “men”, “participants”, or “individuals”. However, when referring to a general population group I might refer to them as “offenders”, “incarcerated populations or people”, or “people in prisons”. Various other terms are used in the literature in relation to the setting or context in which the studies take place, for example in forensic music therapy literature researchers might refer to participants as “forensic patients”, “clients”, or “offenders”. Whereas in the general prison settings where rehabilitation treatment programmes take place, authors might refer to participants as “prisoners”, “offenders” or, in cases of recidivism, as “reoffenders”. Thus, a variety of terms for this population group are used in this exegesis, according to the settings and approaches used in the studies analysed.

Placement context

My placement took place at a specialist treatment unit within a prison context in Aotearoa New Zealand. The unit is designed within a Therapeutic Community (TC) model where the focus is placed on providing a range of communal life situations in which members can re-enact and re-experience their relationships of the outside world, with opportunities provided through group and individual therapy processes to explore and learn from any difficulties that are experienced (Day, 2010). The unit delivers a 36 week (about 8 and a half months)-long rehabilitation programme specifically aimed at reducing violent reoffending,

1 Pākehā: non-Māori people.

2 Rangatira: Sovereign being.

the intensive group Cognitive Behavioral Therapy (CBT) based residential rehabilitation programme hosts serious violent offenders who are at high risk of re-offending. The programme works to reduce violent reoffending by developing prisoners' insight into their offending and motivating them to adopt pro-social values.

During my time at the special treatment unit, I mostly worked on individual sessions with men who were referred to me by their therapist, and previously assessed by my clinical supervisor. On a regular day I would provide four individual sessions and participate in a community waiata³ group session along with other therapists. Music therapy sessions were optional for the men, there was good attendance and only a few times I encountered a cancellation. Sessions were delivered as part of a goal-driven therapeutic plan which was developed in conjunction with the participants' therapist, the participant, and me, and were aimed at supporting specific needs of the men. The predominant therapeutic goals were to support expression of emotions, emotion regulation, and anxiety management. The methods used to achieve these goals would vary according to each participant, but I used songwriting, improvisation, lyric analysis, lyric substitution, and receptive methods. I received weekly supervision by my music therapy clinical supervisor, and always I felt supported by the therapy team, and the custodial staff in the unit.

Music therapy was delivered as an adjunct therapeutic support for the men and not as a component of the rehabilitation programme. I did not specifically use a CBT approach for my practice; however, I was informed by it in order to understand the therapeutic approach employed by the team I was working with and to report my work in accordance with the usual practices. My contribution to the unit was delivered in combination of formal therapeutic individual sessions and informal engagements outside therapy in the form of

³ Waiata - a Māori song.

casual musical improvisations and impromptu group drumming. The casual feel of informal music making facilitated trust and rapport with the men as well as self-expression and motivation to participate in music therapy sessions.

Some challenges I encountered during my placement, particularly at the early stages, were related to my inexperience, lack of awareness and knowledge of the theoretical frameworks employed in the unit. Due to my inexperience and lack of knowledge I resorted to my experience as a musician to draw interest and participation with my clients. Unknowingly, this resulted in some men feeling intimidated and unwilling to participate or share music.

Personal stance

I was born in Nicaragua, along with my sister, both of my parents are Argentine but during the military dictatorship in Argentina in the 70's they had no choice but to exile overseas for seven years. I was less than a year old when the dictatorship ended in Argentina in 1983, when a democratic government was elected our family was able to return and regain the life they had before the exile. In my growing up music was always played on the stereo, much of what we listened to was resistance music by people in favor of freedom and social justice. Cuban musician Silvio Rodriguez, and Argentine singer songwriters such as Charly Garcia, Leon Gieco, Spinetta, influenced my appreciation for music and its power to deliver messages of hope and freedom.

I began developing my passion for guitar playing at age 14. My mum Nina, who was actively engaged in social justice as a sociologist and educator, brought a guitar to the house and we began learning together. Learning music alongside my activist mother has brought these two strands of justice and music together. Over the years I developed an identity as a

music performer and community musician, as well as developing a passion for making drums. I found interest in bringing people together through community drumming circles and for many years I have been actively organising and participating in this form of community-based groups. Reading about offender groups and drumming circles during my music therapy training showed the value and potential of incorporating this approach in correctional settings.

Creativity has become a strong binding element in the making of the instruments and playing them with others collectively. For me music enables connection, connection with self, with emotions, with the environment, with spirituality, and with other people whether they are present in the music or not. Music has always helped me find peace within, offering ways of expressing what I am feeling even when words are difficult to express. It is helpful that music is not always verbal, because words can sometimes be too much, or not enough. The literature also shows this can be important in prison work (Compton-Dickinson & Hakvoort, 2017). While in my first year of training as a music therapy student, I had conversations with a corrections programme manager at one of the community drumming events I coordinate. This awoke an interest in working with offenders, and when the offer of a placement in a special treatment unit of a prison came up, I jumped at the chance to get involved.

I genuinely believe music has the power to help people as it has helped me to express myself, to connect with and to address things that might be difficult to address otherwise. Music has allowed me to articulate and express the most joyous and most difficult moments of my life, while serving as an inspirational tool to evoke justice and freedom. I think there is a link between my story and my interest in supporting people in prisons.

Culture and prisons

Prison environments are riddled with complexities. While they are places designed to correct offending behavior and to keep ‘dangerous’ people away from citizens, prisons can also become dehumanising and traumatising environments for the people that inhabit them. I am on a journey of understanding what are the nuances and rules of the place I work in and the qualities/characteristics of people who are imprisoned, whom in this case are vastly over-represented by Māori. There are many cultural considerations to be aware of and I am seeking to understand where and how I fit in this environment being a Pākehā music therapy student. In my practice I have learnt that it is not just about bringing music therapy to prisons, it is about understanding who I am working with as individuals, as sovereign beings, why they are there, what are their needs and how music can support them, and how to provide support that is culturally appropriate. The prevalence of mental health challenges among imprisoned people and the challenging living conditions in prison environments, as well as the strong violent gang culture within prison walls has made me consider that music’s ability to help with expressing and holding emotions seems particularly relevant in this environment.

The impact of centuries of colonisation practices have led to an over-representation of Indigenous peoples in prison communities in many colonised countries (Perdacher, 2019). I am Pākehā and I have found it challenging to navigate the complexities related to cultural issues. This has implied much reflection on how I consider offering support to a prison population with a high percentage of Māori people. Prisons are traumatic, suppressive and dehumanising environments, where the voices of imprisoned people are taken away along with their freedoms – by nature of the system of prison sentences. These nuances have tremendous implications in the individuals' abilities to process, express and overcome some of the psychosocial challenges they might experience. Music therapy as a non-verbal

therapeutic approach can provide opportunities, via musical interactions, to address complex and often difficult issues, particularly around the index offence, from a relatively safe distance (Compton-Dickinson & Hakvoort, 2017). The ability to foster self-expression and expression of emotions/feelings can be well suited in such an emotionally suppressive environment.

In research terms I know it is important to position myself in relation to my topic. I am undertaking an explorative qualitative/interpretivist method, which requires me to interrogate my own prejudices and viewpoints. I am seeking to understand how my experiences and views interact with the literature, while I am aware that my own observations and understandings raised in this research are of my own and are naturally limited in perspective. It is particularly complicated as a Pākehā music therapy student in a colonised nation with a high Māori population in prisons to address cultural issues because I am not Māori, and my limited knowledge and influences by the literature can potentially influence a viewpoint that might conflict with those of Māori. It is important to acknowledge that my views and understandings of rather complex issues are addressed with respect for the Māori culture and people. My aim is to uncover some of these limitations and to broaden my understanding of the topic to foster further lines of inquiry and research.

Māori perspectives of health and wellbeing

In western colonised countries the notion of *health* is conceptualized around physical or psychological ailments and it is contextualized within a strictly professional medical framework. While the western medical approach emphasises care for physical, mental, and emotional dysfunctions, traditional Māori health acknowledges the relationship and

interconnectedness between the mind, the spirit, the human connection with whānau⁴, and the physical world as a whole. The exclusive use of Western medicine in public health services has progressively further distanced the traditional indigenous views of health and wellbeing from Māori people.

Te Whare Tapa Wha

The “Te Whare Tapa Wha” model is an example of the holistic understanding of Māori health by Māori. Developed by Durie (1985), the concept of ‘te whare tapa whā’ refers to the four cornerstones (or sides) of Māori health and it uses the analogy of the four walls of the whare⁵. The symbol of the ‘whare’ illustrates the four dimensions of Māori well-being: taha wairua⁶ (spiritual dimension), taha hinengaro (psychic dimension), taha tinana (physical dimension), taha whānau (family dimension). With its strong foundations and four equal sides, when either dimension of the whare is out of balance, the person, or a collective may become ‘unbalanced’ and subsequently unwell (Durie, 1998). For many, modern health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau and the balance of the hinengaro⁷ are as important as the physical manifestations of illness. According to Durie (1998), this model was developed in response to concerns that contemporary medical models measure a person’s health only according to their mental and physical states and ignore social and cultural factors which impact upon a person’s well-being. It could be suggested that taha whenua (land) be included as the foundation of the whare, the ground beneath it. If the health of the whenua is compromised therefore the whare’s walls would as well be compromised.

4 Whānau - an extended family or community of related families who live together in the same area.

5 Whare - a Māori hut or house.

6 Wairua - the spirit or the soul.

7 Hinengaro - mind, thought, intellect, consciousness, awareness.

Te Wheke

This model was developed by Dr. Rangimarie Turuki Pere and first presented at the 1984 Hui Whakaoranga (Durie, 1998). Pere (1997) uses the analogy of Te Wheke (an octopus) to represent an individual or family's well-being, with each tentacle symbolising a dimension that supports the overall health or wellbeing. The suckers on each tentacle reflect the different aspects within each dimension of health, and the intertwining of the tentacles demonstrate that all dimensions are connected and interact with one another. The tentacles should be understood in relation to each other, and all serve to provide sustenance to the whole. The head of the octopus represents the individual or family and the eyes reflect the concept of waiora (total well-being for the individual or family). The eight tentacles represent a specific dimension of health. Pere (1997) acknowledges that her knowledge of these terms is informed by her learnings from her ancestors from Ngāti Ruapani, Tūhoe Pōtiki and Ngāti Kahungu who received insight over a period of twelve thousand years.

Traditional indigenous holistic models of health ensure that other aspects of a person's lifestyle are acknowledged as determinants of health, including those that are culturally very significant. For Māori, these might include a relationship with the environment or a collective understanding of identity. An effect on any one of these dimensions is considered to have consequences that impact the other dimensions of wellbeing, while a state of equilibrium reflects an optimal state of health.

