How do music therapists use songwriting techniques and processes to facilitate self-expression with people who have eating disorders?

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Abstract

This qualitative research explored how music therapists use songwriting to facilitate self-expression with people who have eating disorders. I employed an interpretative approach using an exploratory research method. It involved being reflexive within my songwriting processes to gain a deeper understanding of personal self-expression to inform my music therapy practice as a student. The main data source was based on literature accompanied by a personal journal and some clinical notes. An analysis of data was applied using thematic analysis to develop themes and produce findings. The findings suggested that by utilising songwriting techniques, music therapists can help people who have eating disorders develop their identity, create a safe environment for people to express themselves, and provide opportunities for letting go of control. This project helped me to develop my songwriting and reflexive skills in a therapeutic context and to facilitate groups with people who have eating disorders. It also helped me to gain a more in-depth understanding of the various songwriting techniques and processes that music therapists use to facilitate self-expression in the context of eating disorders.

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1 Introduction

My research question was amended as circumstances changed during the COVID-19 lockdown period. I had limited access to practice music therapy in my chosen setting and so using an action research method based on cycles of learning was no longer possible. My initial research question focused on supporting engagement with people who have eating disorders and so instead of something that required practical work, I utilised exploratory research to investigate this topic further. My interest in researching songwriting and therapy stems from my background within songwriting training and my creative outlet as a musical artist. I chose to focus on songwriting because I wanted to discover how songwriting can be used *therapeutically* within the context of eating disorders.

1.1 Placement Context

Although this project focuses mainly on literature, I will provide context to my practical setting; part of what inspired me to choose the question for my research project. Throughout this exegesis, I will use the word 'clients' to refer to people receiving the service as this is the term used in my placement, and for consistency, I will also use it to identify processes and descriptions I found in the literature.

I attended my placement at an inpatient eating disorder clinic in New Zealand. The facility offered multiple therapies to clients who experience eating disorders. The facility has six beds available for inpatients and a day programme that runs five days a week. Clients have the choice to have individual, group or family therapy if it is available to them. The facility has a supportive environment that assists people with eating disorders to develop and maintain

healthy eating behaviours. The programme supports young women and men from the age of 14 and above to build on their strengths and to learn new ways of coping.

The eating disorder clinic is a busy environment with various therapies offered. I wanted to find out how I could incorporate music therapy into the day programme. I began by finding information about other therapies and learning about the treatment processes (psychotherapy, art therapy and family therapy). Throughout my time in this context, I aimed to work alongside the clinical team, and to familiarise myself with their approach to treatment. The model of care was, broadly, medical. However, I was also interested in developing an understanding of other models and approaches to care in this field of practice that were identified in the literature which led me to utilising a humanistic approach.
Abrams (2018) describes the motive for becoming a music therapist as a combination of having a personal relationship with music and certain regard for humanity. While multiple theoretical orientations inform music therapy practice, most forms and expressions of music therapy link to the humanistic (Heiderscheit, 2008).

I had the opportunity to develop two open groups and run individual sessions. However, my ability to offer these sessions was limited by organisational complexities and the variable attendance of day-programme clients. This research aimed to explore how music therapists use songwriting techniques to influence self-expression, and how analysing my own songwriting processes informed my experience as a student practitioner and helped me to understand how self-expression occurs within the process.

1.2 Experiencing clients and clinical work

My familiarity with the clinical work was of the bare minimum. The eating disorder service had not hired a music therapist in over three years, and so I felt a responsibility to negotiate a way to fit music therapy into the day programme and promote the benefits of attending the sessions to clients and the staff.

Although clients had their personalities, I was unfamiliar with how an eating disorder might affect a person's experience and daily life other than what I had read in the literature. I thought it would be important to understand certain characteristics of the illness (of people who have eating disorders) so I was aware of possible changes in mood, things that may trigger people, and group dynamics. Before I ran my sessions, I familiarised myself with the clients by being allowed to observe psychotherapy group sessions. I found it difficult to connect with people initially as most of them would avoid eye contact, fold their body inwards and were unwilling to engage in group activities. Walking into an environment where people were reserved made me interested in my reactions, as I wasn't used to people being so withdrawn. I gained confidence within the setting by taking the time to acknowledge clients' interests and build on their interests while utilising my strengths, such as songwriting. The literature enabled me to understand the therapeutic context of songwriting in more depth, and using this with clients provided the means for a therapeutic relationship to evolve.

My clinical music therapy group sessions initially involved utilising receptive methods, sharing participants' musical choices and analysing songs in the group. I observed that receptive methods were helpful to draw people in, and could foster connections between people by giving them something to relate to. It was useful to bring awareness to the power of songs as an initial stage towards songwriting.

1.3 Personal stance and approach

For this research project, I thought it would be important to include aspects of my own songwriting processes and how this pertained to my music therapy practice and my own understanding of self-expression through the songwriting experience. I have been writing songs for as long as I can remember and spent time overseas in America and Australia between 2014 and 2017 studying the various ways in which songs can be created. Although I have gained useful knowledge of songwriting through the years, I hadn't yet focused on the way it can be used therapeutically and where self-expression occurs within the process. Is it through the creation of lyrics? Is it through the performance? It was questions like these that led me to study the effects songwriting has on myself and the way it enables a safe place for self-expression to happen authentically.

I have been particularly interested in this population since my early adolescent years. I grew up on a farm with horses and witnessed people who have eating disorders visit for equine therapy, which made me curious about the illness from an earlier stage in life. My curiosity towards the treatment process of eating disorders made me wonder how music therapy could play a part in that process. Being not so far on from my adolescent years currently, I recall the context of my environment being exercise and health-related. A strict diet, exercise routine and weighing-in for the sport was a normal part of my lifestyle that I felt necessary to adhere to.

I have wondered about this now, as I have talked more with people experiencing these conditions. Personally, this has made me curious about how young people connect body image and control of their environment and body. I was interested to know about how music therapy played a role in the treatment process of people who have eating disorders. I had not

visited an eating disorder clinic in the past, and there were challenges that affected my confidence working in this environment for several reasons. While I undertook clinical work at the eating disorder service, I prioritised a humanistic approach. This theory is grounded in the belief that people have the potential to understand themselves and have the capacity to grow (Baker, 2015; Schneider & Krug, 2010). Humanistic thinking involves being present and working in the moment, rather than putting emphasis on resolving the past (Abrams, 2018). This approach was influenced by my music therapy training, my own strengths and the exploration of literature. People who experience eating disorders often want to be seen for who they are, not their illness (Lejoncloua & Trondalen, 2009; Pavlakou, 2009; Rance, Moller & Clark, 2017).

I spent time studying music at Griffith University in Brisbane, Australia from 2014 to 2017 and was given a songwriting scholarship in the United States that developed my skills further as an artist, collaborator and songwriter. I have continued to write songs as part of my musical practice, and feel it is my strength - thus I chose to value songwriting and the development of self-expression in music therapy. Songwriting has been a way of exploring musical elements such as melody, harmony, rhythm, texture and structure to form an expression that is unique to my experiences. Writing lyrics has been useful in communicating the story of the song that is carried by these elements.

Exploring eating disorders and music therapy motivated me to explore songwriting and how it could be applied within a therapeutic environment. Over the years, I have used songwriting as an outlet for my own self-expression; a way to communicate and/or release feelings, thoughts and experiences. I wondered if exploring this area within music therapy could expand my scope on the topic and bring richer meaning to the songwriting process and its impact on people who have eating disorders.

2 Literature Review

2.1 Eating disorders

Zerwas & Bulik, (2011) observe that eating disorders are most commonly known as being influenced by culture, society and the environment and usually emerge within stages of pubertal change. They also contend that commonly, people are influenced by parental behaviours towards food, weight and body image. Life events such as childhood abuse and bereavement may also bring about the onset of an eating disorder. Common comorbidities in people with eating disorders include depression, anxiety and obsessive behaviour (Steiner & Flament, 2012). Hay et al (2013) describe four types of common eating disorders which include Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), and Avoidant/Restrictive Food Intake Disorder (ARFID). Women will be twice more likely to experience the illness than men.

These authors contend that people with *anorexia nervosa* usually set themselves the goal of losing weight, restrict eating, may exercise excessively and are often overly concerned about their body shape and weight. *Bulimia nervosa* may present in a person when they are likely to binge-eat and compensate for their actions by purging or exercising excessively to maintain or lose weight. People who have *binge eating disorder* do not consistently display these behaviours, so they can either have a normal weight or be overweight. *Avoidant/restrictive food intake disorder* happens when people are likely to have phobias towards food and so they choose to avoid certain foods. They are not usually concerned about their body shape and weight but lose a lot of weight due to nutritional deficiencies and are often fed through a nasogastric tube.

Individuals with eating disorders are frequently ambivalent about changing their illness behaviour and often only attend treatment services due to pressure from family or friends (Gale et al, 2006). There are trends to develop more focus in research on the experience of service users, as users will commonly decide to drop out of their treatment. Rance, Moller & Clark, (2017), explain that what people look for in their treatment is to be seen as a *whole person* and want to have a *real* relationship with their therapist. This could indicate there is scope and need for a wider range of supportive approaches working within the treatment process of eating disorders.

2.2 Music therapy and eating disorders

A considerable amount of research has been published on eating disorders and music therapy (Bibb, Castle & Newton; 2015; Loth, 2016; Hilliard, 2001; Lejonclou† & Trondalen; 2009; McFerran, et al., 2006; McFerran, 2005; Pavlakou, 2009; Nolan, 1988; Robarts, 2000; Loth, 2002; Trondalen, 2003; Heiderscheit, 2008; Bauer, 2010; Trondalen, 2003; Heiderscheit, 2013).

Creative art interventions are said to be commonly used within a multi-disciplinary team throughout the treatment of eating disorders (McFerran et al, 2006). Music therapy in particular offers unique and powerful ways to address specific characteristics of eating disorder pathology (Loth, 2016). There is a good opportunity for creative therapies to emerge within this context and they can be used to focus on *who* the participant is, rather than *what* illness they have. Lejoncloua and Trondalen (2009) discovered that people who undertook treatment for their eating disorder were not satisfied with the amount of focus that was put onto their condition. Pavlakou (2009), describes how music therapy can be used to shift the

focus away from the condition and move further towards other alternative ways of being. Music can take on a significant role in strengthening the identities of young people with mental health challenges (Hense & McFerran, 2016). It has the potential to draw on the expressive function of music to facilitate self-expression, insight, and growth within people that live with eating disorders (McFerran et al, 2006).

Robarts (2010) suggests that the resourceful music therapist has the potential to use the powerful properties of music in specific relation to a participant's needs. To empower participants, the music therapist can foster their creative resources through their outlet of expression (Lejoncloua & Trondalen, 2009). By focusing on the strengths of a participant, a resource-oriented approach can enable people to become more self-determining. (Bibb, Castle, & Newton, 2015).

Music therapy also has the potential to create a safer avenue towards gaining self-confidence and connection between inner and outer realities (Lejoncloua and Trondalen, 2009). Group singing, improvisation and lyric analysis are very useful techniques in music therapy practice (Pavlakou, 2009; Robarts, 2010; Bauer, 2010; McFerran et al, 2006). McFerran (2006) discovered that utilising songwriting methods enabled information to be revealed from participants that had not yet been discussed by other members of the multidisciplinary team. Emerging studies have suggested that these techniques have assisted with self-expression and connection from mind to body. Those living with eating disorders could benefit more from focusing on the present experience of making music and relating to another, rather than so much on symptoms and illness.

2.3 Songwriting as therapy

"Songs weave tales of our joys and sorrows, they reveal our innermost secrets, and they express our hopes and disappointments, our fears and triumphs. They are our musical diaries, our life-stories. They are the sounds of our personal development."

(Bruscia, 1998, p.9)

Bruscia (1998), describes techniques as 'tools' and 'strategies' which are integral to the success of an applied method obtained by the music therapist. The method can be seen as an approach which is chosen by the therapist to achieve therapeutic change. The techniques I have focused on relate to songwriting such as lyric writing or lyric adaptation. The literature has informed my understanding of what techniques might be particularly useful for people who have eating disorders.

