

Therapeutic Songwriting in Group Music Therapy

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Therapeutic songwriting is recognized as an effective music therapy intervention for clients in a variety of settings. It can be a simple process of song parody, in which new words are used with a familiar melody, or it can involve the creation of both words and music, either by the group itself or by the music therapist, depending on the resources and time available to the group. As a therapeutic intervention that depends heavily on group cooperation, it provides useful insights on group processes in music therapy groups. This paper will discuss group processes that positively or negatively affect the success of the therapeutic songwriting process.

Group Music Therapy

Music therapy groups use music to help clients become aware of, express, and explore their emotions; gain insight into their problems; and find resolutions and learn coping skills (Borczon, 2004). Music reaches aspects of a person that verbal processing cannot, although verbal processing may be part of the music therapy group. Music can help clients organize their thoughts and it keeps clients present in the here and now, because they need to make decisions in the moment about how they will engage with the music. This helps clients reconnect with their bodies, emotions, and thoughts in a threefold process that includes biophysical, psycho-emotional, and psycho-spiritual aspects (J. Borling, personal communication, April 12, 2017).

Working with groups rather than individuals provides the opportunity for social connection and interpersonal engagement. The experience of being engaged in music together helps the group bond. For clients with language limitations, music can provide a unique way to make contact with others (Davies & Richards, 2002).

Group therapy can work with open or closed membership, meaning that new members can be added (open) or the membership can remain constant (closed). Some variations are

possible, such as a group that is slow-open, which allows for new members to come in as older members leave, but retains a core membership. This stability is important for creating a sense of cohesion and safety within the group space.

Group music therapy draws on group dynamics as an agent of change. This includes an awareness of transference and countertransference, and of the stages of group development. There are different models to describe the stages of group development. Yalom & Leszcz (2005) describe three stages: (1) initial stage: orientation, hesitant participation, search for meaning, dependency (in or out); (2) second stage: conflict, dominance, rebellion (top or bottom); and (3) development of cohesiveness (near or far). It is important to recognize that group development is cyclical, not linear, so the boundaries between phases are not clear and a group does not permanently move from one phase to another. As clients negotiate their place within the group, they learn how to negotiate familial and social situations outside the group. It is possible to go through the stages of group development within a single session, as is necessary in acute care settings, but the group process can develop more deeply over a longer period.

Therapeutic Songwriting

Therapeutic songwriting has been successfully used with clients with chemical dependencies (Baker, Dingle, & Gleadhill, 2011; Gardstrom, Carlini, Josefczyk, & Love, 2013; Reitman, 2012), mental illness (Kooij, 2009; Silverman, 2011; Thompson, 2009), history of trauma (Day, 2005; Day, Baker, & Darlington, 2009; York, 2006; Teague, Hahna, & McKinney, 2006), dementia (Hong & Choi, 2011), medical problems (Marin, 2014), those in hospice (Heath & Lings, 2012), migrants and refugees (Baker & Jones, 2006; Schwantes, McKinney, & Hannibal, 2014; Schwantes & McKinney, 2010), at-risk youth (MacDonald, & Viega, 2012; Smith, 2007), and others. Commonly cited goals for therapeutic songwriting include enhancing

self-esteem, developing self-confidence, providing the opportunity to make choices; developing a sense of self; externalizing thoughts and feelings; and gaining insight (Baker, 2013a). Some therapeutic songwriting is also used for psychoeducation purposes (Silverman, 2011).

In writing a song in a group music therapy setting, the group members must negotiate a theme for the lyrics as well as the lyrics themselves. In the case of a song parody, the music therapist may provide several musical options from which clients can choose. If the group composes their own music, they must agree on the musical style as well as make other musical choices. This process requires the group to come to a consensus, although in some cases the therapist may use a democratic voting process, especially when working with children (Baker, 2013a). If it is an open group, the process should be completed within one session so that all clients feel a sense of ownership of the song. If it is a continuing group, the process may take place over several sessions.