Hōkai Rangi, Ara Poutama Aotearoa Strategy

The name Ara Poutama Aotearoa was gifted to the New Zealand Department of Corrections after an extensive consultation with Māori communities and iwi. This name is not a direct translation of the English equivalent, but rather it speaks to the substance of the role of the Department of Corrections in the justice system. Ara Poutama Aotearoa conveys the

responsibility that the Department has to support and guide offenders to successful rehabilitation and reintegration while integrating appropriate cultural advice and knowledge (Department of Corrections, 2019). In response to the pressing cultural disparities in the Aotearoa New Zealand prisons the Department of Corrections (2019) put in place the “Hōkai Rangi” strategy where traditional Māori epistemologies are incorporated at the core of its conceptual framework.

... this strategy charts the path from ‘te pō’ (the darkness) – a world designed and implemented solely by the Crown – to ‘te ao mārama’ (the world of light) – a new space, co-designed with whānau, hapū, iwi, and hapori Māori, and focused on rehabilitation, support, whānau, whenua, and whakapapa. (Department of Corrections, 2019, p. 30).

The integration of Māori cosmology in the strategy is not only an attempt to incorporate Māori tradition in the penitentiary system, but it is also an acknowledgement that the old ways were dominated by the colonising nation and its rules. The Hikai Rangi strategy proposes an inclusive collaborative approach as a way forward to improve the provision of support and rehabilitation to Māori offenders (Department of Corrections (2019).

Literature Review

Introduction

This chapter seeks to find out what the literature says about how music therapy could support men in a specialist treatment unit at a prison setting in Aotearoa New Zealand. The search revealed a mere few journal articles from the early 90's in addition to a couple of academic studies in the following two decades. Considering the lack of literature, the search was expanded to explore the creative arts therapies in the Aotearoa New Zealand literature, also, some influential music-based programmes conducted in Aotearoa New Zealand prisons were considered of relevance. A search of the international literature offers a broader scope of information about the use of music therapy in prison contexts, however, most of the literature is based on forensic settings and studies often included small sample groups while providing qualitative results.

The over representation of Māori people in Aotearoa New Zealand prisons links to complex issues bound to a legacy of colonization practices, lack of appropriate cultural support, and a strict westernised approach to legally regulate and medically treat offenders devoid from indigenous input. Mainstream models for assessment and treatment of people in prisons lack recognition of traditional indigenous practices, thus exacerbating division and counterculture. The prevalence of mental health disorders and high rates of recidivism among the prison population is a clear indication that effective treatment is needed, there is also a need to consider appropriate local cultural advice when developing and delivering support programmes for Māori people in prisons. In response to the over representation of Māori in Aotearoa New Zealand prisons the Department of Corrections has progressively incorporated cultural advice and traditional holistic health models to support the needs of Māori, however,

high recidivism rates and high Māori population in Aotearoa New Zealand prisons still remain to be alarming issues.

It is recognised in the literature that prisons have dehumanising and traumatising effects on prisoners, adding stress and anxiety to the lives of often already traumatised individuals. While psychoanalytic therapies provide valuable support to the psychosocial needs of people in prisons, the value of music therapy and the creative arts therapies as non-verbal approaches is increasingly recognised. However, the lack of evidence in the Aotearoa New Zealand context suggests the need for more research and practical development in this area.

A historical account of the use of music and music therapy in prisons internationally addresses the scope of the progress this young profession has made in the prison and forensic contexts since its inception. While there is sufficient literature that suggests the use of music to support the psychosocial needs of incarcerated populations, the literature is mainly focused on music therapy in forensic settings, often studying small sample groups and short-term studies, and primarily providing qualitative results. Larger sample groups, long term studies, with various population groups within various prison contexts are needed to better understand how music therapy can support a specific population within a prison context.

This section addresses broader issues linked with culture, justice, mental health, and the development of music therapy strategies and models incorporated into already existing and widely utilized theoretical frameworks for the treatment of psychiatric forensic patients. This literature review served as a guide for the development of themes which are further expanded in the *findings* section. A thorough internet search of published literature using academic search engines such as Google Scholar, and the Victoria University Library contributed to the database for this review.

Many theories have been proposed to explain what motivates human behavior. Although the literature covers a wide variety of such theories, this review will focus on three themes which emerge repeatedly throughout the literature reviewed. These themes are: incorporation of the self-concept into traditional theories of motivation, the influence of rewards on motivation, the increasing importance of internal forces of motivation, autonomy and self-control as sources of motivation, and narcissism as an essential component of motivation. Although the literature presents these themes in a variety of contexts, this paper will primarily focus on their application to self-motivation.

Keywords: music therapy, offenders, prison, forensic, prisoners, arts-therapies, mental health, corrections.

Background

Offender rehabilitation has been one of the main objectives of the New Zealand Department of Corrections since its creation in 1995 (Johnson, 2017). A wide range of rehabilitative services and interventions has been made available to people in prisons since then, aiming to ensure that “the right offenders are matched with the right programme at the right time” (Johnson, 2017, para 1). In 1998 the first intensive cognitive-behavioral rehabilitation programme for high-risk violent offenders was developed in Aotearoa New Zealand; the Rimutaka Violence Prevention Unit (Polaschek, 2011). This programme aimed directly at reducing violent reoffending and, although it provided encouraging results, Polaschek (2011) suggested that the methodology of this study was weakened by the very small sample, and lack of data on treatment non-completers. Subsequently, in 2010 the Department of Corrections developed an improved rehabilitation programme for reduction of

violent recidivism; the Special Treatment Unit Rehabilitation Programme (STURP). The 36 week-long programme uses a Cognitive Behavioral Therapy (CBT) model for assessment and treatment of violent offenders (Johnson, 2017). It involves hundreds of hours of group therapy and face-to-face engagement with psychologists and programme facilitators. This programme (2017) regularly produces reductions in re-imprisonment rates of 12 percentage points or more, and reductions in reconvictions (which include convictions resulting in either prison or a community sentence) of up to 17 percentage points. The STURP results provide further confirmation that close adherence to known principles of effective correctional rehabilitation can generate excellent results (Johnson, 2017). The treatment setting of this programme draws on what Lees, Manning & Rawlings (1999) describe as a Therapeutic Community (TC), providing a consciously designed social environment within a residential unit in which the social and group process is harnessed with therapeutic intent.

Within the justice system forensic units provide special treatment and rehabilitation for offenders diagnosed with severe mental health illnesses to be placed in a prison setting (Compton-Dickinson & Odell-Miller, 2013). Studies of music therapy in prison settings have primarily focused on the treatment of psychiatric disorders in forensic mental health settings, thus leaving a reasonable gap in the study of music therapy in the prison context (Coutinho et al., 2015).

Cultural considerations

The indigenous people of Aotearoa New Zealand are disproportionately represented in the prison system to an alarming degree. While 16.5% of the country's population identify as Māori (Statistics New Zealand, 2018), as of June 2020 of a total 9469 prisoners, Māori men represented 52.3%, women 57%, and youth (under age 20) 67% of the total population

in Aotearoa New Zealand prisons (New Zealand Department of Corrections, 2020). These figures can be linked with the direct and indirect impact of colonisation through the unjust separation from culture, identity, land, language, stigmatisation, and discrimination of the Māori people (Mihaere, 2015). An exploratory report by the Department of Corrections (2007) about the Māori over-representation in the justice system suggests that bias and social disadvantage also contribute to the explanations for the current state of affairs and suggest possible directions for policy development. The New Zealand Department of Corrections has progressively put focus on developing and implementing policies and programmes to support the cultural needs of Māori prisoners, and while these aim to reduce rates of recidivism and to break the intergenerational cycle of imprisonment, while providing culturally relevant environments to foster opportunities for successful rehabilitation, statistics reveal that Māori imprisonment and Māori reoffending rates have increased over time (New Zealand Department of Corrections, 2007; 2016). The Aotearoa New Zealand's prisons system currently implements the Hōkai Rangi strategy (New Zealand Department of Corrections, 2019), a five year-long programme to deliver a number of unique and diverse strategies for assessment, treatment, and reintegration of offenders (New Zealand Department of Corrections, 2019).

Increasing consideration is given to integrate more music arts and culture together in ways of considering the rehabilitation of Māori prisoners. Settings such as the Mason Clinic (forensic psychiatry service provider) incorporate the use of cultural practices that are rooted in traditional music and performing arts expressions to support the rehabilitation and reintegration of offenders (Sweetman, 2019). Sweetman (2019) reinforces the importance that non-Māori support personnel involved working with Māori need to seek cultural advice in order to respect the cultural values of Māori.

Mental health disorders among prisoners in Aotearoa New Zealand

In Aotearoa New Zealand there is a high level of mental health and substance use disorders among prisoners. In 2016 the New Zealand Department of Corrections provided a report detailing high incidence of comorbid substance use disorders and mental health disorders in incarcerated adults (Indig, Gear & Wilhelm, 2016). The report reinforced the need for increasing mental health support services for prisoners during incarceration. The study also states that while most of the population with mental health disorders do not suffer from a mental illness severe enough to require detention in hospital, statistics indicate a high level of need for therapeutic interventions in prisons. Indig et al. (2016) suggest that improved integration of mental health and substance use disorder treatment would be a valuable strategy for improving mental health challenges of prisoners, as well as for reducing recidivism, a position that was also shared by Perdacher (2019) in a systematic review of well-being and mental health interventions for indigenous people in prisons.

Music therapy in Aotearoa New Zealand prisons

The search for literature found two relevant publications and a masters research thesis (2006), leaving a pronounced gap in the literature relating to the study and practice of music therapy in Aotearoa New Zealand prisons. Spang (1994) became a pioneer in the field of forensic psychiatry in Aotearoa New Zealand discovering that music therapy group work can be an apt vehicle for clients to explore complicated emotional processes. In 1997 the same author did a presentation of a case study of a ten-week trial of music therapy in a forensic psychiatric unit. In her presentation she described that music therapy became a safe and contained environment and helped the clients to reveal hopes and fears. It fostered discussions about

mental states, became a form of relaxation to reduce anxiety, promoted musical communication and resulted in increased self-esteem (Spang, 1997). In a Masters' student research project Hill (2006) studied the impact of attending staff members on the dynamics of the group music therapy session, in a forensic psychiatric setting. The study proposes that communication and dissemination of the clinical work with staff is required outside of the music therapy space in order for the music therapy program to successfully meet client needs (Hill, 2006).