Wigram and Baker (2005), describe songwriting in therapy as the process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, and cognitive and communicative needs of the client. Baker (2015), expresses the many strengths that her clients have witnessed during the songwriting process which are as follows:

Songwriting represents a therapeutic journey

Songwriting is a medium for emotional expression

Songwriting creates artefacts

Songwriting can transform the songwriter's environment

Songwriting is connected to culture and society

McFerran (2010) notes that songwriting is an adaptable method that can be altered to reach goals such as development, acceptance or understanding (McFerran, 2010). She further explains that songs which are created by the client and formed throughout the client/therapist relationship have the potential to be used as an artefact and can ultimately be used for a lifetime. Songs can become a means for exchanging unconscious processes between client and therapist (Nolan, 1991). Rolsvjord (2005) explains that the meaning of a song and the therapeutic potentials of songwriting in music therapy is not only connected to the song as a certain expression but to the relational experiences of the songwriting process and the use of the songs inside and outside the music therapy room.

Baker (2015) describes the potential for songwriting to create feelings of tension and expectations of a resolution. These feelings can be produced by tempo changes, dynamic, rising and falling melodic contours and resolving or unresolved harmonic progressions.

2.4 Role of therapist within the songwriting process

It seems important as a student and ongoing practitioner, to understand how a therapist might communicate, support and validate clients within the song-writing process. There are multiple theoretical frameworks that one might choose when working with people who have eating disorders. McFerran & Heiderscheit (2015), express the complexities of choosing a single theoretical framework and suggest that one of the options is to choose an eclectic stance. This can be more appropriate when working with people who have eating disorders as it involves having the flexibility to alter the framework by considering the challenges experienced by the client and the environmental context of where the music therapy takes place. As a new student therapist, it seemed sensible also to work with my own experience, learning and strengths in music, and for me this focussed on an active interest and a capacity to develop song-writing within my practice.

McFerran (2010), explains that when songs are used as part of therapy, music therapists must acknowledge the unexpected potency and reactions that songs can bring to people. She mentions four steps that can be utilised within the process of songwriting with adolescents.

Theoretical framework (Humanistic)

Therapist's stance (Go with it)

Therapeutic intention (Offering acceptance)

Anticipated outcome (Identity formation)

(McFerran, 2010, p.55)

People who have eating disorders may experience feelings of self-doubt, perfectionism and a desire to control the outcomes of different situations (Loth, 2016). People describe that the only way they can feel in control is through their eating disorder but over time it ends up controlling them (Rance, Moller & Clark, 2017). Clients in group songwriting may often begin a session by expressing that they don't know how to write a song. Aasgaard and Blichfeldt (2016), observe that the therapist should take on the role of guiding the client through the songwriting process and offer an appropriate level of structure to make the experience more accessible and to ultimately achieve success. Fill in the blank (FIB), and building on clients strengths can help provide the structure that this client group may require.

Loewy (2005), mentions the importance of being able to provide musical experiences that reflect the client's feelings, experiences or behaviours. They might do this by sequencing, pacing, choosing a specific key, or adapting music to meet the client's needs. The questions following are crucial if a therapist were to think about meeting the client's needs in music therapy sessions: "What kind of techniques and experiences will be satisfying for the client? How do elements of music infiltrate into the clients' life-world?" *(Loewy, 2006, p5)*

Bruscia (1998), describes the experience of countertransference within music therapy and how this can have positive and negative effects on the therapeutic relationship. Countertransference can occur when an interaction between therapist and client resembles relationship patterns in either the therapist's life or the client's life. The therapist can respond professionally by adapting to the client and bringing awareness to what is happening in the present moment.

2.5 Self-expression

As humans, we are capable of expressing ourselves in various ways. We may do this through tone of voice, posture, facial expression, words, and more specifically through paint, music sculpture and other forms of art (Green, 2007). According to some views, all art is a form of self-expression and for others, it is an intuitive piece of knowledge that cannot be translated through words or any other medium. Tshivhase (2015), mentions the number of platforms that enable people to communicate who they are, how they feel or what they want/don't want, whether that be talking to therapists to make sense of their emotions, or art, dance, acting, painting and music.

Music therapy can provide an opportunity for self-expression as music is a non-verbal means of communication. By utilising musically interactive methods such as free and structured improvisation, creating songs, and listening to pre-composed music, clients with eating disorders can begin to recognize and tolerate their feelings, connect with others, and make links between their thoughts, feelings, and bodies (Loth, 2016). McFerran (2005) found that the use of songwriting in particular has been effective in freeing patients to express themselves in a creative way that also articulates important aspects of their experience. McFerran's article relates to her experience of working with adolescent females who have anorexia nervosa and how the processes of songwriting enabled them to express themselves within the context of their eating disorder journeys. There is a wide span of literature that relates to self-expression and the creative arts, although Epp (2007), mentions that, although there is an underlying theme of self-expression in music therapy publications, the topic itself is not often rigorously investigated.

2.6 Summary

Music therapy and songwriting have been well examined within the context of adolescents and mental health. Nonetheless, although there is evidence of how one might express oneself, there appears to need for further literature explaining how self-expression is accounted for and defined within the *process* of songwriting. There is a growing body of literature on songwriting with individuals who have eating disorders but I found little information that pertains to use of group *s*ongwriting with this client group. It is difficult to ascertain the relationship between musical expression and self-expression and how this may create complexities when trying to determine where, when or whether they both occur within the process of therapeutic songwriting. Therefore I intended to illuminate some of these areas, by developing concepts from the literature and exploring this in relation to some of my experiences as a musician, songwriter, composer and later as an emergent music therapy student.

2.7 Research question

How do music therapists use songwriting techniques and processes to facilitate self-expression with people who have eating disorders?

3 Methodology

3.1 Research method and design

Exploratory research appeared to be an appropriate methodology to explore how music therapists have used songwriting to facilitate self-expression and how in particular they have used songwriting with young people, and with those experiencing eating disorders. Stebbins (2001) defines exploratory research as a social science exploration; a broad-ranging, purposive, systematic, prearranged undertaking designed to maximise the discovery of generalisations leading to description and understanding of an area of social or psychological life (Stebbins, 2001, p.3).

It also allowed scope for me to explore how I might implement songwriting methods and techniques into my practice at the eating disorder clinic. This project has provided me with the opportunity to look at ideas from multiple perspectives to find meaning and develop new ideas. Exploratory research gives a pervasive personal orientation of the explorer.

As a student researcher, I have used an interpretivist approach (Wheeler & Murphy, 2016) to understand and develop appropriate and meaningful practices in my sessions with people in this service. As an important part of interpretivist study, researchers are encouraged to be reflexive and Finlay (2002), mentions that reflexivity can be understood as a confessional

account of methodology or as examining one's own personal, possibly unconscious, reactions. This informed my reflexive skills as I was analysing my songwriting processes, particularly through actions and reactions that happened intuitively or by "feel" and for which I was not aware of using active thinking. The notes that were taken from my processes of songwriting and self-expression are referred to as 'self-data.' This has been collected by taking a closer look at my strategies and processes as a songwriter and discovering ways in which they influenced my self-expression and informed my practice as a music therapy practitioner.

An exploratory research method involved an initial exploration of literature relevant to my chosen topic. It was an accessible method in being able to explore literature, my songwriting processes, and clients' responses to music therapy sessions in the eating disorder service. This method was a useful framework in helping me to develop a theoretical understanding of the chosen topic.

3.2 Data sources

This research project is based on the exploration of songwriting techniques and processes that I used within my own compositions and those used within music therapy. I was interested in how techniques and processes influenced self-expression for both myself and my clients. Literature has acted as a primary source for data gathering, accompanied by personal journal, songs and clinical notes.

The literature data source includes articles, books, an online course created by Heiderscheit (2020).[1] I selected material that related to my research question, collected data by examining the selected literature took notes on topics that were relevant to my research question by highlighting relevant sections of texts. I also took a reflexive stance by analysing my songwriting processes as a data source (structure, chords/melodies, and lyrics) to explore what I thought I did naturally to "express myself". Finally, I used two clinical examples at the placement facility from group songwriting processes that brought to life what I had been exploring throughout the literature.

3.3 Data analysis

After I had collected my data, I used six stages of thematic analysis to look at my datasets and develop themes (Braun & Clarke, 2016). Thematic analysis (TA) is a method for identifying, analysing, and interpreting patterns of meaning ('themes') within qualitative data (Braun & Clarke, 2016, p. 297-298). This process helped me to generate codes and themes from my datasets. The six stages of thematic analysis for my data were as follows:

[1] Music Therapy in Eating Disorder Treatment *Clinical Considerations and Applications* (Heiderscheit, 2020)

Stage one refers to *familiarizing myself with the data;* this was when I gathered all my data sources together and read over them. I immersed myself in the data and carefully read over selected pieces of literature, reflexive notes and clinical notes that I found interesting and would potentially help answer the research question.

Stage two involved g*enerating initial codes;* I used NVivo 12 in the process of analysing my datasets by highlighting sections of texts that I found interesting or that was significant to my research question to organise into codes; it was a helpful way of developing initial coding[2] and took careful time, which resulted in a long list of codes that related to songwriting techniques, self-expression and eating disorders. For example, as I was looking through my reflexive notes from analysing my songwriting processes, I came across a sentence that said:

A line from the song "is this all there is, a life that isn't moving?" might encourage the tempo to be relaxed and relatively slow-paced which I instinctually moved towards as I was playing the chords."

When I had highlighted it, I called the sentence "making musical choices" because thinking about the choices and making them allowed me to express myself. This was one of my initial codes.

Stage three: *Searching for themes* enabled me to take a look at how different codes may relate to a broader theme. I brought codes together that had similar meanings by cross-referencing them as a way to synthesise the data and put them into categories. Once I had my codes in

[2] See appendix 1 for NVivo 12 initial coding example

categories, I could visualise how they came together to reflect particular meanings of potential themes.

Stage four: *Reviewing themes;* this was where I stepped away from the screen and drew a mind-map[3] to make more sense of my themes and to look at other possibilities. I merged themes, refined some and the creative process resulted in four themes that were formed from the codes that linked back to my research question. I found it difficult looking at a list on the computer, and so reorganising this spatially helped me make connections, and to creatively make sense of my themes. Although this process helped to produce new ideas related to potential themes, I transferred the mind map into NVivo 12 so it was easier to ascertain the links between codes and my themes, rather than trying to find clarity through layers of brainstorming on paper. This process enabled me to draw richer meaning from them.

Stage five: *Defining and naming themes;* this is where I identified the essence of each theme and finalized my themes for the final analysis of data. My question focused on *how* music therapists use songwriting techniques and I decided to shorten the themes so they were more clear, added flow and provided more of a story. For example, my first theme is "who are we?" but before I had finalised it, the theme was called "helping people investigate who they are."

Stage six: *Producing the report;* after having a clear set of themes, I then completed the analysis which involved writing up my findings based on the themes that were developed.

[3] See Appendix 2 for mind map example

I was looking for examples of how music therapists approached song-writing and self-expression in this area of practice in the literature and I wanted to remain open to gathering new ideas about how songwriting was used for self-expression more generally. In this way, my approach to coding the data was largely "inductive" (Thomas, 2006). When I write songs, it is often a reasonably unconscious process, so I wanted to figure out how I used my composing to achieve something specific through analysing my processes and producing self-data. I also used the same process when analysing my personal journal.

The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies. (Thomas, 2006, p.238).

Although I was looking in a certain domain for ideas, I was unsure about how music therapists use songwriting techniques and processes to facilitate self-expression. This was also relevant to the self-data that was generated from analysing my songwriting processes. I wasn't looking for anything in particular, but taking reflexive notes from different stages of my songwriting processes and noticing emotional or cognitive responses as they came up. Instead of searching for specific ideas, I remained open to generating new ideas that could potentially emerge from the collection of data (Gabriel, 2013). Utilising an inductive approach meant I could be led by the data which provided me with a foundation to identify meaning and new interpretations within the datasets. It helped me to discover new meanings throughout the analytical process to develop my themes.

3.4 Ethical statement

As the researcher and practitioner of the research project, I have been guided by Victoria University Human Ethics Guidelines (2019), and the Code of Ethics for the Practice of Music Therapy in New Zealand (2012). Informed consent has been obtained in writing from a client at my placement to include a few examples of songwriting processes that occurred within the clinical work at my placement.[4] A pseudonym has been used to protect the confidentiality of the client and they were given the option to withdraw from the research upon completion of the data analysis. Data will be stored securely by my supervisors at the University and will be destroyed 10 years after the research project is finalised.

This research was undertaken within the ethical approval process undertaken by my supervisors for NZSM 526 Casework & Research, HEC Approval Application 028127 for music therapy students undertaking low risk research on their practice. My practice was supervised by a visiting registered music therapist, Penny Warren and the research was supervised by Sarah Hoskyns, Programme Director of Master of Music Therapy.