Group Factors in Therapeutic Songwriting

Although the music therapy literature on songwriting has primarily focused on outcomes rather than on the group process, recent articles by Baker (2013a, 2013b, 2014, 2015) address group factors. In her review of the literature, she writes that “While these studies support the use of group songwriting in stimulating social interaction, group cohesion, sense of belonging, coping and self-esteem, and grief processing, there was little and non-specific discourse on how different group factors had an impact on the actual songwriting process” (Baker, 2013a, p. 138). When she compiled the results of her international survey of music therapists who use songwriting, she identified four main group factors that affect the outcomes: group composition, group size, group conflicts, and group cohesion.

Group Composition

Group composition is critical; however, there is no one right way to compose a group. Groups become cohesive more quickly if they are homogeneous, but heterogeneous groups may be better for longer term psychotherapeutic work. Usually a mix of homogeneous and heterogeneous elements is most effective (Yalom & Leszcz, 2005). For example, it can be helpful to have a heterogeneous mix of clients at different stages of recovery, since “including a mix of therapy participants at different stages of their therapeutic journey stimulates dynamic interaction and deep reflection” (Baker, 2013a, p. 139). Seeing those who have benefitted helps with the installation of hope in newer clients, and gives older clients the chance to practice altruism (Yalom & Leszcz, 2005).

Sociocultural heterogeneity can enrich the group songwriting experience; however, it can sometimes cause conflicts that cannot be worked through. Some therapists have found that diverse immigrant groups can work well together (Baker & Jones, 2006); others have found that a homogeneous group is more productive because of defining cultural characteristics (Schwantes & McKinney, 2010; Schwantes, McKinney, Hannibal, 2014). In working with a socioculturally diverse group, it is best to avoid bicultural groups, which may increase conflicts (Baker, 2014). Both heterogeneous and homogeneous groups can help clients feel a sense of universality (Yalom & Leszcz, 2005).

Music therapists working with women who have experienced domestic violence recommend women-only groups as being the only setting in which clients may feel safe enough to participate in the process. The therapist should also be aware of how the socialization of women may affect their participation in songwriting interventions. In other cases, groups may need to be gender-segregated due to religious or cultural norms (Baker, 2013a; Gardstrom,

Carlini, Josefczyk, & Love, 2013; York, 2016). Gender conflicts can also arise in relation to musical styles.

Group Size

The group needs to be large enough so that there is a critical mass of participants who are willing to participate in the process. Participants comment that songwriting in a group is helpful for brainstorming (Day, Baker, & Darlington, 2009; Edgerton, 1990). If there are too few participants, it can be difficult to get the process going, although smaller groups provide more possibilities for individuals to be heard. Yalom and Leszcz (2005) recommend seven to eight members; the music therapy articles reviewed had similar or slightly smaller groups.

Group Conflicts

Conflicts that emerge as a natural part of the group process can be opportunities for growth and do not necessarily negatively impact the songwriting process, but they must be dealt with openly. Working through conflicts can lead to additional insights. Dominant members, particularly Yalom and Leszcz's (2005) "Monopolist," however, may usurp the songwriting process, preventing other members from being heard.

Group Cohesion

The process of songwriting itself promotes group cohesion because the group agrees on a theme for the song and deepens their understanding of the theme through brainstorming and in-depth discussion (Edgerton, 2009). On the other hand, a certain level of cohesion is necessary for clients to feel safe enough to participate authentically in songwriting. Group cohesion can be a challenge in acute care settings in which group composition changes weekly. It can also be affected by compulsory attendance, which initially negatively affects group dynamics but ultimately leads to more cohesive groups (Baker, 2013b). Cohesion is critical both in the group,

as it enables clients to participate without being afraid, and outside the group as clients learn that they can create and maintain relationships with others (Yalom & Leszcz, 2005).

Summary

While multiple group factors can have positive or negative effects on songwriting interventions, there is no single best way to configure a group. The therapist needs to be sensitive to the various sociocultural, gender, religious, and group dynamics to find the right balance between heterogeneity and homogeneity to support the groups' work. This includes developing a wide repertoire of culturally diverse music styles to support clients' songwriting.

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