Since the study was published, there has been no evidence of music therapy practice in Aotearoa New Zealand prisons. In 2016 Music Therapy New Zealand (MThNZ) undertook a survey to gather data about current music therapy provision in Aotearoa New Zealand. The nation-wide study did not identify any music therapy employment in prison, or forensic settings (Molyneux, Talmage & McGann, 2016), however more recently, two recent music therapy initiatives have developed at a Hawkes Bay Prison and at the Mason Clinic through the services of Raukatauri Music Therapy Centre (during 2018-19). In addition, since 2019 there has been a registered music therapist working at the Central Regional Forensic Adult Inpatient Mental Health Service: Purehurehu and Rangipapa, in the Wellington region.

Music-based programmes in Aotearoa New Zealand prisons

Two music-based projects in Aotearoa New Zealand prisons have provided significant support to offenders. The Singing With Conviction Pilot Project (SWCPP) programme was implemented in several of the Aotearoa New Zealand prisons between 2004 - 2005 (Menning, 2010). It was modeled in part on a South African competitive prison singing group competition, however, given the distinct cultural aspects of Aotearoa New Zealand, adaptations were made to suit the local cultural context. Menning (2010) mentions that

“evaluators stated that improved relationships between several staff members and prisoners were a direct result of the pilot project. Staff also noted that participating prisoners were more driven and motivated” (p. 113). In addition, between 2012 and 2015 the Māori Television channel screened *Songs from the Inside*, a music-based TV series directed by Julian Arahanga. In this series a number of well-established local musicians provided songwriting mentoring to groups of people in a few Aotearoa New Zealand prisons, supporting the participants through the process of writing and performing their original songs. The TV series posed an opportunity for some people to tell their stories about imprisonment through songwriting. Similarly, it became an opportunity for outsiders to learn from some of the challenges that prisoners went through during the programme (<https://www.songsfromtheinside.co.nz/>, n.d.).

Although there is a lack of published literature about music-based programmes in Aotearoa New Zealand, a few international publications suggest that music-base programmes in prisons can offer an alternative approach to supporting some of the needs of incarcerated populations in prisons. In a qualitative meta-synthesis study of 12 articles published worldwide, Kougiali et al. (2018) suggests that prisoners participating in music programmes are involved in a “liberating process”, which in turn encourages participation and allows non-violent personal development. According to the authors, the therapeutic potential of music programmes relates to the combination of the benefits from the effect and practice of music and the creation of mental, spatial, and temporal zones of free expression (Kougiali et al., 2018). Megranahan & Lynskey (2018) reinforce the value of spaces where prisoners can feel safe to express their emotions, taking into consideration the confined and often overpopulated prison environments. Caulfield et al. (2016) provided a comprehensive analysis of a music-based programme and its positive effects on prisoners’ expression of emotions, self-esteem, self-confidence, communication, and social skills. The authors highlighted that “such

programs do not seek to directly reduce reoffending but may aim to contribute to changes in the thinking and behaviors of offenders” (p. 416). It is therefore considered how a variety of music-based experiences can be relevant in shaping the path an offender takes towards desisting from crime (Caulfield et al. 2016).

Creative arts therapies in prisons

“the creative arts therapies evoke responses... more directly and more immediately than do any of the more traditional verbal therapies” (Zwerling, 1979, p.23).

The British Association of Art Therapists (2016) refers to creative arts therapies as a form of psychotherapy (David & Montgomery, 2018) and is considered to be psychodynamic (Carr & McNulty, 2016) using the art form as its primary method of communication. As a non-verbal approach, this therapeutic modality provides safe opportunities of self-expression for those who find it difficult verbalise their emotions and feelings (Megranahan & Lynskey, 2018). Creative arts therapy is an umbrella term for healthcare professions that use the creative and expressive processes of art making to support therapeutic needs of individuals, the creative and expressive process engages physiological sensations, emotions, and cognition; facilitates verbal and non-verbal representation of symbols, narration, and expression of conscious or unconscious inner conflicts (Shafir et al., 2020). The creative process also supports internal and external dialogue and communication between oneself and others (Shafir et al., 2020).

Music therapy and creative arts therapies share an intrinsic relationship, while all these modalities explore therapeutic approaches using a creative medium as a tool to achieve goals, they also share similar theoretical foundations, and have been used with similar

population groups (Megranahan & Lynskey, 2018). In a systematic review of literature on the effectiveness of creative arts therapy interventions for reducing substance misuse, Megranahan & Lynskey (2018) found that all five Randomised Control Studies (RCT's) that met the selection criteria for this study were music therapy related.

While prison programmes typically focus on reducing reoffending, creative arts therapies have the potential to offer innovative, theory-informed, and practical approaches which can enhance and extend the provision of educational, developmental and therapeutic programmes across the criminal justice sector (Hughes et al., 2005). Parkes and Bilby (2010) describe how art-based interventions with prisoners, as opposed to psychology-based interventions, can provide an “alternative terrain to traditional concepts of rehabilitation and treatment” (Parkes & Bilby, 2010, p. 106). From an ethnological viewpoint, Williams (2002) proposes that art expression has a “humanizing” effect on individuals by providing a way of expression that is common to all people, in rather dehumanising spaces (Rosenbaum, 2019). Similarly, to other forms of primary arts, music is an integral part of the cultural heritage of all known human societies (Tan et al., 2014).

There is growing appreciation for the positive impact of nontraditional art-based programs on mental health with incarcerated populations, as well as for supporting engagement of prisoners in more formal treatment and education programs (Caulfield et al., 2016). Furthermore, studies suggest that arts therapies can increase prisoner's self-confidence and positive self-identity (Rosenbaum, 2019), which can help divert offenders away from pathways to crime or break the cycle of re-offending (Hughes et al., 2005), supports social skills and personal development (Caulfield et al., 2016; Cox & Gelsthorpe, 2016; Miles & Clarke, 2006), decrease stress (Rosenbaum, 2019), and has been shown to help reduce substance misuse (Megranahan & Lynskey, 2018).

In Aotearoa New Zealand a body of literature has focused on the tradition of *kapa haka* (traditional Māori dance and music performance) as a unified performing arts genre (Papesch, 2015; Mazer & Papesch, 2015; Haami 2013). Contributions around *kapa haka* have been made towards a better understanding of Māori cultural identity (Papesch, 2015) as well as in relation to Māori mental health and wellbeing (Paenga, 2008). Maria Paenga (2008) master's thesis studied *kapa haka* as a vehicle for promoting Māori health, finding it important for the learning and teaching of Māori knowledge. Paenga (2008) also found that *kapa haka* can assist with the development of internal and external self-control in behavior management, as well as supporting individuals to understand themselves. A further study by Wirihana and Smith (2014) related how various forms of Māori music (such as those utilized in *kapa haka*) can help individuals heal from psychological trauma, grief, and loss.

Sweetman (2017) examined the impacts of a *kapa haka* program at a secure forensic hospital from an ethnological perspective. In her PhD dissertation Sweetman illustrated how integrating forms of cultural expression such as *kapa haka* into the clinical model can improve the understanding and experiences of the patients, their illnesses, and their environment. Sweetman (2017) explains how cultural expression can provide opportunities for patients to reclaim their identity and reconceptualize themselves outside of their illnesses.

Music therapy in prisons worldwide, a century of progress.

“Today we live in the beginning of a new era, which is to witness the change of these custodial infernos of horror, of endless punishment for temporal misdeeds and misbehavior, into places of remedial treatment” (Van De Wall, 1924, p.14).

One of the pioneers of modern music therapy, Willem Van De Wall (1924), courageously ventured into exploring the use of music-based activities with people detained in prisons and psychiatric hospitals in the USA. Van De Wall (1924) detailed his work around the effects of music and its function in the rehabilitation of prisoners, believing that it is possible to change the “non productive citizen... into a productive one, who will not damage the good citizen, but will help make the community in which they both live a more prosperous and better one” (Van De Wall, 1924, p.15). Vest (2020) describes the work of Van De Wall as Music-Therapeutic Practice, given Van De Wall’s lack of formal training. Vest also acknowledges that at the time there was no pre-existing body of literature to guide, explain and rationalize his works with offenders. In 1936 Van De Wall published his second monologue *Music in Institutions*, where he provided a detailed and more medicalised description of his developing practice, categorizing his music-based approach as *institutional therapy* (Krewson & Van de Wall, 1936). In his monologue Van de Wall described a wide range of music-based activities employed in his practice such as: listening to recorded music, attending live performances, classroom instruction in music theory and appreciation, impromptu singalongs, and participation in a variety of musical ensembles (Krewson & Van de Wall, 1936).

Nearly half a decade later, and once the music therapy profession was established, Wardle explored the use of music therapy techniques with women living in a psychiatric wing of a female prison in the UK. These techniques included vocal and instrumental singing and playing, song selection, and improvisation (as cited in Adveson & Edwards, 2001). In the following decade, the exploration of music therapy with incarcerated populations continued developing, particularly within the forensic psychiatry context (Daveson & Edwards, 2001). In 1983 Nolan (As cited in Coutinho, et al. 2015) described two approaches to music therapy used in a case study in a forensic psychiatric setting: supportive group music therapy, and

insight-oriented imagery and music (Bruscia, 2015). Cohen (1987) explored music psychotherapy in the treatment of overcontrolled offenders, while Thaut (1987) provided more insight into the use of specific approaches, including psychotherapy, supportive group music therapy, and guided imagery and music, in both the prison and psychiatric hospital settings. Hoskyns (1988) investigated how a group of adult recidivist offenders perceive music therapy and if their perceptions change over time. Thaut (1989) evaluated self-perceived changes in relaxation, mood and emotion, and thought/insight in 50 psychiatric prisoner-patients, before and after music therapy. His findings revealed significant change in self-perceived ratings across all scales before versus after music therapy. In 1995 Hoskyns continued working within the field of corrections and was involved in the design of a sequence of simple rating scales with offenders in a community setting (Hoskyns, 1995).

Contemporary practices of music therapy in forensic settings

Music therapy has been shown to be efficacious for providing support to offenders who have various mental health disorders such as schizophrenia, depression, and substance abuse; Gold et al. (2013) concluded that the focus for forensic music therapy should be upon those with psychiatric diagnoses and mental health problems, a position also taken by Compton-Dickinson & Hakvoort (2017) and Adlam et al. (2013). In response to the need for mental health support contemporary practices of music therapy in forensic settings have developed in detail and sophistication. The higher prevalence of acute mental health illnesses and behavioral issues in forensic settings has drawn music therapists to develop programmes and strategies specific to the psychosocial and behavioral needs of forensic patients (Hakvoort, 2015; Hakvoort, & Bogaerts, 2013; Adlam et al. 2013).