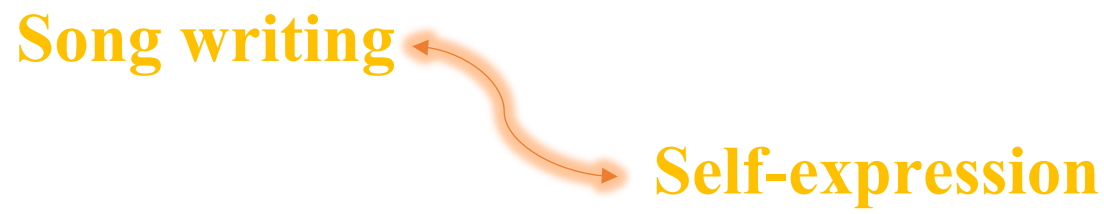
The Treaty of Waitangi principles, informed by the Victoria University Treaty of Waitangi Statute (2019) informed my practice at the placement and my research, and are as follows:

- Kāwanatanga (Governance): I will provide good governance for the facility and to act reasonably and in good faith with staff and clients.
- Rangatiratanga (Autonomy and self-determination): I will maintain good leadership skills and encourage self-determination within the clients at the facility.

[4] See Appendix 3 for example of information and ed consent forms

- Kōwhiringa (Options): Clients will have the right to pursue their personal direction and choices within the context of music therapy sessions.
- Mahi tahi (Partnership): I aim to create an environment in which we work together for mutually beneficial outcomes.
- Kaitiakitanga (Protection): I will ensure clients rights are consistently protected through fair processes and good decision making. I will honour their privacy by not disclosing any personal information outside of the facility.
- Whai wāhi (Participation): I will respect clients' choices to participate or sit out of sessions, but encourage involvement in music therapy sessions to benefit their needs.

4 Findings



I have produced four themes from the first four stages of my data analysis that aim to understand how self-expression is facilitated for songwriters and people who have eating disorders engaging in music therapy. These findings came from coding the three main data sources (literature, personal journal and clinical notes). These codes were categorised, compared and integrated to develop themes of self-expression through songwriting.

The unprecedented nature of COVID-19 meant that I was unable to attend placement between March and June 2020, and therefore could not focus my research on practice experience, as I had expected to do. However, my more recent clinical practice has been meaningful and I have included a small portion of data from facilitated songwriting sessions (August-October) in the form of clinical notes.

The names I have given the themes are influenced by my own experience as a songwriter and from the spirit of my clients I have worked with on placement. They relate to how music therapists (including myself as a music therapy student) use songwriting processes and techniques to give clients a place to express themselves.

My themes are as follows:

Who are we?

It's personal

A safe space

Letting go

Under each theme, I will describe subthemes that provide meaning to how each theme was developed and will include overlaps of codes that occurred during the first few stages of analysis which I will present by footnotes. Some of the subthemes were more strongly drawn from the literature, others were relating to my reflections and experience as a songwriter and developing clinician. Some were a mixture of both. Overall this is a synthesis of theoretical and practical ideas.

The following table is an example of how different data sources and codes will be referenced throughout the write up of findings:

Data Source	**Acronym**	**Reference**
Literature		Author and date
Self-data	SD	Date
Clinical Note	CN	Pseudonym and date

4.1 Who are we?

As I created songwriting materials and explored readings on songwriting in lockdown, I thought about clients I had met briefly prior to lockdown and what might be useful. Baker (2015) mentions that songwriting can allow participants to use their knowledge of different musical genres to express their emotions related to themes of different songs. She also suggests that creating songs in a therapeutic context can allow people to express contrasting sides of their identity:

Who am I?

What am I?

What am I thinking?

What am I concerned about?

Over the past decade, songwriting has helped me to think about those questions whether that be for myself or other artists, within films or more recently for clients in a therapeutic setting. Loth, (2016) explain how songwriting in this context can be used to allow clients and therapist to focus on who they are, rather than the illness they experience. McFerran (2010) explains how humanistic therapists focus on being present with clients and use energy and creativity to meet people where they are. McFerran draws on the relationship between having a theoretical framework, the therapist's stance, a therapeutic intention and an anticipated outcome.

"Humanistic >>> Go with it >>> Offering acceptance >>> **Identity formation"**

McFerran, 2010, p.55

A humanistic framework inspired my approach to practising as a music therapy student and drawing on McFerran's description of this evolved my understanding of the importance of identity within the eating disorder environment.

Below are the subthemes that were grouped under the *"Who are we"* theme.

Lyric writing

Sharing songs

Composing for clients

"A therapeutic relationship where both therapist and client are of similar age may develop a closeness that is similar to a friendship, given that both are at a similar stage of life, and this will influence the quality of the therapeutic relationship." -Grocke & Wigram, 2007, p.24

Lyric writing

When people choose to express their stories or emotions, they can eventually build themselves a new identity that reflects their changed circumstances (Baker, et al., 2008).

In the development of analysing my songwriting process, I became aware that something internal becomes transformed through the music. This could be my thoughts and feelings that I was unaware of being transformed by melody, lyrics, chords, rhythm and/or tempo. To me personally, this seemed like "self-expression".

SD 28/04/2020

When I went to write a song yesterday, I had an intention of what I wanted to write about; I was in a good mood and I wanted the song to represent motivation and connection. Without putting any musical thought into it, the chords I played happened to be mostly major with an upbeat tempo that felt like going on a road trip somewhere sunny. By acknowledging what mood I was in, the music seemed to match my mood and subconsciously I may have been choosing chords to do that for me. Today, I put no thought into it whatsoever. I felt unmotivated and perhaps wanted to understand more about how I felt without talking to someone about it. I went straight to my guitar and started to play over 2 suspended chords in 3/4 timing. After about 3 minutes of playing and singing over them, I found the chord that resolved the progression and felt a sense of safety in myself that perhaps I was looking for in the music. A line that stood out to me in the lyrics I was singing was "don't you fight it, go and find it." Finding that chord and the lyrics was really a metaphor for what was happening in my day.

From a personal stance, lyric writing has always been an interest of mine and it is one of the few ways that I feel confident in expressing my thoughts, feelings and emotions. By reflecting on this experience with songwriting, I understood that so much can happen in the music. We don't necessarily think about everything we are going to say before we say it, and I noticed that the less I thought about it, the more authentic my self-expression would become in the music.

O'Callaghan (1996, p.80) developed an 11-step protocol for songwriting while working in a palliative care setting:

1. Offer Songwriting
2. Choose a topic
3. Brainstorm
4. The ideas that emerged were grouped into related areas, usually by the therapist, in what was to become a chorus or verses 5. Offer major or minor keys
6. Choose rhythmical features
7. Find the preferred style of mood
8. Melody: usually the patient was given the choice of two melodic fragments for each line of the song
9. Choosing accompaniment—only a few patients were involved in this
10. Naming the song (title)
11. After the song was written up, the therapist or, if possible, the patients recorded it

McFerran (2005), adapted this protocol which had added more emphasis on lyric creation. Her adapted version contains 10 steps that are as follows:

Introducing song writing >> selecting song style >> brainstorming song concept >> brainstorming lyrics >> selecting ideas for inclusion >> determining song structure >> to rhyme or not to rhyme >> creating lyrics >> creating melody and harmony >> finalising music features.

The songwriting protocol below was inspired by O'Callaghan and McFerran's protocols which guided me in my clinical practice experience when I began facilitating songwriting sessions with clients. I have included a clinical example in this code of what the songwriting outcome looked like as a result of following the first 8 steps of the songwriting protocol adapted by McFerran (2005).

I have included lyrics and brainstorming examples from a group member[5] who has given informed consent for her ideas to be shared.

[5] Group member has given informed consent for this poem to appear in the findings, see Appendix 3. The name "Courtney" has been used as a pseudonym.

Theme: Our Place – Where do we feel safe?

Genre/Style (Selecting song style)

Folk music - lyrics tell a story

Indie pop - melodies are catchy

Soft rock - instruments carry everything

Brainstorm (Brainstorm song concept)

Mountains - certainty, predictability **(Brainstorming lyrics)**

Bed - warm, comfortable

Ocean - rough of the sea returns to calm, joins everywhere together (connection) **Driving in the car** - listen to music, old classics, loud, distraction

Structure (Determining song structure, selecting ideas for inclusion)

Verse 1: Bed Chorus:

Verse 2: Ocean

Bridge: Car Chorus:

Fill in the blank (FIB) (To rhyme or not to rhyme, selecting lyrics)

VS1: BED

I'm lying in bed

I can/can't feel _____

Trying to _____

How do I _____When I _____

Pre-chorus:

Where’d you go, where’d you go with my head?

I’m so far from _____ Where’d

you go, where'd you go with my head?

Without it I’m _____

Chorus:

Got my house in the middle of the nowhere

I’m safe and alone

Got my house in the middle of nowhere

I’m _____

VS2: OCEAN

The water is there

It follows a/the _____of/and _____

Brings me a sense of _____

Affords me the _____

Shows me _____when I_____ **BRIDGE: DRIVING**

IN MY CAR

What will happen If I_____

The road is long but I _____

Moving along feels so_____ All

I wanna do is drive

Lyrics adapted from FIB sheet by Courtney:

*How do I live **when I** can't find myself?*

Entangled in the bedsheets, I become an object

All they see is a mound of my silhouette, an empty shell of who I used to be Cobwebs

dusty, glinting constellations of forgotten memories

The ocean shows me the rhythm when I am offbeat

A swirling wholeness of movement when I am stagnant

A whispered lullaby of to and fro, to and fro

Lyric writing gave people an accessible opportunity to explore parts of their own identities and express their realities with each other in a group context. The example above is from Courtney who chose to take parts of the FIB sheet and adapt them into her own structure and lyric creation. By utilising this method and songwriting protocol, Courtney was able to engage in this part of the songwriting process and share her lyric creations with other group members and myself.

SD 26/06/2020

Courtney's lyric adaptation uses other images/metaphors to express a feeling of emptiness and loneliness. Perhaps metaphors are a way to express her situation more creatively and without giving too much to the reader, her peers or myself. This is also counterbalanced by the security and regularity she receives from the comfort of the ocean. "The ocean shows me the rhythm when I am offbeat" is a very powerful suggestion that perhaps it brings her back to steadiness and allows her to feel more at ease.

Sharing Songs

Bibb, Castle, & McFerran, (2019) describe how people can often relate to lyrics in songs they choose to share, and associate memories with songs. Other topics that emerge in discussions after sharing songs may also relate to the eating disorder recovery, body image and the role of music in their recovery. Using existing songs with clients especially young people can often be the most natural way for them to engage in sessions. Their choice of songs can be powerful because of the association's clients have with the music and the inherent messages that are expressed by the artist/composer (McFerran, 2010).

Receptive music therapy strategies appear to be useful when people don't know each other and may promote ways to make connections without too many personal risks. Heiderscheit, (2009), explains how song autobiography invites clients to select important moments from their past and identify songs that express those moments. Analysing their songs can enable clients to share their stories with each other and with themselves. Listening to songs can also allow group members to familiarise themselves with different structures of songs and to notice musical parameters that could promote the idea of writing a song together. Sharing songs also enabled me as a music therapy student to show clients aspects of my personality and interests.

SD 18/03/2020

Today I used receptive music therapy by choosing a song to share that represented something about ourselves- whether that be an artist/musician that we admire or a song that relates to a particular experience. I started by sharing a song that I used to play to remind me of home when I was travelling through Europe; "Dreams" by Fleetwood Mac. Sharing this with the

group gave them an insight into what I like to do (travel), what music interests me and that I often use songs to remind me of people and places. It was a nice way to share something about myself with the group so we could all be on the same page with one another. This seemed to give people more confidence in sharing their songs and after the group, everyone knew more about each other than they had before.

Composing for clients

When a therapist creates a song for a client they also share some of their own responses (interpretations, associations and emotions). When a therapist shares this, it can be useful for the client to achieve insight into their own emotions (Rolsvjord, 2005). While analysing my songwriting processes, I found it challenging to notice where and when I was expressing myself authentically. Below is a song I had composed for clients at my placement as a guide for creating their verse. The lyrics were written during the national lockdown period and were influenced by a lyric brainstorm that clients had together in a session that I facilitated near the beginning of my placement. I aimed to write them a verse and a chorus that might reflect their experiences, thoughts or feelings and for them to write their own verse to complete the song. To protect confidentiality, I have only included lyrics I have written myself that were influenced by a previous session.

SD 21/04/2020

During this songwriting process, I noticed that I could personally relate to the lyrics "where will I be when I reach the other side, excited for change, no longer have to hide." Although I was composing a song for the clients, I noticed how some of the lyrics might have come from

my own feelings as well. I wondered about why my personal feelings were expressed in the lyrics when I was aiming to reflect the clients' personal experiences. The lyric mentioned previously was written consciously about where the clients will be when they reach the other side and being excited about changes that may happen throughout their eating disorder journey. Although this was a conscious process, when I read back on the lyrics, I noticed that I could relate to it on a personal level as I was experiencing a national lockdown and wondered where I would be when I reached the other side. While composing for clients, I accepted that part of my identity needed to be acknowledged to create something authentic.

VS1

I've been missing, the parts that I've forgotten

I've been longing, for a place that I can breathe in

Is there all there is, a life that isn't moving

Is this all there is, a life that isn't working

Where will I be when I reach the other side

Excited for change, no longer have to hide

What will I find? A life that I can breathe in

What will I find? A life that keeps me whole

CHORUS

Freedom, freedom, come and find me

At peace, at peace, come and find me

4.2 It's Personal

The aim of my research question was figuring out how music therapists facilitate self-expression by utilising songwriting processes and strategies. A challenge was trying to understand what was meant by “self-expression” within the songwriting process.

The analytic process has helped me to understand what self-expression might mean when people make choices for their songs; musical and lyric-based, when they work together, share material and sing their songs. To facilitate self-expression, I needed to have a clearer understanding of what it meant to me and what self-expression might feel like for different people I was working with.

People who have eating disorders may often find it difficult to express themselves verbally Rolsvjord (2005). Many of the clients I had worked with found this difficult due to their fear of harming somebody else in the group by expressing their challenges and ‘dark’ thoughts that they were experiencing. In a group environment, everyone might be at different stages of their treatment and this may influence their ability to express themselves.

The main codes for this theme were:

Recognizing the uncertainty of self-expression

Acknowledging fears

Building on clients strengths

Recognizing the uncertainty of self-expression

I initially recognised my uncertainty of self-expression during the lock-down period as I was analysing my songwriting processes. Epp (2001), brought this to my attention in her publication that explained how self-expression is often an underlying theme in publications and practice within music therapy, but the topic is not often rigorously investigated. When I arrived back to my placement after only previously being there for 4 weeks, I wanted to link my evolved understanding of the literature, my personal views of self-expression and what it meant for clients I was working with. I resonated with Green (2007) and his link to understanding self-expression by saying: *"In expressing ourselves, we manifest some part of our point of view."* This could include beliefs, emotions, moods and experiences. When I was composing songs for clients, or even writing songs for myself, I felt as if I wasn't entirely expressing myself, and I wondered why that was. Green (2007) also mentions that an artist can create expressive work without expressing their own feelings. I felt this was pertinent to my experience of songwriting when I had been creating lyrics based on other people's stories rather than my own.

I wanted to allow clients to take initiative when it came to understanding self-expression for themselves and for it to be spoken about naturally, without me questioning the topic too much. Recognizing the uncertainty of this topic enabled me to develop a personal understanding of self-expression so I was able to have more confidence in facilitating and supporting clients throughout the songwriting process.

Some people who have eating disorders may talk about their challenges with ease in an intellectualised manner. This can be a way of distancing themselves from their feelings (Loth,

2016). On my placement, it seemed that people were expressing themselves by choosing melodies and contributing lyrics, but I could never know that for sure unless it was verbalised by them. There was always the possibility that I was assuming they were wanting to *affirm* my ideas to avoid conflict, rather than *feeling* it themselves. It has been observed that people who have eating disorders (more commonly with anorexia nervosa) have a desire to avoid conflict so they can focus on the more easily controllable domain of the body and weight (Steiner & Flament, 2012). Having a perfectionist attitude enables a person to be more self-disciplined so they can maintain a strict diet and exercise regimen in order to sustain the eating disorder. I wondered if the self-expression I was observing was authentic; Tshivhase (2015) explains how authenticity has often been understood to mean originality and genuineness, which implies something that it is 'true'. If clients in the group were acting authentically, it would mean they were truly expressing themselves.

For this research project, I thought it would be important to include aspects of my own songwriting processes and how this pertained to my music therapy practice and my own understanding of self-expression through the songwriting experience. I have been writing songs for as long as I can remember and spent time overseas in America and Australia studying the various ways in which songs can be created. Although I have gained useful knowledge of songwriting through the years, I hadn't yet focused on the way it could influence self-expression and where it exists within the process. Is it through the creation of lyrics? Is it through the performance? It was questions like these that led me to study the effects songwriting has on myself and the way it enables a safe place for self-expression to happen authentically.

Music has the potential to activate emotions, images, memories, associations and in doing so, work to overcome unconscious blocks in the songwriting process and to provide a concrete picture of the songwriter's internal world - Felicity Baker, 2015

I have composed songs for clients at the eating disorder service and I have also composed songs for myself. The following example is a reflection that draws on an analytical process of writing songs for myself and how the outcome of self-expression is formed along the way.

1. Unstructured/structured improvisation to develop chord progressions

2. Improvised melody/lyric creation that forms over the developed chord progression

3. Record: listen back and find a structure that enables me to convey what I want to express in the song: A (Chorus), B (Verse), C (Bridge)

4. Editing lyrics; keep improvised lyrics that make sense and change others to develop the theme of the song, figuring out what the song is trying to tell me about my musical expression

5. Play the song over, bringing more awareness to parts that may not sit right; finalising the song.

SD 11/04/2020

Supposedly, self-expression is extremely broad and difficult to define for each individual. This could be based on various factors which might include the person, environment, activity and/or past experiences. While I am still figuring out what self-expression means to me within songwriting, I can say that when an internal emotion, feeling or thought becomes external, it acts as a form of self-expression. When I write music for myself, I give myself minimal structure. Improvisation provides me with the freedom to explore my musical expression without boundaries. I can do this because music is my safe place and so musical expression can exist fluently throughout instinct and without thought. By bringing awareness to my songwriting process, I have discovered that I occasionally fall back on a 2-chord progression when I am either feeling sad, fearful, anxious or lonely. I have discovered that I may do this in moments of vulnerability to provide myself with a safe structure for lyric creation to be expressed at the moment.

Acknowledging fears

When I returned to the clinical environment, I was uncertain of introducing songwriting to the clients. I firstly acknowledged fears that came up throughout the development of analysing my songwriting processes. Songwriting for me has always been extremely personal and something I usually do alone, and so I initially doubted my competency of facilitating songwriting sessions with others. Noticing this made me think about the group members and what their fears might feel like within the songwriting process; it felt important to understand my own fears better so I could increase my understanding of their experience. Some group members may have expectations that their song should sound as good as their favourite artists

and doubt their level of capability with the musical skills they have (Baker, 2017). Acknowledging self-doubt within a group context was important to recognise as it enabled clients and myself to feel less isolated and proceed with the process.

Below is an example of a client that expressed her feelings of self-doubt within the songwriting process:

CN - 14/07/2020?

Courtney expressed that when the idea of writing a song came up at the beginning, she was convinced it couldn't happen, but after acknowledging where her fears came from, other group members could relate to her which validated her feelings. She began to share ideas and engage in the group environment by using a structured method (fill-in-the-blank sheet).

I discovered the importance of acknowledging fears and doubts within the songwriting process and validating clients emotions became more genuine after I could understand my own fears more thoroughly. 'A fear of getting it wrong' came from doubting the self, and normalising these thoughts and feelings in a therapeutic context encouraged group members to engage and express themselves within the songwriting process.

Building on clients strengths

The role of the music therapist is to facilitate the teenager's ability to compose the song and to take a role appropriate for complementing their creative capacity (McFerran, 2010). This could mean that clients can express themselves more comfortably when their strengths are being utilised by the therapist. Clients can feel more validated by being given time provided

by the therapist to find their own lyrics and choose their own themes for the song (Aasgaard, 2004). Doing this reinforces the client's ability to be able to make choices for themselves, which can enable them to notice their strengths and follow through with them.

Aasgaard (2004) also mentions that the lyrics don’t always need to be autobiographical. It is important as a therapist to remind clients that they have the option to write about whatever they choose. People might not want to make songs about their personal problems or challenges related to their illness.

4.3 A Safe Space

This particular theme was developed from all data sources but most of the coding in this instance came from my clinical practice. The starting point for music therapy sessions in the facility was often people experiencing fatigue, low mood and low motivation to start anything. A challenge was finding ways that enable clients to participate or engage without requiring too much energy. It took a lot of experience and trial/error to figure out ways to help people take the first step. Creating safety can be elusive and challenging in a group environment.

The main codes for this theme were:

Composing songs for clients

Creating structure using FIB

Group discussion

Composing songs for clients

An artist might create a work that is expressive without expressing his or her own feelings – (Green, 2007)

This code came mostly from my self-data during the lockdown period where I was composing songs for clients at different stages of their treatment process; whether that be beginnings, endings or the in-betweens.

How do I write songs for others?

Writing *for* people is a different process altogether. When I composed a song for clients at the eating disorder clinic, I had to think carefully about what style of music might appeal to them, and it required sensitivity towards the different stages of their treatment process. I had to think about whether I would write a song empathising with their experience, or the experience we shared while working together. After completing the first pre-composed song for the group, the songwriting process for clients looked like this:

SD (29/19/2020)

1. **Develop a theme for the song/how will they relate to it?**

This was an important step; I had to think about the dynamic of the current group, how they were relating to one another and what stages they were at in their treatment process so the theme would be appropriate and relatable.

2. **Find an appropriate style for the song based on previous receptive exercise in a group context; what music genres interest them?**

Utilising receptive methods were helpful not only for them, but for me as a music therapy student so I was able to gather a sense of their musical identities. When it came to choosing a genre to base their song on, I could gather a sense of their musical tastes as a group and what they had in common.

3. **Make musical choices based on chords, key, tempo that stylistically match the theme of the song**

The musical parameters of the song were extremely important. They can be used to carry the mood of the song, address certain emotions and compliment lyrics if they were a part of the composition. I spent careful time within this step and had to be sensitive towards their needs as I was making musical choices. Baker (2015) says that although lyrics are important in communicating events that are unique to the song, music is a vital component to convey the intended meaning of the songwriter's expression.

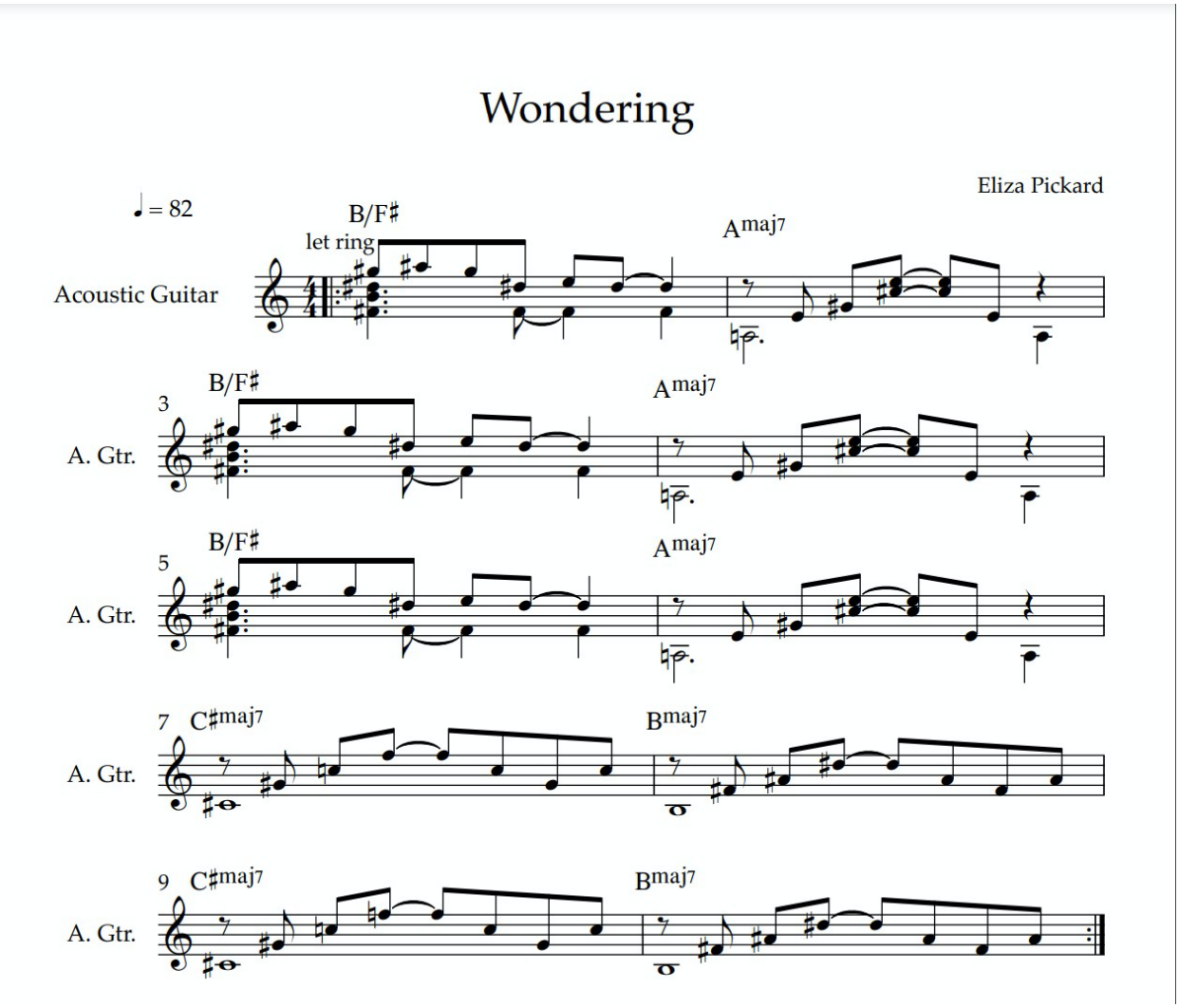
4. **Once a song structure has been created, I might write lyrics that allow the musical structure to help carry the story; bringing the two together.**