Over the past decade the use of rap music in forensic music therapy has shown to support participants in forensic settings to regulate aggressive behavior, explore underlying emotions, build self-esteem, and improve emotional balance through the musical features of rap (Hakvoort, 2015; Hadley & Yancy, 2011). Compton-Dickinson & Soulas (2012) emphasise the use of rap can support "encapsulate and externalize anger and loss and it can incorporate the fundamental therapeutic process of mourning" (Compton-Dickinson & Soulas 2012., p. 371), thus providing participants with a healthier way of expressing emotions and improving coherence between behavior and expression (Hakvoort, 2015). The potential of using rap music in forensic psychiatry was explored in depth by Hakvoort (2015) with the development of the 'rap music therapy approach', which aims to support treatment goals that relate to behavioral changes of forensic psychiatric patients. According to Hakvoort (2015), the goal of the approach is "not to (re-)interpret and discuss the themes expressed in the lyrics, but to help clients regulate problematic behavior, explore underlying emotions, build self-esteem, and create a better emotional balance through the musical features of rap" (p. 184). In her article the author provides a step-by-step approach that encourages music therapists to apply rap music in work with their clients.

Hakvoort (2002; 2014), Adlam et al. (2013) and Compton-Dickinson (2006) theorised that implementing integrated music therapy approaches combined with psychotherapeutic models might improve anger management among forensic patients. As a result, two independent models were developed and tested in clinical settings: the Group Cognitive Analytic Music Therapy (G-CAMT) model, and the Music Therapy Anger Management (MTAM) model (Compton-Dickinson & Hakvoort, 2017). Adlam et al. (2013) refers to the G-CAMT as an "integrative, time-limited approach that uses cognitive analytic tools and structures combined with psychodynamic musical techniques that are regularly used in music therapy clinical practice" p. 169. The G-CAMT was specifically designed to promote creative

self-expression, as well as to improve connection and to reduce the risk of violent and impulsive behavior (Compton-Dickinson & Hakvoort, 2017). As the name describes, the model is set within CAT (Cognitive Analytic Therapy) (Ryle & Kerr, 2020).

The MTAM programme is a module developed within the Cognitive Behavioral Therapy (CBT) (Branch & Windy, 2012) approach as described by Hakvoort (2014) and Hakvoort & Bogaerts (2013) and was designed for group therapy in forensic settings (Compton-Dickinson & Hakvoort, 2017). The aim of the MTAM is to support participants' regulation and control of certain aggressive impulses deriving from anger by creating challenging musical situations that offer the client the possibility to practice new skills in positive coping mechanisms (Compton-Dickinson & Hakvoort, 2017). These modules have been carefully manualised in "The Clinician's Guide to Forensic Music Therapy" so that registered music therapists can follow instructions to use the models safely and effectively. The book demonstrates that music therapists are required to respond to often stressful challenges and suggests the importance of balancing aspects of on non-verbal communication and non-verbal interaction relation to cognitive analytic and cognitive behavioral thinking and talking methods (Compton-Dickinson & Hakvoort, 2017). Both modules are theoretically bound with the RNR (Risk-Need-Responsivity) model (Bonta & Andrews, 2007) along with other mainstream rehabilitation programmes in correctional settings (Compton-Dickinson & Hakvoort, 2017).

The RNR model has been widely acknowledged as the gold standard model for guiding offender assessment and treatment around the world, it is the only theoretical model that has been used to explain the offender treatment literature (Polaschek, 2012; Andrews & Bonta, 2007; Adlam et al., 2013; Compton-Dickinson & Hakvoort, 2017; Hakvoort 2002; Hakvoort & Bogaerts, 2013). The Risk principle refers to the prisoners' probability of reoffending, the level of risk presented in the assessment will indicate the needs for specific treatment

services. The Needs principle suggests that treatment should target needs that have direct relevance to reducing re-offending, such as criminogenic needs. Criminogenic needs are dynamic risk factors that, when changed, are associated with changes in behavior related to recidivism. The Responsivity principle refers to delivering programmes in a style and mode that is consistent with the ability and learning style of the offender (Andrews, Bonta, & Wormith, 2011).

While the RNR model has shown to provide an effective tool for assessment and treatment of offenders, the model has also generated debate about its application to female offenders due to the generalized categorisation of the risk and needs principles in both genders. The New Zealand Department of Corrections summarises the different opinions and evidence in this regard, in particular risk classification measures which lack predictive validity for female offenders. Further, it remains unclear which needs can be considered criminogenic for women, while women appear to also have additional criminogenic needs. Rehabilitation programmes need to take specific gender-related responsivity issues into account (Department of Corrections, n.d.).

Contemporary practices of music therapy in general prison settings

There is a notable prevalence of mental health and other psychological disorders amongst offenders in prisons worldwide, the punitive environment added to the deprivation of autonomy and freedom, and isolation from outside society and family all contribute to the poor mental health of offenders in correctional settings (New Findings from University of Oxford Update Understanding of Mental Health (2016)). The study of music therapy for treatment of mental health disorders in prisons is limited in numbers, however there is

evidence of its role in providing effective support for incarcerated individuals with mental health needs (Chen et al. 2016a; Gold et al. 2013; O'Grady, 2011).

In a systematic review and meta-analysis of music therapy for improving mental health problems of offenders in correctional settings Chen et al. (2016b) found that music therapy was effective for promoting offenders' self-esteem and social functioning. Furthermore, the study also revealed that the length of music therapy treatment offered to prisoners showed a considerable difference between studies that had 20 or more sessions, displaying positive effects on levels of anxiety and depression in comparison with studies that had fewer than 20 sessions (Chen et al. 2016b). While the short-term provision of music therapy has shown promising results, the long-term effects of music therapy remain unexamined. Only one study thus far has examined the long-term effects of short-term music therapy in a Norwegian prison, however, limitations with short term imprisonment provided inconclusive results (Gold, 2020). In a randomised trial Chen et al. (2016a) investigated the effects of group music therapy on improving anxiety, depression, and self-esteem in Chinese male prisoners. The study (2016a) concluded that music therapy was effective in reducing symptoms of anxiety, depression and low self-esteem amongst participants, particularly of those of younger age and/or with lower education level.

Gender-specific studies of music therapy in prisons have gained interest in the past decade, particularly with women prisoners (O'Grady, 2011; Leith, 2014; Odell-Miller et al. 2019). The therapeutic potential of creating and performing music with female offenders suggest the importance of integrating creativity as a powerful approach to helping women improve health and well-being (O'Grady, 2011). Music therapy has shown to provide an appealing and motivating intervention to female participants, in a mixed-methods doctoral study of music therapy with women in a U.K. prison, Leith (2014) concluded that music therapy supported attendance and engagement in resettlement programmes. Later Odell-

Miller et al. (2019) presented the qualitative results of Leith's study and found that music therapy also showed an increase in participants' self-confidence, self-esteem, self-efficacy, achievement motivation and a number of other areas relevant to the successful reintegration of prisoners back to society.

Summary

While music therapy is a relatively young profession in Aotearoa New Zealand, the lack of published literature within this country suggests the importance of more research in this area. Evidence of music-based programmes in Aotearoa New Zealand provide a glimpse of the potential of incorporating music in prisons, however, more evidence-based inquiries in this topic would support the use of music therapy provision. The concerning rates of Māori people imprisoned in Aotearoa New Zealand reflect the ongoing issue of racism and a legacy of colonising practices still embedded in our current times; there is a clear need for more culturally sensitive support for the development and implementation of rehabilitation and reintegration programmes in New Zealand prisons.

Through the 'lens' of the creative arts therapies' literature, supporting evidence suggests that creativity plays a key role in helping with the psychosocial needs of offenders. Similarly with music therapy the creative processes in any art form can provide a means of self-expression, and thus foster a sense of identity. This aspect can add great value to the lives of those within the confined and suppressive environment of prisons. While drawing from similar core foundations of treatment that of music therapy, creative arts therapies offer comparable support to incarcerated populations.

International literature is consistent in showing that music therapy offers effective support for people in prison settings worldwide, particularly in the context of forensic

psychiatry, substantially supported by the development of treatment manuals that are specific for supporting anger management and changes in behavior while incorporating already existing frameworks such as the RNR model, and psychotherapeutic tools such as CAT and CBT. The value of non-verbal therapy approaches is shown in the ability to support self-expression of difficult and often suppressed emotions among incarcerated people, while fostering a more 'humane' social landscape within a rather dehumanising environment. International literature provides a richer scope of research and findings of music therapy in correctional settings, more specifically in areas of mental health and violent behavior, however, it is vastly related to forensic settings thus implying the need for more research in the areas of general prison environments.

The high incidence of mental health illnesses can directly affect participants' motivation to engage in rehabilitation programmes, thus negatively impacting treatment effectiveness. Literature suggests that music therapy can be an appealing alternative approach for participants to engage in therapeutic processes, making music therapy a valuable adjunct therapeutic approach to support participation and engagement in rehabilitation programmes.

Research question

The research question was modified and adapted from the original to suit the current research methodology framework.

“How can music therapy support men in a specialist unit at a prison in Aotearoa New Zealand?”

Methodology

This study used an exploratory approach to find out how music therapy can support men in a specialist unit in a prison context in Aotearoa, New Zealand. Exploratory studies are broad and scattered in nature, they are generally used to investigate a problem which is not clearly defined. This method is employed to have a better understanding of an existing inquiry, but will not provide conclusive results (Stebbins, 2001). According to Singh (2007), exploratory research is employed, as the name implies, to explore an inquiry and is usually done when the alternative options have not been defined or their scope is unclear, and in some cases, exploratory research serves as influential research to test concepts before they are put into practice. Exploratory research does not generate a conclusive answer to research problems and is often not considered useful for decision-making, however, they can provide valuable insights to a given situation (Singh, 2007). As a researcher, I also drew on aspects of naturalistic inquiry, in thinking about and learning from the placement environment where I was engaged during the year. Naturalistic inquiry is an approach to understanding the social world in which the researcher observes, describes, and interprets the experiences and actions of specific people and groups in societal and cultural context (Wheeler & Murphy, 2016). Naturalistic inquiry designs are valuable for exploratory research particularly when relevant theoretical frameworks are not available or when little is known about the people to be investigated, naturalistic inquiry therefore aims to gather insights into the patterns of interactions that take place in the participant's natural environment (Aigen, 2005).

During the phase of searching for relevant literature in the New Zealand Aotearoa context I came across a limited number of studies, which meant I had to change the direction of the research in order to answer the research question. The study was conducted to gain a better understanding of how music can support men in a specialist unit in a prison context in

Aotearoa New Zealand, although the qualitative data produced in this study might be inconclusive, it can serve as foundation for further research in the field.