Writing lyrics depends on the purpose of the song and if it needs words or not to address what the client needs. If a song is composed to facilitate a lyric brainstorm, having lyrics in the song may distract clients from being true to their expression. Lyrics might be helpful for the purpose of creating a FIB sheet or using words to validate an experience/connect with a client on a more personal level.

I composed a guitar piece that I played as live background music to support clients when they were brainstorming lyrics. I eventually added in very few lyrics that weaved in and out of the piece. I imagined this would show them more of who I was in order to develop a safer space and could also help them to feel safer in expressing themselves as I would be playing alongside them. As I wrote the piece, I was expressing a part of myself that was vulnerable, and even though this was going to be used in a therapeutic context, I felt when composing it that it had to be 'perfect' and translatable in order to relate to the clients. It was important to

understand and acknowledge this process before introducing songwriting into a group/clinical environment so I could somewhat empathise with their self-doubts.

Attached is the guitar piece I had composed for clients:



I was more aware of self-expression while writing lyrics, but when it involved developing the guitar chordal structures, qualities and arrangements, it felt more of a musical expression and I wondered about how much musical expression relates authentically to the self.

SD 14/08/2020

I decided to use a simple two-chord progression for the verses; B/F#major and Amajor7. I wanted to use the 7th on top of the triad to convey a sense of mystery and longing for something more. Without the 7th, the chord shapes felt too simple, as if the people had already arrived home and there was nothing more to be found. I made the tempo around 70bpm, so the lyrics could be clearly portrayed, and the tempo could support the idea of taking one step at a time, and not rushing to achieve something. The title of the song 'wondering' might encourage the tempo to be relaxed and relatively slow-paced which I instinctually moved towards as I was playing the chords. When it reaches the C#major7 chord and moves to Bmajor7, the movement goes up two tones and changes key which sounds brighter and gives a sense of moving upwards as a resolution for getting somewhere; using two chords to move between a tone helps this to become an accessible movement. This process helped me to understand the individual nature of self-expression and brought me closer to acknowledging moments that felt authentically expressive.

Creating structure/Fill-in-the-blank (FIB)

FIB was utilised as a technique for writing lyrics so people had an accessible place to explore their identities. Under this theme (a safe space), FIB provided structure as a way for people to feel safer in the process. Fill in the blank (FIB) involves key words being blanked out from the original lyrics of a song (Baker, 2015). The therapist takes on the role of supporting the client through a therapeutic process to identify feelings and/or experiences that can be translated into keywords to fill in the blanks. This inspired me to create a FIB sheet for the

clients I was working with at my placement. It was initially used to create a safer environment for clients to express themselves with structure and became the beginning stage for writing a song and was adapted from the previous example of writing a guide for creating their verse:

Where will I be when _____

Excited for _____

What will I find? A life that is _____

*What will I find? A life that feels*_____

I've been dreaming of _____

Moving towards _____

Hoping for _____

What will I find? _____

What will I find? _____

_____ *come and find me*

_____*come and find me*

Baker (2015, p.108) also mentions that song parody (where the entirety of lyrics are replaced) can demystify the songwriting process and can act as a prelude technique for writing original songs. By considering this, with the support of a therapist, anyone can create a song that has personal meaning. Song parody is similar to FIB technique but songwriters may be required to rewrite larger portions of the lyrics. This can offer an opportunity for groups to create a meaningful song together (Baker, 2015).

Group discussion

Group work can often bring about certain complexities but can also be a beneficial way for group members to connect, share and learn from each other. Pavlicevic (2003), mentions that in a group environment, people bring together many aspects of their life experience, their social and cultural experience of music as well as the complexities of 'being a person' in the social world. People who experience eating disorders commonly attend group therapy; Moreno (1995) notes that many studies suggest that universality, cohesion, insight, and the development of socialization techniques were group features that appeared to help eating disordered patients the most.

When observing the use of group therapy in my placement facility it appeared that 'doing it together' enabled people to foster special connections, learn from each other and develop a sense of belonging. When clients are able to have discussions around lyrics, it can allow them to share new thoughts with each other, gain clarification, or add new feelings and information into re-writing verses (Dalton & Krout, 2005). Listening to and discussing the completed song can allow for clarification of the session theme and allow individuals to respond to the song that was developed from the songwriting process. More often than not, the theme for a song may evolve from a discussion within the group at the beginning of the session. Thompson (2009) describes the effectiveness of brainstorming in the group songwriting process and how it commenced by encouraging clients to think of ideas for a song theme. Sometimes the theme might be decided by first brainstorming ideas and then collectively deciding on one theme that was the most applicable to everyone (Thompson, 2009).

McFerran (2005) examines the challenges and benefits of group therapy with this client group and mentions that some anorexic patients may be kept separate from each other to prevent

behaviours that may encourage them to maintain their restrictive patterns. Although this does occur, there is increasing support for group work and particularly in adult services, group therapy is said to be very effective when working with people who have eating disorders.

4.4 Letting go

The use of songwriting has been particularly effective in freeing patients to express themselves in a creative way that also articulates important aspects of their experience (McFerran, 2005)

A common characteristic of people who have eating disorders is the need for rigid control as well as problems with self-regulation, mixed feelings and embodiment (Trondalen, 2003). Robarts (2000) worked with a young musician who was recovering from anorexia nervosa who described the formidable will that the anorectic person must assert in attempting to *control* nature itself, time and space. Some clients may often present themselves with this need for control by staying out of activities, remaining disconnected from discussions and avoiding eye contact. In the context of my placement, I wanted to promote the possibility of letting go of things such as control and self-doubt even if it was for small moments. The literature influenced me to take a closer look at how I could facilitate self-expression through songwriting in a way that promoted laughter throughout various stages of letting go. By utilising rapping, song parody methods and technology, clients within my placement were able to engage more naturally and could allow aspects of their humour to encourage self-expression.

The main codes for this theme were:

Utilising technology

Rapping

Structured improvisation

Music technology can bring clients an opportunity to explore and 'experiment' with music devices such as loops and apps to approach the beginning stages of songwriting in a pleasant and non-threatening way (Aasgaard & Blichfeldt Ærø, 2016). Music therapists can also access the wide range of possibilities related to multi-track recording. Technology can act as a tool in the creative process; the client might listen back to the product, form new ideas and discuss opinions and reactions to make changes or be satisfied with the outcome. Music technology can help clients to express themselves more freely by the therapist recording a 'helping track' that can later be erased which might involve a steady beat for the client to follow or a track that helps them to find the right pitch.

There is a wide range of music technologies available to record onto these multi-tracks which can include touchpads, midi keyboards, apps and synthesisers. Synthesisers can provide clients with access to a variety of textured sounds that can assist with creating soundscapes that employ an ambient mode of listening (Viega, 2014). Within my placement, I have brought in a synthesiser for clients to explore different sounds and melodies to create soundscapes to support their lyrics. I have also used multi track programs to create a 'song mash-up' with clients as a way to bring parts of their favourite songs together into one listening experience.

Rap

Furthermore, I believe that rap is not just relevant to music therapy because of its popularity, but also precisely because of its social power (Hadley & Yancy, 2011).

Although there is a wide span of literature on rapping, hip hop and beat making in music therapy contexts, there appears to be minimal literature on 'nonsense raps' or creating raps to promote laughter and silliness. This code was mainly developed from experience at my placement facility and my own experience of creating raps to promote laughter and letting go of the 'serious stuff' for temporary moments. Writing nonsense raps can open up opportunities for laughter and fostering playful connections. They can assist with avoiding seriousness and help to foster connections through silly rhymes.

Aside from nonsense raps, rapping can allow freedom of expression and myriad ways to improvise (Hara, 2012). Elligan (2012), explains that if therapists find they are working with clients who enjoy rap music, they should be encouraged to delve into the depths of the clients interest even if it seems like an unfamiliar area. Rap can allow clients to express themselves freely without having the expectation of being 'good' at a certain instrument or singing. This may also be influenced by youth culture. Although it is difficult at times for people with eating disorders to engage, they may feel more comfortable rapping or speaking their lyrics as singing can often feel uncomfortable and intimidating. For other clients that are beyond adolescent years, rapping might not feel so accessible as a means for self-expression. Short (2013), describes the use of pitch being commonly secondary to rhythmic elements so that vocal ability doesn't necessary have to be at an experienced level to utilise rap methods (Short, 2013).

Beat patterns are usually repetitive which can provide a predictable rhythm to ground the client in the musical process. It usually consists of a sing two to four bar section that repeats consistently throughout the song. Clients often need to feel safe in order to let go of control and express themselves in music therapy. Beat patterns including other elements in rap music are layered and occur simultaneously; this can give a potential effect of creating stability and reliability in the music.

Structured improvisation

Improvisation is commonly used by music therapists within the context of eating disorders and can be used as a music creation tool within the songwriting process. Different uses of structure and group discussions are usually incorporated to make sense of any feelings, thoughts or emotions that may have come up within the process. Structure is often applied due to the reasoning that people who have eating disorders can be quite terrified of exposing feelings of inadequacy, humiliation and not 'getting it right' (Loth, 2016). When improvising in music, clients may be fearful of their lack of control due to not being experienced or skilled on a certain instrument, but they can use this musical interaction to explore feeling in control in a way that is more healthy. The importance of structure and the inherent structure of music can offer a client a way to experiment with control.

When offering acceptance in a music therapy session, more structure and direction are offered to clients to make their musical experience more comfortable (McFerran, 2010). Improvisation can also offer clients an interaction to connect with parts of themselves and others. Within my placement, structured improvisation often acted as a beginning stage for writing a song together; the verbal reflection offered clients to express what parts of the

music they enjoyed hearing from others or more rarely, themselves. This offered clients a way to feel validated, and to add musical elements to the song writing process without feeling as if they were put on the spot.

This analysis, blending of readings, reflexive understanding of songwriting, and placement experience is thus completed. I now move on to discuss some issues which have arisen as a result of reviewing the findings.

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5 Discussion

This research project gave me a valuable opportunity to apply the knowledge I had gained from the literature of notable scholars and music therapists into my first exploratory research study. This experience enhanced my insight into writing songs for myself and others; something I am greatly passionate about.

By employing thematic analysis, I produced four themes from relevant literature and reflexive processes that afforded myself a deeper understanding of this topic in order to develop my skills and knowledge as a music therapy student.

The big question is *how* do music therapists use songwriting techniques and processes to facilitate self-expression with people who have eating disorders? My experience of analytical processes, reading of literature and student clinical work has helped me understand that music therapists achieve this by helping people investigate who they are, emphasising that it's personal, creating a safe space for people to express themselves and encouraging people to let go.

It is clear that people who have eating disorders experience many challenges that make it difficult for them to participate in different areas of life. Eating disorders can often remain a secret, as people feel ashamed of their habits and isolated in the sense that they're unable to share their experiences with family and friends (Steiner & Flament, 2012). There are trends on developing more research from the perspective of service users as the dropout rate is at 50% in Australia and New Zealand due to people not being satisfied with the treatment process (Hay et al., 2014). People don't often feel seen for who they are, instead they express

that the focus is directed towards their illness which results in them feeling like they are the eating disorder without a personality.

5.1 Being seen for who we are

I say 'who we are' because this project was not only focused on what the literature suggests concerning eating disorders, but it also involved my own reflexive analysis of songwriting processes to find out why I make certain musical and non-musical choices within the process. Every person, regardless of illness or situation in life, wants to be noticed for who they are, what their strengths entail and find comfort in being validated for their contributions to different areas of life. Although a psychodynamic approach[5] can be helpful in an eating disorder environment, music therapists might choose to take a humanistic approach to develop a therapeutic relationship with the client by understanding more of who they are away from their eating disorder (Lejoncloua & Trondalen, 2009; Pavlakou, 2009). An eclectic model can be useful within the context of eating disorders as circumstances can often be unpredictable and altering approaches may help with being able to adjust to the client's needs (McFerran, 2010; Heiderscheit & McFerran, 2015). This can enable the client to gain more trust in the therapist so they can express themselves more willingly. I have found a humanistic approach to be useful within my own sessions (partly because of my own level of experience and skill), but also because by taking the time to get to know who I was working with, clients could build trust in me, before they chose to express something of themselves.

Analysing my songwriting processes enabled me to develop more of a relationship with myself; I got closer to knowing when I felt vulnerable within songwriting processes and

[5] A psychodynamic approach involves accessing the therapeutic issue, working through it, and resolving it by the use of verbal and musical experiences (Bruscia, 1998).

where those vulnerable moments came from. As I was writing songs for myself, I noticed I would often fall back on a two-chord progression. I thought this could be due to the fact it was easier to express melodies without the unpredictability of different chord changes. *Did it feel safer this way? Why did it feel safer? Why did I need to feel safer?* Questions like these made me realise that I needed to feel safer in those moments because I was sensitive to feelings of vulnerability; two chords was a stable, reliable, and structured way that helped facilitate my self-expression. This whole process enabled me to see parts of my identity that I hadn't noticed so vividly before; it supported me in understanding more about myself within these experiences.

5.2 Building an environment that feels safe

Building rapport between client and therapist is important in order to create an environment that feels safe. There are nuances in music that can enable people to feel safer in expressing themselves rather than using verbal expressions which can often be more explicit. Music therapists will often use techniques to form an environment where clients feel safe to express themselves. They might do this by providing a structure within song writing processes (Baker, 2016; Rolsvjord, 2005; McFerran, 2010), composing songs for clients (Lejonclou & Trondalen, 2005; McFerran, 2006; Dalton & Krout, 2005), and/or by acknowledging their strengths and building on them. Composing songs for clients can be a way for the therapist to show them a part of themselves and add to the validation of their clients experiences. In my experience working on placement, songs had the power to create safety, especially if a song has been composed for a group. However, this may entail risks such as sharing personal experiences with clients through lyrics that could potentially cross boundaries. It was important to be aware of this when I was composing for groups. McFerran (2010) mentions that offering acceptance through songwriting comes naturally and having a connection with a

song genre can be accepted and respected without further expectation. It takes time to build a safe environment, as it takes time to build trust in somebody and building a safe space for people to express themselves seems like a crucial step in the songwriting process.

5.3 Letting go of control

Music therapists use different songwriting techniques that can help clients to let go of control and self-criticisms which may involve utilising technology, rap methods and altering the tuning of different instruments to make music creation more accessible. It appears that rap methods and music technologies are accessible tools within the songwriting process because they play a prominent role in youth culture. Hara (2011), mentions the familiar sight of adolescents using rap music to either sing or chant as they make their way to and from places. Rap methods can be successful with engaging younger people and creating a safer environment as they may be without a permanent safe space and/or their external environment may be unsteady.

Adapting language and ways of communicating with clients can be useful when it comes to encouraging people to let go of control and write what they feel. McFerran (2006, p.402) describes this in a way that may appeal to younger people in their adolescent years; ‘Now, it is really cool if you write a song that describes something important about your life. Songs that don’t seem true just sound a bit false. You know the kind of song I’m talking about, where it just doesn’t seem real. Powerful songs draw on something real ’.

This way of communicating can be used as a way to remind people that they already have an existing relationship with music and songs which makes up part of their identities. It may

enable them to let go of certain fears and focus on what they think is ‘cool’ and what keeps them interested.

5.4 A perfectionistic self

Letting go made me think about this as a broader perspective which lent towards the topic of perfectionism and how a perfectionist attitude can exist in every one of us. Many of us were brought up in environments where we were taught to ‘get it right, pass the test and success proves happiness.’ Perfectionism can be rooted from self-conscious emotions; shame, guilt, embarrassment and pride (Tangney, 2002). These emotions may develop because we feel we have failed to reach a standard of performance or when we might have disrupted social norms. People who have eating disorders most likely have a lot of reasons to uphold perfection in order to avoid these emotions such as maintaining a strict diet or exercise regime to avoid feelings of guilt by sticking to particular goals. To avoid shame, they might hide their eating disorders from close friends and family. It was important to acknowledge my perfectionist qualities as I analysed my own songwriting process; I was sensitive to vulnerability when I was composing for clients and even for myself. Being a musical artist in general requires a desire to get it right so people will accept the music, which is in fact accepting someone’s personal expression. I sometimes spent hours thinking about the feelings of shame and embarrassment I would feel if my clients couldn’t relate to the songs I was writing for them and with them. It was integral to acknowledge these attitudes and it allowed me to have genuine empathy when it came to writing songs with clients and hearing their expressions of self-doubt. Perhaps when writing songs for myself, or within a group, it is important to remember that it’s not *for* anybody else, it’s simply an expression of the self and being able to accept that not everyone will relate can feel liberating.

5.5 Role of the therapist

Although songwriting techniques and processes are useful in facilitating self-expression, the therapist requires skills that go beyond these strategies which may include having the ability to recognize, interpret and respond to moments in music therapy sessions that appear significant (Loewy (2005). When I was improvising with clients and was reflecting their musical expression, I was also aware of that relating to the possible experiences they were having. Providing verbal and non-verbal cues are important to support the client and to keep them motivated and willing to participate (Baker et al,, 2008). There are several essential ingredients to the role of a therapist; a commitment, a helping role with the client, health related and music based treatment, certain qualifications, and a professional relationship (Bruscia, 2013, p.67).

5.6 Reflexivity and self-expression

I became intrigued by the topic of self-expression; the literature provided examples of different ways that people may choose to express themselves (Green, 2008; Epp, 2001; Robarts, 2000; Tshivhase, 2015). The topic of self-expression was accessible in understanding the various ways a person might express themselves, although in the context of songwriting I was unable to gather a clear understanding of the relationship between musical expression and self-expression. Self-expression can be generalised as an articulation of something to do with the person who is doing the expressing (Tshivhase, 2015). There are different features of a person that can be expressed in diverse ways; witnessing this can provide a glimpse of the person's sense of self-understanding.

The lockdown period occurred due to the effects of COVID-19 limitations and it was during this period that I spent time analysing my songwriting processes. This was occasionally an uncomfortable process that brought up personal feelings of self-doubt and uncertainty; similar feelings to what clients might experience within their songwriting process. Although it was challenging at times, it was a useful way to stay connected to clients and to think about their needs while we were experiencing the unfamiliar circumstance of a national lockdown. These feelings were important to acknowledge as it gave me a deeper insight into understanding what self-expression felt like for me when I was writing songs. The literature on self-expression affirmed these feelings and provided me with a foundation on how other people may choose to express themselves.

Choosing a new research methodology (exploratory research) led me on a different journey to my original plan . The COVID-19 limitations were very challenging, unprecedented times and

I expect I would have found enjoyment in focusing my project on my clinical practice. Nevertheless, I have gained a rather rich understanding of my chosen topic and I know myself as a songwriter even more because of it.

My findings from this project show that music therapists utilise various songwriting techniques and processes musical and non-musical to help meet the needs of people who experience eating disorders. Music therapy in the context of eating disorders carries an extensive span of literature although I was limited to understand how music therapists define self-expression throughout the songwriting process and what it means for their clients.

6 Limitations of research

The data that was collected from my clinical practice came from a short period between June and July, 2020. Although an exploration of literature was helpful in answering the research question, the data collection period for my clinical notes was short. I was developing my student practice and knowledge over the course of this year and therefore my scope of eating disorders, therapeutic songwriting and self-expression were limited as a music therapy student. In the future, I would be interested in collecting data for a research project over the course of three to four months, ideally in a collaborative way, with more active input from clients, or indeed with other therapists, and to base it on more experienced music therapy practice. This would give me more understanding from a clinical perspective and a reflexive experience. The self-data that was produced was limited to my personal experience of songwriting and self-expression but it was a helpful strategy that involved reflexively analysing my processes. I have learnt much from this experience and hope to carry my familiarity of this topic into practising music therapy in the future.

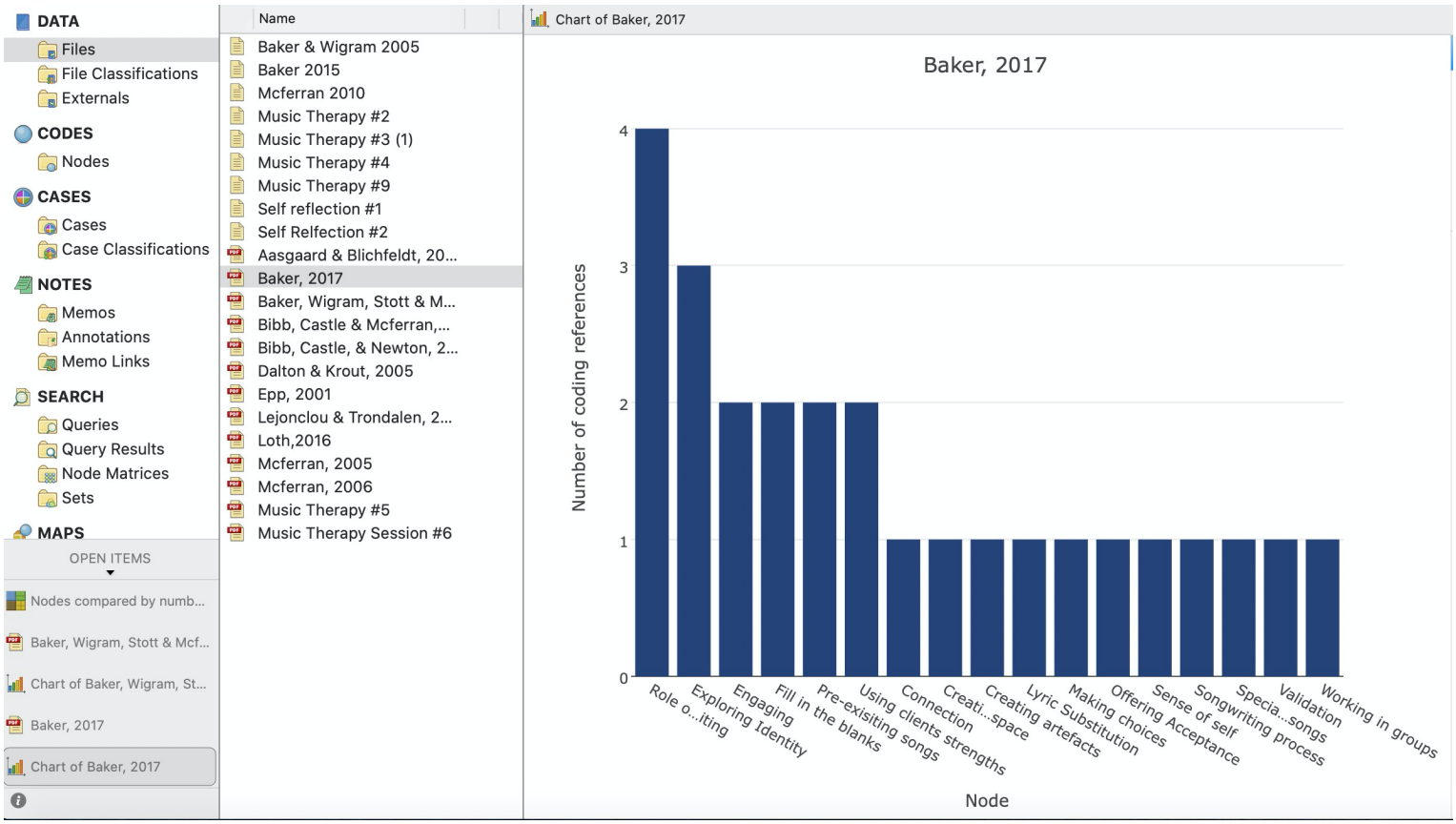
7 Conclusion

This research project has been helpful for me as a music therapy student. I have learnt the many ways in which music therapists utilise techniques and worked through processes to facilitate self-expression with people who experience eating disorders. Data was produced from literature relating to songwriting, eating disorders and self-expression and notes that evolved from reflexive songwriting processes and some clinical examples from student music therapy sessions in an eating disorder unit in New Zealand. Thematic analysis was employed to find themes within my data to answer the overall research question. The themes that were formulated from my data included findings which suggested that music therapists help people develop a sense of identity through music and self-expression, they build an understanding about the personal outlook on self-expression, they create a safe environment and provide opportunities for letting go of control. This research suggests that people who have eating disorders require structure within songwriting processes to feel stable in order to express themselves. Music therapists utilise techniques such as fill in the blank (FIB) and song parody to offer them structure through the process. They offer acceptance by validating clients' musical choices and taking genuine interest in their strengths to gain trust from the client and help the therapeutic relationship grow. Finally, it appears more investigation is needed on how musical expression is understood and explained, by therapists and clients, and how that relates to a person expressing themselves and/or part of themselves.