Data sources

The main source of data in this study came from published literature. A secondary source of data spurred from my personal reflective journal, which I wrote regularly after my placement days and during the lockdown period, and during the period of return to my placement from August to December 2020. Six main pieces of literature relevant to the use of music in prisons were selected for analysis, the broad selection of studies reflected the lack of specific literature in the topic and was aimed at providing a better understanding of the inquiry at hand. Publications used as data sources for this study included a criminology study of music therapy for complex needs and offending behaviour (Sicard, 2016), a quasi-experimental study of background music to reduce anxiety and anger in prisoners (Bensimon, Einat, & Gilboa, 2015), a systematic and meta-analysis research study for improving mental health of offenders in correctional settings (Chen et al. 2016b), a PhD thesis exploring cultural expression, transformation, and healing in a Māori forensic psychiatric unit (Sweetman, 2017), a PhD thesis focusing on theoretical foundations of music therapy treatment in forensic psychiatry (Hakvoort & Bogaerts, 2013), a forensic music therapy manual for anger management (Compton-Dickinson & Hakvoort, 2017), and an ethnographic study of music exploring musical identities in music therapy and everyday life in a prison setting (Hjørnevik & Waage, 2019). Additionally, several entries from my personal reflective journal were selected to provide supplementary qualitative data to compensate for the lack of literature in the New Zealand Aotearoa context. Some of these entries relate to interactions with my clinical supervisor, from whom I obtained Informed consent (refer to Appendix 2). These pieces were inductively coded using NVivo software and from the initial coding, I derived three main themes which are further discussed in the *findings* section.

Approach to Analysis

This study used an inductive approach to a thematic analysis to examine and manage the data. A thematic analysis is a beneficial analytical framework and tool that could be seen as the foundational method for qualitative analysis and, as such, teaches the researcher the fundamental skills of analysing qualitative data (Braun and Clarke, 2006). Braun and Clarke (2006) describe thematic analysis as being a “method for identifying, analysing, and reporting patterns (themes) within qualitative data”. The flexibility of a thematic analysis allows the examination of data to be extensive and rich. The aim of thematic analysis is not simply to summarize the data content, but to identify and interpret key, but not necessarily all, features of the data, guided by the research question. Another characteristic of this analytic method is that the research question is not fixed and can evolve throughout coding and theme development (Terry, Hayfield, Clarke & Braun, 2017).

The qualitative and exploratory nature of this study supported a pragmatic and heuristic approach to analysing the data, where themes were generated inductively out of the analysis of the sources. Inductive analysis is a process of coding the data without trying to fit it into a preexisting coding frame or preconception, in this sense, this form of thematic analysis is data-driven (Braun & Clarke, 2006). Following Lichtman’s (2013) suggestion that “fewer well-developed and supported concepts make for a much richer analysis than many loosely framed ideas” (pp.254), three themes were found from the analysis of data, which were initially coded from a small yet broad selection of publications that encompassed various aspects of the working mechanisms of music and music therapy in prison contexts worldwide. The codes were then sorted into groups that linked together, and then refined and edited to create meaningful related areas, and finally re-worked into three main themes.

Here are two examples of the initial coding of one of the data sources (article/reflective journal) to give an idea of the codes developed and text identified. (See appendix 1)

“By virtue of its potential for entertainment, music automatically appeals to many forensic patients. It encourages their responsiveness to treatment and primes attentiveness and action in the human musculature” (Hakvoort, 2014, p. 167). Code name - Motivation in CBT programmes.

“During lockdown, much reflection was made about organisation, writing case notes, whilst reading and informing myself about literature in this topic. Upon return I felt a little more grounded in my ability to plan and execute ideas and conversations with my clients. Gaining awareness of some of the theoretical foundations, which are linked with CBT and the RNR model, helped me formulate better action plans whilst also influencing my observation and case note writing skills” (Reflective journal entry, 01/09/2020). Code name - Being prepared.

Participants

While most of the data in this study was subtracted from published literature, the use of my reflective journal entries as a secondary source of data makes me a researcher-participant in this study. The relationship researcher-participant is well documented in naturalistic inquiry literature (Wheeler & Murphy, 2016), in a traditional sense naturalistic inquiry implies that the researcher becomes the main vehicle for gathering data. Aigen (2005) suggests "there is no need for the researcher to stand apart from the area of study in order to avoid influencing it because there is no such thing as the undisturbing observer of a social situation" (Aigen, 2005, p.354). Naturalistic inquiry allowed the researcher to be positioned as both, the researcher seeking information to answer the research question, as well as a participant by including some of self-generated reflective journal entries, in an attempt to broaden the understanding of a vastly unexplored terrain in the Aotearoa New Zealand literature.

Ethical considerations

Due to the nature of exploratory research, focused mainly on literature, this study has limited ethical implications and is considered low risk. Where this research was utilising mainly published literature as data, it does not contravene principles of informed consent, deception, and participation withdrawal (Bryman, 2016). A secondary source of data was sourced from my personal reflective journal entries, the notes were not about specific clinical activities of clients, but more about my responses and handling of therapy processes. More importantly, however, in my reflections I drew on conversations with my clinical supervisor, from which I learnt substantially. In this way, there were some implications for my supervisor's advice and knowledge being represented by me in my reflective notes, thus I provided my supervisor with an information sheet describing the research, and the supervisor completed a consent form to give permission for me to use the supervision reflection notes as a data source. (See Appendix 2 for an example of the information and consent process.)

Findings

Introduction

The findings in this study reflect a careful analysis of a broad scope of literature relevant to the research question in addition to entries from my reflective personal journal. The theoretical research process became a foundational tool for my developing practice as a music therapist student, whilst my placement was on hold during the global pandemic. Learning from published literature provided me with a better understanding of the working mechanisms of music therapy, of the different roles which music might occupy in this context, and what are the overarching needs of the population. The three themes 'The ecologies of music in prisons', 'Practicing self-care', and 'Awareness of theory in developing specific aims and goals', in this section represent an account of motifs that aim to answer the research question in a broad sense, encompassing ideas, concepts, and theories from fields such as sociology, criminology, psychology, ethnography, and music therapy. Developing

Themes

The ecologies of music in prisons

This theme draws from the analysis of ethnographic literature relating to the role of music in the social fabric of prison environments. Environmental issues are discussed, as well as an ecological view of music prison environments, and finally a discussion emerging from the literature is presented about the positive and possible negative influence music might have on offenders if not used with caution and consideration.

A traumatising environment

Prison environments are punitive in nature; the deprivation of offenders' autonomy and freedom, their isolation from society and family, and in many cases the negative relationship with custody staff contribute to exacerbating the often already compromised mental health of offenders (Tuastad and O'Grady, 2013). In this sense prisons can be highly traumatic environments for offenders, where experiences may cause prisoners (who might have had a troubled life prior to incarceration) to undergo deterioration of physical and mental health (Hulley, Liebling, & Crewe, 2011). The crowded and confined living conditions in prisons can also have a negative impact on the stress and anger levels, thus emphasising the need for appropriate treatment which is often inferior to the treatment available to the general population (Bensimon, Einat, & Gilboa, 2015; Crewe, 2009). Correctional institutions articulate the power of the state over the offenders, within this power dynamic prisoners are likely to experience a profound sense of unfreedom. McIntosh (2011) describes how this relationship may influence certain patterns of behavior and a way of viewing and being in the world which, while perhaps useful within the prison walls, are potentially maladaptive and harmful outside of the prison environment. Tuastad and O'Grady (2013) describe prisoners often construct places within the prison environment where they can get away from the institution's control and shelter their existence in their own spaces. These personal spaces represent a central point in rediscovering their identity by small and subtle forms of resistance against the institutional control regime. Tuastad and O'Grady (2013) explore how music can become a form of resistance for prisoners and that music can offer prisoners moments of freedom, a somewhat liberating experience where the expression of freedom can translate to freedom of thought and expression of emotions.

It is often the case that prisoners take on hardened identities in order to adapt to a tough environment where distrust and violence are common, and any expression of vulnerability or softness is often presumed to be a sign of weakness (Crewe et al., 2014). The prisons' social fabric, its norms, hierarchies, and social relationships are therefore conditioned by the challenging environmental factors, while similarly conditioned are the identities that prisoners hold in response to such challenges. This remarks the importance of having spaces within the prison where prisoners can safely express their suppressed feelings and emotions without being judged (Crewe et al., 2014), as well as the impending need to increase the provision of appropriate therapeutic support in order to reduce the consequential negative effects of the prison environment.

Music ecology

Music in prisons occupies a key role in what Crewe et al. (2014) describes as the "emotional geography of prison life". Not only music has been associated with the expression of counterculture and resistance (Hjørnevik & Waage, 2019), but it is also known to enhance the expression of cultural values. This form of cultural expression can have a considerable impact in shifting the identities related to offending towards identities more grounded in cultural practices, supporting connection with the prisoners' families and communities, and spirituality (Sweetman, 2017). It becomes imperative therefore to take into consideration the influence of music on the social ecology of prisons. Although the concept of ecology is more familiar in relation to the natural world, it is applied here in the sense of the social and cultural life of prisons. Christopher Small's (1998) concept of *musicking* depicts such an ecological perspective of music. In his attempt at defining the gerund of being involved in the act of making or listening to music Small (1998) writes "to music is to take part, in any

capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing” p. 9.

Hjørnevik & Waage (2019) studied the affordances of musicking with offenders in music therapy, as well as in everyday life situations in a Norwegian prison. The authors use the term *musicology* referring to the study of the social, material, and acoustic life (ecology) of musicking. Their project (2019) aimed to develop a “musicology of incarceration”, where they suggest that the interrelatedness between people (offenders), the spaces (prison environment), and music, depicts a broader understanding of the meaning and influence of music within the prison environment. Focusing on the relationship between identity and musical expression, the authors reveal how music contributes to the social ecology of prison life and can become a vehicle for empathy and understanding (Hjørnevik & Waage, 2019).

Music can also have the power to support and encourage the connection between prisoners and custody staff. As part of my regular practice in placement I attend the weekly Waiata group, where the aim is to encourage participation and connection by singing traditional songs sung in Te Reo Māori⁸. Sometimes, when they are available, prison guards join the group. This enables a kind of connection which evokes unity and camaraderie between guards and prisoners, which is not always the case due to the nature of the custody’s roles to enforce prison rules and lock prisoners in their cells daily.

Music as a potential reinforcing tool for offending behavior

While the role of music in the social fabric of prisons can be accounted for by providing ‘humanising’ means of expression in a rather suppressing environment (Tuastad &

⁸ Te Reo Māori: Indigenous language of Aotearoa, New Zealand.

O'Grady, 2013; O'Grady, 2011), music also has the potential to become a potentially harmful medium for reinforcing offending. Bushong (2002) suggested that the repetitive use of music that elicits violence would subsequently lead to reinforce violent behavior. Baker & Homan (2007) further suggest that music-based programmes which do not censor lyrical expression can incite expressions of racism, sexism, and the glorification of violence and crime. It is stated in this study (2007) that the sub-genre "gangsta rap" can serve as a negative force in its appeal to glamorise a gang lifestyle, "Music is a big part of their life because they can see it, touch it, and feel it. They do not have anybody to imitate at home, so they imitate the people that are making money in hip hop, the cool guys You have to make that lifestyle as unattractive as possible, as opposed to glorifying it, which rap music, and "gangsta" music has done. Guys have to go to jail; guys go to cemeteries who have followed that, and you do not glorify that. (Probation officer, interview, 2004)" p. 468- 469.

Literature around the use of music as a reinforcing mechanism for offending behavior is rather scarce, however, the use of alcohol, illicit drugs, and aggressive behaviors has been linked with frequent exposure to music that promotes substance use and violence (Chen et al., 2006; Johnson et al., 1995). Rap music particularly, has been found to influence the use and abuse of alcohol and other substances, and the use of violence, more so than other genres of music (as cited in Chen et al., 2006). Hansen (1995) suggests that the themes in rap music can instigate subsequent impressions and social judgments in the way of cognitive priming. As stated by Bushong (2002), "there appears to be enough evidence to support a position that, most likely, popular music is both a reflection of, and an exacerbating influence on, attitudes, values, and behaviors, when the idiosyncrasies of the individual and the stimulus are considered" p. 77.

The concern of the potential risk for prisoners to use music to reinforce glorification of delict behavior has been a topic of discussion and consideration with my clinical

supervisor during my placement. The population group at the special treatment unit I work at is considered at high risk of violent reoffending. To interact with this group who is at risk of violent behavior issues implies taking into consideration, and making careful judgement of the use of music, due to its potential for exacerbating violent behavior and offending.

Practicing self-care

The theme of *practicing self-care* emerged from the analysis of forensic music therapy literature and my reflective journal entries generated during my placement at a specialist treatment unit working with high-risk violent reoffenders. Some of the challenges of working therapeutically in this unique environment are related to working with a population group that has a history of severe and often recurrent violent behavior. In a prison setting where most sentences are related to violent offending (Department of Corrections, 2020), music therapists are required to have appropriate training and preparation (Compton-Dickinson & Benn, 2012), as well as receiving regular supervision and support where needed (Odell-Miller, 2013). Unpreparedness and lack of experience can trigger fears and anxiety by working in close proximity with violent offenders, which may cause clinicians to avoid patient contact, and which at worse may traumatise a therapist who is not sufficiently supported and prepared (Compton-Dickinson, & Hakvoort, 2017). The following sub themes are considerations for music therapists working in the field of corrections to provide informed, safe, and effective therapeutic support to offenders.

Supervision and support

Much attention has been placed, particularly in forensic music therapy literature, describing the role and importance of clinical supervision in such a complex and potentially triggering working environment. The provision of safe and effective therapy requires a good balance of intentional care for the client as well as self-care for the therapist. Regular supervision is particularly important in this regard because it offers support for the music therapist to process the complexities of clinical material and the energies that might be absorbed from the clients (Compton-Dickinson & Hakvoort, 2017; Adlam et al., 2013). Glyn (2014) suggests that professionals who work with violent mentally ill offenders need to be aware that the index offence is in some way going to be exposed in their interactions with the client. The task of disentangling the transference and countertransference dynamics from such a close-up position requires the help of a third party, and from this it is clear that supervision is an absolute necessity. The role of the supervisor assisting the therapists' development of skills includes the ability to objectively point at potentially predatory or perverse aspects of patient interactions, of which the music therapist may otherwise be unaware (Odell-Miller, 2013).

Supervision is about joint reflection, it is about attending to the process of the relationship between the therapist and the patient, and it is also a valuable learning experience for training music therapists; it supports the therapist identifying parallel processes which might go unnoticed, and which might subsequently negatively impact the therapist-client relationship (Compton-Dickinson & Hakvoort, 2017). Supervision also helps reveal and understand musical processes by looking at music therapy technique and approach, and by listening to and analysing musical processes (Odell-Miller, 2013).

The main tasks during supervision are to help the therapist work safely and to hold the patient in focus at all times, working to understand the therapeutic process between the therapist and the client. The understanding of the many layers of relationship that are

involved between the therapist and the client is key to the supervision process, all of which must be attended to in order to help the music therapy treatment develop, and in order to contain the many elements present during therapy. These multidimensions highlight the complex but enriching process of supervision that Odell-Miller (2013) calls “context-based music therapy supervision”, suggesting that “if any layers are neglected this could lead to a difficulty of holding the process, and to a disintegration of the music therapy process itself” (p. 46). This remarks the importance of supervision in the sense that it provides awareness of the multi-layered relational characteristics of the interactions between the therapist and his/her client, whilst providing critical feedback on areas where development is needed.

In working with these challenges, it is emphasised in the forensic music therapy literature of the importance of therapists, teams and hospital managers having access to regular supervision and reflective practice. It is considered vital in terms of fostering positive therapeutic practices and in examining and addressing dynamics and practices including dysfunctional ones at organisational, team and individual levels.

As well as having regular clinical supervision, Compton-Dickinson & Hakvoort (2017) recommend music therapists to have access to personal therapy, at least in the early stages of the work, so that “the music therapist has a healthy personal space in which to process the impact of the clinical work on the self” (p. 19) so that knowledge and awareness is gained of the deep psychological processes in order to avoid toxic psychodynamics, which in turn can “cause psychological detriment to the music therapist through the introjection of intolerable material received from the patients’ unconscious projective identification” (p.19).

Defining and maintaining therapeutic boundaries

The challenging environment of a prison setting in combination with a clinically complex client group provides fertile ground for conflict and issues in the management of therapeutic boundaries. Although it is widely acknowledged that boundary crossings and violations are common phenomena in prison settings, there has been a lack of training opportunities or specifically identified support for music therapists to manage them (Compton-Dickinson & Hakvoort, 2017, Adlam et al., 2013). Aspects of rule-breaking and counterculture present among offenders often lead to the recurrent testing and crossings of boundaries. Prison institutions need to find ways to support and educate music therapists in relation to setting and maintaining therapeutic boundaries in order to support the day-to-day practice as well as help reduce the occurrence of boundary breaking (Compton-Dickinson & Benn, 2012).

Setting and maintaining therapeutic boundaries provide a safety net for both the therapist and the client while reinforcing the client-therapist relationship dynamics. This implies setting boundaries about the type of verbal engagement shared with the client and limiting conversation topics to the therapeutic processes. Music therapists need to be able to create a musically contained environment while holding boundaries with consistency, thus demanding an ability to hold the therapeutic space sensitively and when required, with certainty, directedness and boundary setting skills (Compton-Dickinson & Hakvoort, 2017). Failing in containing therapeutic boundaries can lead to confusion, misunderstandings, and allowance of unhelpful habits which can subsequently become detrimental for the client's progress and can compromise the client-therapist relationship.

One of the characteristics of music therapy is that it provides engaging, and often harmonious, musical moments where success and enjoyment are experienced as well as acknowledgement of challenging and difficult thoughts and emotions. Compton-Dickinson & Benn (2012) note that if boundaries are not carefully considered, clients can become at times

overly involved, and may develop extreme (sometimes even erotic) transference towards their music therapist. Boundaries around time keeping, use of specific equipment, and closure also need consideration to achieve positive therapeutic outcomes. A good balance of appropriate therapeutic boundaries should be placed between firm and empathetic assertiveness and therapeutic collaboration in order to provide containment and safety. This is essential for the security of the music therapist and the client, and to maintain healthy therapeutic dynamics.

Professional boundaries require some thought and supervision support to maintain a patient-focused approach because there can be potential contraindications and risks as well as benefits. It is therefore necessary to set and maintain professional and therapeutic boundaries that are in alignment with those of the multidisciplinary team, the treatment unit, and the prison, in order to provide effective and safe support to offenders.

Awareness of risks

During a music therapy session, it is possible that undesired situations might be triggered, which can result in a potentially stressful and harmful experience for both the client and the therapist. Being aware of the risks associated with working with often violent and aggressive offenders is essential for music therapists in order to be able to respond rapidly and safely to any potentially dangerous situations (Adlam et al., 2013). This includes being aware of where to position oneself and the client in the therapy room in relation to the exit door and the alarm button on the wall, and how to use the radio and GPS alarms in case needed. As part of my induction to the prison prior to commencing my placement I was instructed of the rules and safety procedures to follow in case of emergency situations.

During supervision I was warned about the risks of disclosing personal information with my clients, the following excerpt from my personal reflective journal illustrates the

importance of being aware of certain risks and the considerations to follow in order to define and maintain a therapeutic relationship with my clients.

"I shared my concerns with my supervisor about being asked questions by the men, some questions were quite personal and I wasn't sure about how to respond. After discussing this with my supervisor I learnt that it is important to be consistent with establishing and maintaining a therapeutic relationship. Being aware of the risks associated to disclosing personal information such as where I live, what I do in my spare time, do i have a partner, etc., can have serious implications to my personal life and it crosses the therapist-client relationship" Reflective journal entry, 10/09/2020.

Being prepared

Music therapy training programmes prepare music therapy trainees with a broad scope of techniques and theoretical approaches and provides supervised placement opportunities for students to apply practical and theoretical knowledge in a variety of settings with a wide range of age and varied population groups. In countries like the Netherlands, the music therapy training involves a four-year Bachelor's degree and the bachelor music therapist can specialise, for example, in forensic music therapy (Compton-Dickinson & Hakvoort, 2017). In Aotearoa New Zealand the music therapy training involves a two-year Masters' level post-graduate degree, the final year-long placement and research project helps the trainee define an area of specialisation. The music therapy training programme covers a broad range of developmental and cognitive-psychodynamic theories which can be applied in a variety of settings where music therapy trainees develop their practice (New Zealand School of Music, n.d.).

Commented [CR1]: • P.56 - review what the MMusTher training states in relation to theories covered. Check the Course documents and appropriately reference if required.

In my experience I did not have a psychology background nor experience working with offenders. Joining a team of trained psychologists running a specialised rehabilitation programme, utilising a strong CBT framework, with violent offenders who are at high-risk of reoffending posed a great challenge and very steep learning curve. Not only was I inexperienced working with offenders, but I also lacked prior theoretical knowledge and understanding of psychopathology, treatment procedures and organisational dynamics. My preparation therefore was substantiated by the literature and receiving regular clinical support and supervision as I progressed with my practice.

Compton-Dickinson & Hakvoort (2017) emphasise that music therapists should have appropriate and specific training related to working with offenders in forensic psychiatry. There are similar contextual characteristics with working with forensic offenders and with high-risk violent offenders, particularly related with their index offence, anger management, and mental health challenges, therefore it seems fitting for any music therapist working on either setting would require a similar skill set, training, awareness of psychotherapeutic models, particularly CBT, and the RNR model.