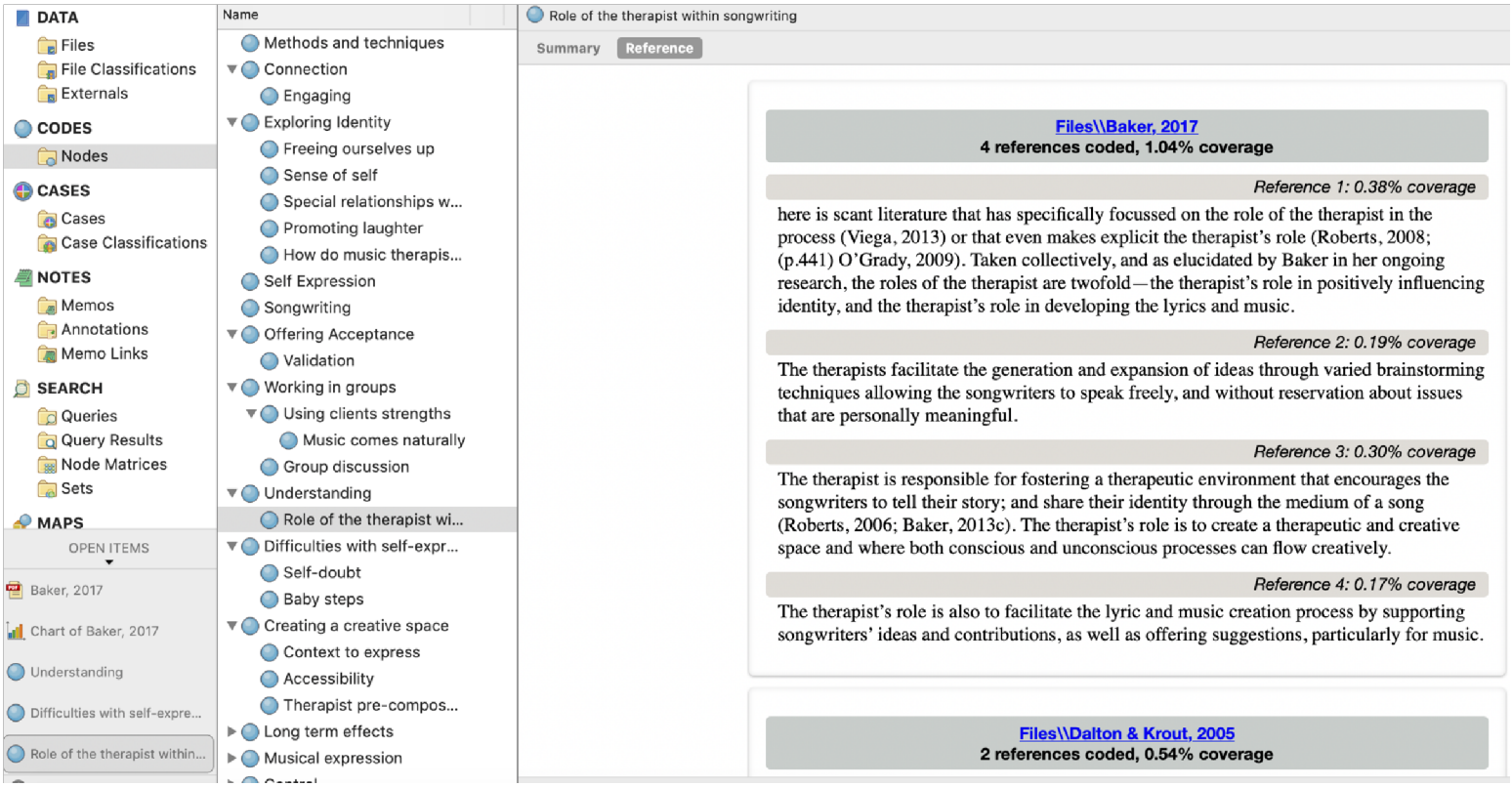
8 Appendices

8.1 APPENDIX 1: Example of initial coding

NVivo chart that shows the number of codes from each literature source, self-data and clinical notes. This example is Bruscia, 2017. Nodes run along the bottom that show initial codes that this article was referenced to.

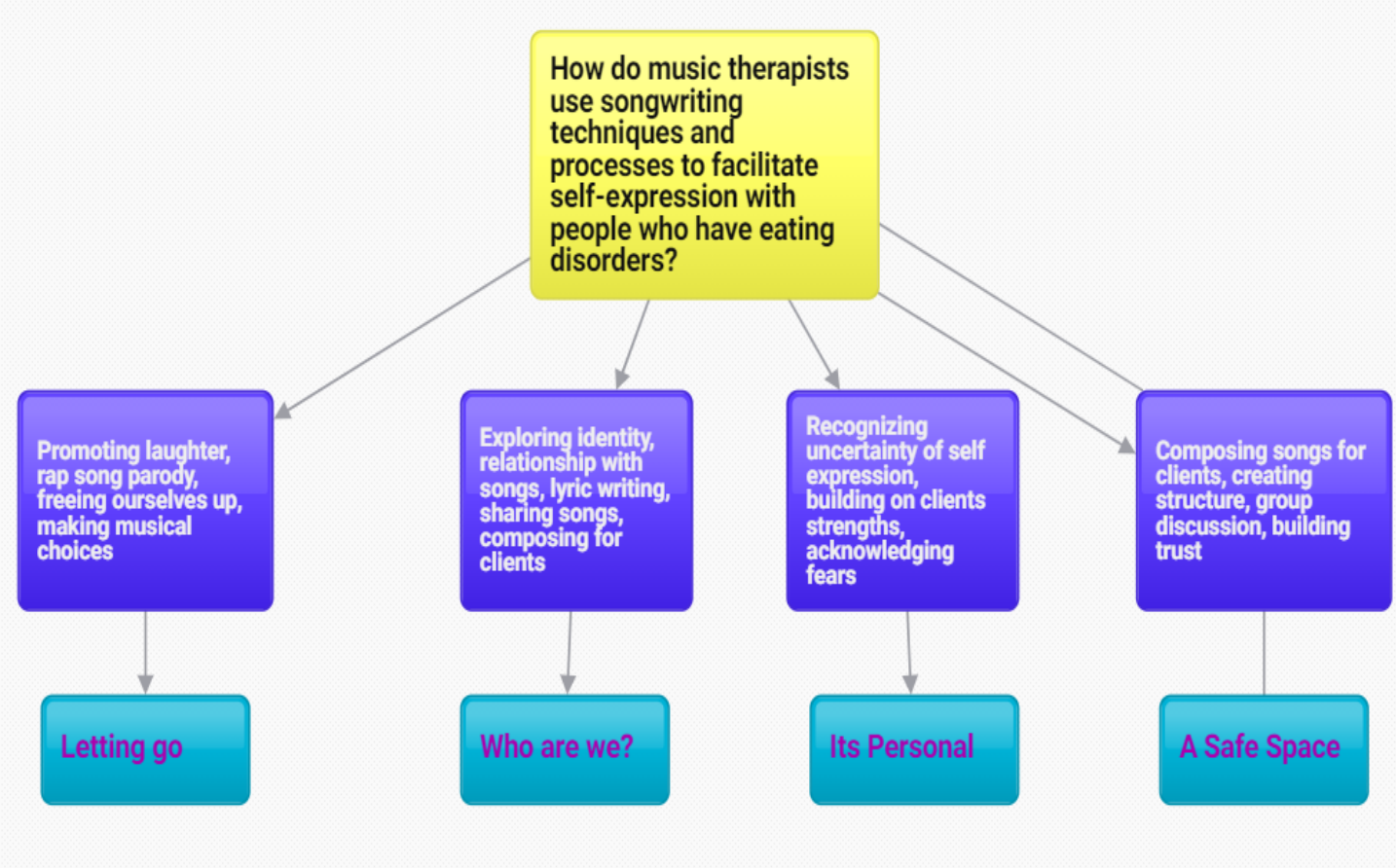


Nvivo12 example of raw data on the right that was highlighted from Baker (2017) and referenced to an initial code (role of the therapist within songwriting).



8.2 APPENDIX 2: Mind Map

NVivo 12 Mind Map – Reviewing and finalising themes from codes



8.3 APPENDIX 3: Information and consent form

Music Therapy Research Consent Form

Title of research: 'How do music therapists use songwriting techniques and processes to facilitate self expression with people who have eating disorders?'

Researcher
Eliza
Masters of Music Therapy student at Victoria University of Wellington

Supervisors
Dr. Sarah Hoskyns
Professor of Music Therapy at Victoria University of Wellington

Penny Warren
MMusTh, Teaching Fellow at Victoria University of Wellington

1. I have read the Music Therapy Research Information Sheet sent with this consent form and have had any questions or concerns answered to my satisfaction.

2. I understand that all identities within the research data will be anonymised, and that all information relating to this research will be confidential. This research will be securely kept by Victoria University of Wellington for 10 years before being destroyed.

3. I understand that the research project will be presented by the researcher as a thesis toward a Masters of Music Therapy qualification.

4. I give consent for details of songwriting sessions with my client to be included in this project in the form of an anonymous descriptive vignette.

5. I understand that this project will be published and kept in the Victoria University of Wellington library, and may be published outside of the University in the future.

I, ... have read and agree with the above statements.

Signed: ..... Date: .....

With kind regards,

Eliza Pickard

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Developing music therapy practice with a focus on songwriting to facilitate self-expression with people who have eating disorders.

Information Sheet

21/10/2020

Dear

My name is Eliza and I am a second year Master of Music Therapy student at the Victoria University of Wellington. I am completing my clinical placement hours with [redacted]

I am required to research about music therapy as part of my training. My passion for songwriting and curiosity towards the treatment process of eating disorders has directed me to focus my research on exploring songwriting techniques that can help people with eating disorders express themselves. Some goals for the music therapy may include: letting go of control, sharing songs to explore identity, fostering connections through lyric brainstorming.
My research question is:
How do music therapists use songwriting techniques and processes to facilitate self-expression with people who have eating disorders?

I would like to ask you to give written permission for some materials written in my notes and reflections to be included in this research. This information contains specific musical and personal experiences with you during music therapy sessions. I will not use names or other information that can potentially identify you in any publication or presentation of this research. All the records and consent forms for this research will be stored in a locked cupboard and kept for ten years at New Zealand School of Music. However there is a possibility that you could be recognised as there are small number of specialist eating disorder clinics in NZ and music therapy is still fairly rare in NZ. However, I will make every attempt to protect your privacy and confidentiality.

I will provide a summary of the results of the study 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 and I will be happy to discuss with you about this study during and/or after the study.

The proposal for this study has been reviewed and approved by the New Zealand School of Music Postgraduate Committee. Victoria University Human Ethics Committee has

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given generic approval for me to carry out this project and they have considered it to be low risk.

Please feel free to discuss with my music therapy research supervisor, Sarah Hoskyns, or me about my research and/or giving permission to use the music therapy materials in the research. If you feel you have obtained sufficient information about this research and happy to give permission, please sign the enclosed consent form. There will be no changes to the ongoing music therapy even if you decide not to give your permission, and rest assured that I can approach other people from our music therapy group if you do not feel able to give consent.