As described by Compton-Dickinson & Hakvoort (2017), music therapists working with offenders should have “an extensive knowledge of psychopathology, treatment procedures and organisational dynamics” (p. 18), and remark that “it is essential that the music therapist is an accomplished, well-trained musician” (p.19), suggesting that musicianship skills on different musical instruments such as piano, guitar, voice and drums, is required so that “jointly created musical improvisations can be aesthetically pleasing, yet subtly felt to be the creation of the patient within the therapeutic relationship with the therapist” (p.19).

Awareness of theory in developing specific goals and aims

Offenders often have complex needs relating to their mental health and offending behavior. Music therapists are required to make careful observation and assessment to identify the risk and needs factors of the clients in order to develop specific therapeutic plans. Goals and aims will vary depending on the length and nature of the programme, length of sentence, as well as taking into consideration the persons' cultural backgrounds, musical abilities, and cognitive skills. Having awareness of theoretical frameworks will provide the music therapist with foundational rationale for identifying and developing therapeutic plans in accordance with the parameters laid out by the context in which the therapy takes place. Therapeutic goals and aims will therefore be tailored to individuals' needs, cultural background, index offence, while considering the current stage in their rehabilitation programme. As part of a multidisciplinary treatment approach, music therapists should also address and discuss these goals with the rest of the therapy team, particularly the individuals' therapist, in order to tailor and deliver complimentary support to an overarching rehabilitative strategy.

Gaining awareness of theoretical foundations

For music therapists working with offenders, whether in secure forensic psychiatric hospitals or in general prison contexts, having awareness and knowledge of the theoretical foundations is paramount in order to understand how music therapy can provide support to imprisoned populations. Music therapy will often provide complimentary support to pre-established rehabilitation programmes and thus becoming an added component to

multidisciplinary teams, particularly in forensic settings (Hill, 2006; Compton-Dickinson, 2006; Compton-Dickinson & Hakvoort, 2017; Hakvoort & Bogaerts, 2013). Due to contextual characteristics and specificity of offender rehabilitation programmes, it is important that music therapists integrate theoretical frameworks of music therapy with theories stemming from the fields of criminology (Hørnevik & Waage, 2019; Crewe et al., 2014; Hakvoort & Bogaerts, 2013; Sicard, 2016), psychology (Compton-Dickinson & Hakvoort, 2017), and sociology (Tuasad & O'Grady, 2013).

As mentioned in the literature, the RNR model (Andrews & Bonta, 2007) represents the gold standard for offender assessment in prisons worldwide, helping to identify key risk and needs factors that will determine which strategies will be best suited to support the individual. As described by Hakvoort (2014), “effective treatment modalities in forensic psychiatry should assess possible risk factors, address need factors, and aim to alter criminogenic needs”, and suggests that “the most effective manner to influence the risk and need principles is to closely relate these principles and the therapeutic intervention to the specific responsivity of the forensic psychiatric patient” (p.34). Hakvoort (2014) therefore recommends that music therapists should have a comprehensive understanding of the RNR model in order to develop and deliver specific treatment plans and programmes in accordance with the overarching assessment and treatment approaches.

While the RNR model has the potential to narrow down the focus of therapy to the specific criminogenic needs of the individual, Hakvoort (2014) suggests this narrow focus may at the same time reduce the individual's ability to function well in society. Hakvoort (2014) points out that an individual might function much better after release if their human needs are also considered stating that “it is important that needs (principle) include positive human values” (p.33). Ward's (2004) Good Lives Model (GLM) proposes an alternative theoretical approach to treatment where the concept of psychological wellbeing should play a

key role in determining the form and content of rehabilitation programmes, alongside that of risk management. It is suggested that a treatment plan should aim to provide the internal and external conditions necessary to foster the development of skills and positivism.

Psychotherapeutic models such as CBT and CAT have shown best results in offender treatment and rehabilitation programmes (Hakvoort, 2014; Adlam et al., 2013). It is important for music therapists working in the field of corrections to have at least a basic understanding of psychopathologies and psychotherapeutic models in order to understand the working mechanisms in place. While in countries like U.S.A, Argentina, and some European countries, music therapy training provides a strong foundation and training in psychology and/or psychotherapeutic approaches, the music therapy training in Aotearoa New Zealand leans more towards a humanistic approach and the specificity of psychotherapeutic models is less a point of focus. A more broadly trained student music therapist must therefore rely on literature to inform about theoretical models applicable to specific contexts such as prison environments. The following reflective journal entry depicts my experience during the lockdown period where I gained awareness of some of the theoretical foundations discussed by Compton-Dickinson & Hakvoort (2017).

“During lockdown, much reflection was made about organisation, writing case notes, whilst reading and informing myself about literature in this topic. Upon return I felt more grounded in my ability to plan and execute ideas and conversations with my clients. Gaining awareness of some of the theoretical foundations, which are linked with CBT and the RNR model, helped me formulate better action plans whilst also influencing my observation and case note writing skills.” Reflective journal entry, 01/09/2020.

Developing specific aims and goals

The high incidence of mental health challenges among offenders is a direct indication of where support is needed the most. However, prison populations are heterogeneous, and each individual will have its own characteristics and therefore needs. Also, within the justice system there are two clearly defined settings, forensic psychiatric hospitals and general prison institutions. Offenders residing in forensic psychiatric hospitals will present acute and often complex mental health illnesses along with severe anger-management and aggressive behavior, whereas in general prison institutions offenders might be at lower risk of mental health and extreme violent behavior. Music therapists will therefore take into consideration the contextual settings in which the client is placed along with the client's risk and needs principles in order to develop a tailored therapeutic plan specific to their needs.

One of the overarching principles towards achieving specific goals and aims is motivation. By virtue of its potential for engagement and skill development, music almost automatically appeals to many offenders and encourages responsiveness to treatment while exploring a basic aspect of the human connection. Promoting participation and engagement in rehabilitation programmes could therefore be one of the most valuable outcomes of music therapy, particularly with offenders who experience depression and/or anxiety and might struggle to find motivation, thus positively affecting efficacy of CBT based programmes. The value of motivation for effective treatment, Day (2010) points out the following:

The cognitive-behavioral approach requires some degree of motivation to change from participants, who are expected to actively engage in the treatment process.

Indeed, it is widely accepted that one of the most important initial tasks in violent

offender treatment programs is to find a way to effectively engage participants in a process of change. (p.381)

The identification and development of music therapy goals and aims specific to forensic psychiatric patients has been thoroughly examined by experienced forensic music therapists over the past two decades, where the focus has mainly been placed on supporting the psycho-social needs of offenders such as coping-skills, anger management and aggressive behavior, mental health challenge, and drug abuse (Hakvoort 2002; Hakvoort & Bogerts, 2013; Hakvoort 2014; Compton-Dickinson & Hakvoort 2017). While it is commonly acknowledged in the literature that music therapists will report in their treatment programmes that the needs factors are the primary treatment goals for referral, the westernised psychotherapeutic models such as the RNR lacks on humanistic considerations in relation to culture, particularly within colonised countries.

Summary

I have identified themes in this section which compile and amalgamate broad concepts, theories, and considerations and aim to illustrate how music therapy can provide support to men in a specialist treatment unit at a prison setting in Aotearoa New Zealand. The findings indicate music's ability to offer a means for connection with self and others can be observed from an ecological viewpoint, implying that the mere presence of music in the prison environment can support self-expression and connection. However, it is also an important consideration that music can be used to glorify and reinforce offending behavior in certain circumstances, and that therapists and students need to be vigilant. The provision of

music therapy support to rather complex population groups must take into consideration the provision of support for the therapist. This makes it vital for any music therapist working in this field to have appropriate training, regular clinical supervision, and mental health support to help navigate the challenging processes involved with working with serious offenders. Music therapists should have awareness of theoretical foundations in order to develop specific aims and goals in accordance with the psychotherapeutic or other models employed within prison institutions. The provision of safe and effective music therapy support to offenders should consider the multiple factors that relate to the complexities of the prison environments and their diverse populations.

Discussion

The aim of this research study was to find out how music therapy can support men at a specialist treatment unit at a prison in Aotearoa New Zealand. Findings in this study yield recognition of the diverse and complex issues present within prison environments and suggest that music therapy can provide support in a variety of ways depending on the context in which it is applied. A thematic analysis of pertinent literature and my reflective journal entries identified the three main themes laid out in the *findings* sections, however, there are overarching concepts which I consider important to discuss in order to contribute to a more comprehensive understanding of music therapy's potential to provide support to incarcerated populations.

Acknowledging culture and tradition

In Aotearoa New Zealand the legacy of colonising practices has tremendous implications to the Māori people, the stigma of the dominating ruling system is still remarkably evident in this country. These issues can be observed in the large over representation of Māori people in prisons and the alarming rates of recidivism. The lack of recognition of traditional Māori health models, lack of appropriate cultural support, and social inequality exacerbates the issues posing an urgent need to integrate more appropriate cultural support and collaborative strategies to offender treatment, rehabilitation, and the subsequent reintegration to society. It should therefore be imperative to any music therapist working in a prison context in Aotearoa New Zealand to have awareness and understanding

of Māori models of health, cultural practices, and tradition, in order to position themselves and their work from a place of respect and acknowledgement of the past and present, and in doing this so moving towards a more inclusive and collaborative future. As Swamy (2014) points out:

Music therapists should investigate whether there has been a history of past injustices, colonisation, war, or partition involving any of the countries their client has lived in, as well as the politics and laws relating to the people they are working with and how they are enforced. (p.40)

In addition, the use of traditional Māori music and arts in prison settings can foster a sense of identity and connection with values rooted in family, community, and spirituality. Canadian ethnomusicologist Lauren Sweetman (2017) discusses how incorporating traditional forms of creative expression such as kapa haka and waiata reinforce a sense of identity linked with cultural principles and tradition, and away from the identity of the offender.

Preparation, care, and support

Music therapists go through a generic training preparing them to work with a variety of population groups and settings. Prison environments are unique in the sense that they use specific theoretical frameworks for assessment and treatment which are often rooted in psychotherapeutic models. An important finding in this study reflects my own journey as a music therapy student and the challenges I found in relation to my unpreparedness and lack of knowledge in the theoretical frameworks which underpin the clinical work. It should

therefore be of consideration to any music therapist student or registered music therapist entering the field of corrections to have prior understanding of pre-existing models for offender rehabilitation such as CBT and CAT, as well the RNR and the GLM in order to provide safe and effective support to people in prisons.

To provide therapeutic support for offenders invariably implies the provision of self-care for the therapist as well, considering the potentially challenging situations encountered by music therapists working with often serious offenders who might have committed manslaughter, murder, child molesting, and other crimes. Music therapists need access to regular clinical supervision and personal therapy to support the therapists with understanding and release of often difficult transference related to participant's index offences. It is specified in the literature by experienced music therapist researchers about the importance of supervision and self-care practices for therapists working in the field of corrections, particularly in settings where serious violent offenders are kept in custody for specialised treatment such as secure forensic hospitals and rehabilitation programmes for high-risk violent offenders.

Context

During my study I became aware that within prison environments there are various contexts where the provision of music therapy might be applied differently. Different contexts will present distinct characteristics of the population groups, for example in the context of secure psychiatric hospitals there is a strong medicalised approach to treating acute mental health and psychological ailments. In general prison institutions there might be specific rehabilitation programmes focused on reducing violent reoffending, drug addiction,

sexual offending, youth offending, where psychotherapeutic models provide the theoretical foundations to support the needs of people participating in such programmes.

The context will invariably determine the approaches and methodologies by which music therapy will be delivered. Swamy (2014) writes that “context impacts the experiences of our clients, how they relate to us, how they relate to music and the music therapy we offer. In addition, context affects the musical, relational, and cultural experiences we offer as music therapists” (p.40). Furthermore, she adds that “being aware of context can help music therapists ask important questions, better understand and appropriately interpret their clients’ experiences, use more inclusive language, challenge habitual viewpoints, and think outside the box.” (Swamy, 2010, p.43)

From a social work science viewpoint, the mode in which a therapist names or refers to/of/about the participant will denote how the therapist will intervene (Cazzaniga, 1997⁹). In the literature various theoretical referents choose different names to describe the people they work with. In the course of the data analysis of the selected literature I identified that researchers have referred to the participants as offenders, clients, patients, prisoners, individuals, imprisoned populations, offending populations or people in community probation. Each name has its own meaning and therefore will describe the type of relationship the therapist will have with the participants, similarly each name has particular connotations which inevitably boxes the participant into a pre-defined group or cluster and thus imposing an identity over the individual. As mentioned in the introduction, in Māori culture people are considered *rangatira*, sovereign beings. If we treat our *rangatira* like sovereign beings who have complex needs due to socio-cultural, socio-economic, and

⁹ I came across this article written in Spanish (my mother tongue) which I considered important to reference as it contextualizes the point I am aiming to illustrate about the denomination of participants from a social work science viewpoint.

psychological challenges, perhaps the cycle of reoffending might not be perpetuated in the stigmatising imposition of names with predefined characteristics.

Limitations and possible areas of further research

A critical limitation to this study was the scarce amount of literature relating to the study and practice of music therapy in prisons in Aotearoa New Zealand, the lack of previous research in this context signaled that I had to rely on international literature and thus posing a challenge to keeping the specific cultural needs and characteristics of New Zealand present in my analysis. The unique and complex cultural characteristics of Aotearoa New Zealand also created challenges for my research because of my positioning as Pākehā discussing cultural issues about Māori. I noticed I needed cultural advice and support to be able to understand and frame my views with respect and careful consideration. Further limitations were observed in the analysis of literature used in this study, which consisted mainly of qualitative, short-term studies and thus small sample groups.

Contemporary developments of music therapy in forensic settings have led to the development of two clinically tested music therapy anger management manuals. Violent offenders are largely represented in general prison populations, an area of potential future research could be the use of the MTAM and/or the G-MTAM modules to support anger management with offenders in the general prison context. CBT and the RNR models are referenced throughout the literature as the main theoretical foundations to adjunct with music therapy practice in prisons worldwide, these models have been the gold standard for providing offender assessment and treatment globally. However, the Westernised approaches to treatment and assessment of offenders lack recognition and support of traditional Indigenous views of health and rehabilitation. Further research in this area requires the need to reflect the culture and beliefs of the Indigenous people of the area.

The benefits of incorporating music into the life of prisoners can be observed broadly as having positive influences in the socio-cultural aspects of the prison environments; the value of music can be identified in its humanising effect by providing means of expression and identity to people who often experience difficult mental health challenges with the suppressive and traumatising prison environments. The lack of music therapy literature in general prison environments poses a need for more research in this area, largely qualitative, small sample groups and lack of long-term studies suggest the need for long-term and large sample group research. As with the majority of studies using exploratory methodology, the design of the current study is subject to limited conclusive findings, and instead provides scope for further research. Music therapy researchers should consider undertaking further research in Aotearoa New Zealand prisons. The scope for future research is broad and could focus on many areas such as mental health support in general prison settings, as adjunct discipline to support pre-established rehabilitation programmes, in parole, probation community settings, or in secure psychiatric hospitals. There is certainly a significant need for kaupapa¹⁰ Māori-led, or collaborative Māori/Pākehā research about music therapy approaches in prisons in Aotearoa.

¹⁰ Kaupapa Māori: Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

Conclusion

This research study provided me with an opportunity to explore how music therapy can support men at a specialist treatment unit at a prison setting in Aotearoa New Zealand. The process of searching, gathering, analysing data, and identifying themes has been an incredibly enriching process. This theoretical learning process ran in parallel with my placement, which in turn subsidised my improvement of practical skills. My clinical work took place from February to December 2020, however, from late March to early August my placement was put on hold due to the global pandemic. During these challenging times, the research methodology was adapted from action research to exploratory research, this meant I was no longer able to use my clinical notes as data source and therefore I began to explore the literature to find out how music therapy can support men at a specialist treatment unit at a prison setting in Aotearoa New Zealand.

Findings in this research suggest that music can occupy various roles within a prison environment, from an ecological viewpoint to more pragmatic and medicalised approaches. Music therapy provision in prison environments should be contextualised to each setting in which is applied in order to deliver tailored support specific to the needs of the population and the nuances of the context. The literature strongly suggests that to support offenders within specialised therapeutic environments music therapists should be theoretically knowledgeable as well as providing self-care, regular clinical supervision, and personal support. Furthermore, careful cultural considerations must also be taken into account by music therapists working in this field in order to pay respect to the cultural beliefs and traditions of Māori people, thus supporting connection with people's families, communities, and spirituality.

Music therapy has the potential to help people in prisons by bringing aspects of humanity and connection, which are often devoid of in such complex living environments.

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Appendices

Appendix 1

Examples of coding as noted in the analysis section

The top screenshot displays the NVivo 12 Plus interface with the 'Nodes' list on the left. The 'Practising self care' node is selected, showing a list of sub-nodes including 'Anxiety about managing challenging situations', 'Managing boundaries', 'Sharing concerns with supervisor', 'reactivity, fear of violence', 'unintentional disempowering', 'wanting to read situations', 'choosing simple frameworks - accessibility', 'sharing my perspective - acknowledging complex', 'focusing on the programme's theoretical framework', 'connecting with therapeutic plan', and 'being prepared'. The main pane shows a text excerpt with several references and coverage percentages, such as 'Reference 1: 0.74% Coverage' and 'Reference 2: 1.48% Coverage'.

The bottom screenshot displays the NVivo 12 Plus interface with the 'Nodes' list on the left. The 'ecology of music in prisons' node is selected, showing a list of sub-nodes including 'value of music in prison', 'space for self-expression', 'prison impacting mental health', 'kapa haka', 'perceived identities of offenders', 'using music to glorify offending', 'limitations in research', 'Developing specific aims and goals', 'motivation in CBT programmes', 'music therapy goals in forensic setting', 'goals with offenders in mental health', 'rehabilitation treatments', 'MT methods in prison setting', 'being aware of theoretical foundations', 'therapeutic models used with offenders', 'working models overarching MT in forensic', 'theoretical framework in forensic', 'forensic MT as a tool for assessment', 'approaches', and 'mt techniques'. The main pane shows a text excerpt with several references and coverage percentages, such as 'Reference 1: 0.02% Coverage' and 'Reference 2: 0.02% Coverage'.

Appendix 2

Information & Consent Forms

Research title: How can music therapy support men in a specialist treatment unit in Aotearoa New Zealand?

Information Sheet for xxxxx, music therapy supervisor of Carlos Riegelhaupt-Landreani.

Dear xxxxx,

As you know, I have been involved in an exploratory research project related to my placement work with you at xxxxx. As part of my study, it has been helpful to relate my reflections and learnings on placement to reading about the field of corrections and music therapy.

This document is a formal request to gain written permission from you, for me to use some material written in my reflective journal. This material might address some experiences, learnings, and challenges which took place during or after supervision held by you. My research supervisor xxxxxx and I consider this material could contribute to my research study.

I will not be using your real name, nor identifying the unit directly, nor any specific work we discussed with clients in any of the material used in this research. I only plan to use my own reflective understanding of the learning experiences and I will make every attempt to protect your privacy and confidentiality. Records and consent forms for this research will be stored in a locked filing cabinet and kept for ten years at the New Zealand School of Music.

A summary of the results of the study will be available to you if you wish to see the findings of this project, but please note that this study may not be ready for publication until later in 2021. I will be happy to discuss with you about this study during and/or after the study is completed.

Please feel free to discuss with my research supervisor xxxxx, or me about my research and/or giving permission to use my reflective journal materials in the research, or if you have any concerns or questions relating to this research. If you feel you have obtained sufficient information about this research and are willing to give permission, please sign the enclosed consent form.

This project has been reviewed and approved by the New Zealand School of Music Postgraduate committee. The VUW Human Ethics Committee has given generic approval for music therapy students to conduct studies of this type. The research projects have been considered low risk and, consequently, are not separately reviewed by any Human Ethics Committees. The supervisor named below is responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research, please contact the supervisor or, if you wish to raise an issue with someone other than the student or supervisor, please contact the Victoria University of Wellington Human Ethics Convenor, A Prof Judith Loveridge, judith.loveridge@vuw.ac.nz.

Thank you for your time in reading and in responding to this letter.

Yours sincerely,

Carlos Riegelhaupt-Landreani

Student Music Therapist

carlosriegelhaupt@gmail.com

Supervisor

Sarah Hoskyns, Director of Music Therapy, the New Zealand School of Music, Victoria University

Sarah.hoskyns@vuw.ac.nz

Consent Form

- I have read the information sheet and have obtained sufficient information about the study
- I understand that the location and name of the setting will not be identified.
- I also understand that the research data will be kept in a locked cupboard at the New Zealand School of Music for a period of 10 years.
- I acknowledge that the study will be published in the library at Victoria University and may be presented in a conference or published paper
- I understand that I can contact the student music therapist and her research supervisor Dr Sarah Hoskyns if I have any concerns or questions relating to the research.
- I also understand that I can contact the Victoria University of Wellington Human Ethics Convenor if I have any other concerns about this research

I therefore give consent for materials recorded in music therapy student's clinical notes and reflective journal that are related to supervision sessions about music therapy practice to be used as reflective data in the research study.

Signature: _____ Date: _____

Full name/s printed: _____