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 music therapy projects have been judged to be 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 Associate Professor Judith Loveridge, email judith.loveridge@vuw.ac.nz, telephone +64 4 463 6428.

Dr. Sarah Hoskyns, Research Supervisor at the New Zealand School of Music:

Ph: (0064) 04-463-5233 x 35807 or email: sarah.hoskyns@vuw.ac.nz

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

Yours sincerely,

Eliza Pickard

Student Music Therapist

Email: pickareliz@myvuw.ac.nz

TE WHARE WĀNANGA O TE ŪPOKO O TE IKA A MĀUI VICTORIA UNIVERSITY OF WELLINGTON

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Developing music therapy practice with a focus on songwriting to facilitate self-expression with people who have eating disorders.

Client or Facility Representative Consent Form

• I have read the information sheet and have obtained sufficient information about the study

• I am aware that an eating disorder clinic in NZ, will be named in the research, which may lessen the anonymity of the findings.

• I understand that my name will be changed and 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 my family member's music therapy to be used in a case vignette to illustrate the findings of the research.

Signature: _____ Date: _____

(Client/Facility Representative)

Full name/s printed: _____

9 References

Aasgaard, T., and Blichfeldt Ærø, S. C. (2016). Songwriting techniques in music therapy practice. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 664-668). Oxford University Press.

Abrams, B. (2018). Understanding humanistic dimensions of music therapy: Editorial introduction. *Music Therapy Perspectives*, 36(2), 139–143. https://doiorg.helicon.vuw.ac.nz/10.1093/mtp/miy019

Aldridge, D. (1994). An overview of music therapy research. *Complementary Therapies in Medicine*, 2(4), 204–216. https://doi.org/10.1016/0965-2299(94)90021-3

Baker, F., & Krout, R. (2012). Turning experience into learning: Educational contributions of collaborative peer songwriting during music therapy training. *International Journal of Music Education,* 30(2), 133–147. https://doi.org/10.1177/0255761411427103

Baker, F. (2015). *Therapeutic songwriting: developments in theory, methods and practice*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan.

Baker, F., & Wigram, T. (2005). *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students*. London: Jessica Kingsley Publishers.

Baker, F., Wigram, T., Stott, D., & McFerran, K. (2008). Therapeutic songwriting in music therapy: Part I: Who are the therapists, who are the clients, and why is songwriting used? *Nordic Journal of Music Therapy*, 17(2), 105–123. https://doi.org/10.1080/08098130809478203

Baker, F. A., & Macdonald, R. (2017). Re-Authoring the Self. In Handbook of Musical Identities. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199679485.003.0024

Barry, P., & O'Callaghan, C. (2008). Reflexive journal writing: A tool for music therapy student clinical practice development. *Nordic Journal of Music Therapy*, 17(1), 55–66. https://doi.org/10.1080/08098130809478196

Bauer, S. (2010). Music Therapy and Eating Disorders- A Single Case Study about the Sound of Human Needs. *Voices: A World Forum for Music Therapy*, 10(2). https://doi.org/10.15845/voices.v10i2.258

Bibb, J., Castle, D., & Newton, R. (2015). The role of music therapy in reducing post meal related anxiety for patients with anorexia nervosa. (Report). *Journal of Eating Disorders,* 3(50), 50. https://doi.org/10.1186/s40337-015-0088-5

Bibb, J., Castle, D., & McFerran, K. (2019). Reducing anxiety through music therapy at an outpatient eating disorder recovery service. *Journal of Creativity in Mental Health*, 14(3), 306–314. https://doi.org/10.1080/15401383.2019.1595804

Bruscia, K. (1998). *The dynamics of music psychotherapy.* Barcelona Publishers.

Bruscia, K. (2013). *Defining Music Therapy*. Barcelona Publishers.

Braun, V., & Clarke, V. (2016). Thematic analysis. *The journal of positive psychology*, 12(3), 297–298. https://doi.org/10.1080/17439760.2016.1262613

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Dalton, T., & Krout, R. (2005). Development of the grief process scale through music therapy songwriting with bereaved adolescents. *The Arts in Psychotherapy*, 32(2), 131–143. https://doi.org/10.1016/j.aip.2005.02.002

Epp, E. (2001). Locating the autonomous voice: Self-expression in music-centred music therapy. *Voices: A World Forum for Music Therapy*, *7*(1). https://doi.org/10.15845/voices.v7i1.463

Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research,* 2(2), 209–230. https://doi.org/10.1177/146879410200200205

Gabriel, D. (2013*). Inductive and deductive approaches to research*. Dr Deborah Gabriel. Retrieved March 10, 2020 from https://deborahgabriel.com/2013/03/17/inductiveand-deductive-approaches-to-research/

Gale, C., Holliday, J., Troop, N., Serpell, L., & Treasure, J. (2006). The pros and cons of change in individuals with eating disorders: A broader perspective. *International Journal of Eating Disorders*, 39(5), 394–403. https://doi.org/10.1002/eat.20250

Green, M. (2007). *Self-expression*. Oxford University Press.

Hadley, S., & Yancy, G. (2012). *Therapeutic uses of rap and hip hop*. Routledge.

Hay, P., Chinn, D., Forbes. D., Madden, S., Newton, R., Sugenor, L., Touyz, S., Ward, W. (2014). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Australian and New Zealand Journal of Psychiatry,* 48(11), 977–1008. https://doi.org/10.1177/0004867414555814

Heiderscheit, A. (2008). Discovery and recovery through music: An overview of music therapy in eating disorder treatment. In S. Brooke (Ed.), *The Creative Arts Therapies and Eating Disorders* (pp. 122-141). Charles C. Thomas Publisher.

Heiderscheit, M., & Madson, A. (2015). Use of the iso principle as a central method in mood management: A music psychotherapy clinical case study. *Music therapy perspectives*, 33(1), 45–52. https://doi.org/10.1093/mtp/miu042

Hilliard, R. (2001). The use of cognitive-behavioural music therapy in the treatment of women with eating disorders. *Music Therapy Perspectives*, 19(2), 109–113. https://doi.org/10.1093/mtp/19.2.109

Lejonclou†, A., & Trondalen, G. (2009). “I’ve started to move into my own body”: Music therapy with women suffering from eating disorders. *Nordic Journal of Music Therapy*, 18(1), 79–92. https://doi.org/10.1080/08098130802610924

Loewy, J. V. (2005). Guest editorial: "the role of the music therapist in music therapy". *Music Therapy Perspectives, 23*(1), 5-7. https://search.proquest.com/docview/199510160?accountid=14782

Loth, H. (2002). There's no getting away from anything in here: A music therapy program within an inpatient programme for adults with eating disorders. In A. Davies & E. Richards (Eds.), *Music therapy and group work: Sound company.* Jessica Kingsley Publishers.

Loth, H. (2016). Music therapy with people who have eating disorders. In J. Edwards (Ed.), *The Oxford Handbook of Music Therapy.* Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199639755.013.27

McFerran, K., Baker, F., Patton, G., & Sawyer, S. (2006). A Retrospective lyrical analysis of songs written by adolescents with anorexia nervosa. *European Eating Disorders Review*, 14(6), 397–403. https://doi.org/10.1002/erv.746

McFerran, K. (2005). Dangerous liaisons: group work for adolescent girls who have anorexia nervosa. *Voices: A World Forum for Music Therapy*, *5*(1). https://doi.org/10.15845/voices.v5i1.215

McFerran, K. (2010). *Adolescents, music and music therapy methods and techniques for clinicians, educators and students*. Jessica Kingsley Publishers.

McFerran, K., & Heiderscheit, A. (2015). A multi-theoretical approach for music therapy in eating disorder treatment. In A. Heiderscheit(Ed.). *Creative Arts Therapies in Eating Disorder Treatment,* (pp. 49-70). Jessica Kingsley Publishers.

McFerran, K., Baker, F., Kildea, C., Patton, G., & Sawyer, S. (2008). Avoiding conflict: What do adolescents with disordered eating say about their mothers in music therapy? *British Journal of Music Therapy,* 22(1), 16–23. https://doi.org/10.1177/135945750802200103

Nolan, P. (1989). Music as a transitional object in the treatment of bulimia. *Music Therapy Perspectives*, 6(1), 49–51. https://doi.org/10.1093/mtp/6.1.49

O'Brien, E. (2016). "Their lives, their stories, in their words": A workshop on lyric creations with clients. *Nordic Journal of Music Therapy*, 25, 106–106. http://search.proquest.com/docview/1800386004/

O'Brien, E. (2004). The language of guided songwriting with a bone marrow transplant patient. *Voices: A World Forum for Music Therapy*, *4*(1). https://doi.org/10.15845/voices.v4i1.144

O'Callaghan, C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy*, 33(2), 74–92. https://doi.org/10.1093/jmt/33.2.74

Pavlakou, M. (2009). Benefits of group singing for people with eating disorders: Preliminary findings from a non-clinical study. *Approaches: Music Therapy Special Music Education*, 1(1), 30–48. http://search.proquest.com/docview/1496961963/

Pavlicevic, M. (2003). Groups in music: strategies from music therapy . Jessica Kingsley.

Rance, N., Moller, N., & Clarke, V. (2017). “Eating disorders are not about food, they’re about life’: Client perspectives on anorexia nervosa treatment. *Journal of Health Psychology*, 22(5), 582–594. https://doi.org/10.1177/1359105315609088

Roberts, M. (2006). “I Want to Play and Sing My Story”: home-based songwriting for bereaved children and adolescents. *Australian Journal of Music Therapy*, 17, 18-34.

Robarts, J. Z. (2000). Music therapy and adolescents with anorexia nervosa. *Nordic Journal of Music Therapy*, *9*(1), 3-12. https://doi.org/10.1080/08098130009477981

Rolsvjord, R. (2005). Collaborations on songwriting with clients with mental health problems. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students* (pp. 97115). Jessica Kingsley Publishers.

Short, H. (2013). Say what you say (Eminem): Managing verbal boundaries when using rap in music therapy, a qualitative study. *Voices: A World Forum for Music Therapy*, *13*(1). https://doi.org/10.15845/voices.v13i1.668

Stebbins, R. (2001). *Exploratory research in the social sciences*. SAGE.

Steiner, H., & Flament, M. (2012). *Eating disorders*. Health Press.

Terry, G., Hayfield, N., Clarke, V. & Braun, V. (2017). Thematic analysis. In C. Willig & W. Rogers. *The SAGE Handbook of Qualitative Research in Psychology* (pp. 17-36). SAGE. doi: 10.4135/9781526405555

Tangney, J. P. (2002). Perfectionism and the self-conscious emotions: Shame, guilt, embarrassment, and pride. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 199–215). American Psychological Association. https://doi.org/10.1037/10458-008

Thomas, D. R. (2006). A general inductive approach for analysing qualitative evaluation data. *American Journal of Evaluation,* 27(2), 237–246. https://doi.org/10.1177/1098214005283748

Thompson, S. (2009). Themes and metaphors in songwriting with clients participating in a psychiatric rehabilitation program. *Music Therapy Perspective*s, 27(1), 4–10. https://doi.org/10.1093/mtp/27.1.4

Tshivhase, M. (2015). On the possibility of authentic self-expression. *Communicatio,* 41(3), 374–387. https://doi.org/10.1080/02500167.2015.1093329

Trondalen, G. (2003). "Self-listening" in music therapy with a young woman suffering from anorexia nervosa. *Nordic Journal of Music Therapy, 12*(1), 3-17.

Victoria University of Wellington. (2019). Human ethics guidelines. Retrieved from https://www.victoria.ac.nz/documents/policy/research-policy/appendix-a-humanethics-committee-guidelines.pdf

Victoria University of Wellington. (2019). Te Tiriti o Waitangi Statute. Retrieved from https://www.victoria.ac.nz/documents/policy/governance/te-tiriti-o-waitangistatute.pdf

Viega, M. (2014). Listening in the ambient mode: Implications for music therapy practice and theory. *Voices: a World Forum for Music Therapy*, 14(2).https://doi.org/10.15845/voices.v14i2.778

Wheeler, B. (2006). Principles of interpretivist research. In B. Wheeler, K. Murphy (Eds.), *Music Therapy Research: Third Edition* (pp. 294-296). Barcelona Publishers.

Zerwas, S., & Bulik, C. M. (2011). Genetics and epigenetics of eating disorders. *Psychiatric Annals, 41*(11), 532-538. doi:http://dx.doi.org.helicon.vuw.ac.nz/10.3928/00485713-20111017-06