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The Experiences of Patients in the Synchrony Group Music Therapy Trial for Long-term Depression

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Highlights:

- Participants described the groups as a safe and happy place
- Participants experienced increased motivation to join creative community groups
- Lyric generation helped to put difficult feelings into words
- The intensity of the groups (3 x per week) made the ending challenging

Abstract

Music therapy may be particularly well placed to address features of depression. The Synchrony study used group songwriting in a feasibility trial of group music therapy for long-term depression. The current study explored the lived experiences of the participants in these groups. Ten individuals participated in semi-structured interviews. These were analysed by a music therapist, research psychologist and lived experience researcher, using interpretative phenomenological analysis (IPA). Three superordinate themes were identified: ‘the group as a happy and safe place’, ‘music stimulates new feelings and songwriting aids expression into words’ and ‘uncertainty, unmet needs and the ending were challenging’. Findings underscore the importance of early group cohesion and the role of music and song-writing in promoting enjoyment, exploration and a sense of achievement. Group setup requires careful

consideration of expectation setting, levels of musicianship and readiness for songwriting and preparation for ending, so as not to reinforce hopelessness, disappointment and loss.

Keywords:

Music therapy; songwriting; groups; community; mental health; depression

Introduction

Between eight and twelve percent of the UK population experience depression in any year (Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2003), 20% of whom develop long-term depression (World Health Organisation, 1992), where symptoms last two years or longer. Treatment of long-term depression is challenging, as frequent relapses can lead to pessimism and demoralisation of both patients and professionals (Koekkoek, Van Meijel, Schene, & Hutschemaekers, 2008), which can lead to lack of compliance or 'giving up' on treatment once recommended treatments have been tried. Long-term depression is also associated with increased healthcare costs through greater use of services and rates of hospitalisation (Berndt et al., 2000; Uher, 2014). Medical guidance currently recommends a combination of medication and psychotherapy with an interpersonal focus. A personalised approach is emphasised with consideration of the patient's preferences (Jobst et al., 2016).

There is a growing evidence base regarding music therapy for depression (Aalbers et al., 2017; Erkkilä, Ala-Ruona, Punkanen, & Fachner, 2012). Core features of depression include persistent low mood, diminished interest, loss of pleasure and lack of energy. Other symptoms include sleep and appetite disturbance, poor concentration, psychomotor changes and feelings of guilt, worthlessness and low self-esteem (World Health Organisation, 1992). Group music therapy can offer participants the opportunity to address many of these symptoms through active music-making alongside others who have similar experiences. Music therapy has been found to have positive effects over treatment as usual for clinician-

and patient-rated depressive symptoms (Aalbers et al., 2017) but it is suggested future studies also include subjectively meaningful outcomes such as satisfaction with treatment. It has been highlighted that further research in this area is needed, especially given that related literature indicates how music therapy can alleviate depressive symptoms in other client groups (Odell-Miller, Fachner, & Erkkilä, 2018; Porter et al., 2017).

Three main mechanisms have been proposed in music therapy for depression: meaningfulness and pleasure, physicality, and relating (Maratos, Crawford, Mike, & Procter, 2011). Group music therapy has the potential to address interpersonal issues as well as promoting confidence and participation in the community. The experience of making music provides an opportunity for nonverbal expression and communication, strong shared group experiences, rehearsal of different ways of relating and opportunities to have a sense of achievement, 'perform' or share different, non-illness parts of themselves with the wider community (Ansdell, 2014). A positive experience within a community-based music therapy group can place the person in contact with their musical and inner psychological 'resources' (Rolvsjord, 2014) and thus build resilience and support wider factors of personal recovery (connectedness, hope, identity, meaning and empowerment) (Hense, McFerran, & McGorry, 2014; McCaffrey, Carr, Solli, & Hense, 2018; Slade, 2009; Solli, Rolvsjord, & Borg, 2013).

Therapeutic songwriting has a rich history in music therapy, particularly within mental health (Aasgaard & Aero, 2016; Baker, Wigram, Stott & McFerran, 2008). Songwriting may be helpful in terms of supporting clients to put their experiences into words, providing a narrative for their experiences and helping to make sense of internal states (F. A. Baker, Wigram, Stott, & McFerran, 2008; Bramley & Eatough, 2005; Day, Baker, & Darlington, 2016; McCaffrey & Edwards, 2016; Rolvsjord, 2004). Through writing, audio recording and performance, the song composition also provides an object for reflection and a

potential means of sharing with or performing to others (Aasgaard & Blichfeldt Ærø, 2015; Baker, 2013; Day et al., 2016; McCaffrey & Edwards, 2016).

In their international survey of 419 music therapists, Baker and colleagues (2009) found that of 103 respondents working in psychiatry, most reported that songs were created within a single individual therapy session. However, compared to other clinical areas, songwriting was also frequently used in small and large group settings. Music therapists tended to share responsibility for both lyric and music creation of the songs with clients, and songs were likely to be taken out of the therapy space either by providing a copy to clients, or through sharing the song with an audience.

Silverman and colleagues have extensively examined the immediate effects of group songwriting with a psychoeducational and illness management and recovery focus in both acute psychiatry (Silverman, 2013, 2016a, 2016b, 2019a, 2019b, 2019c; Silverman & Leonard, 2012; Silverman & Marcionetti, 2004) and detoxification (Silverman, 2011, 2012, 2019a; Silverman, Baker, & MacDonald, 2016) settings. This involved use of a 12-bar blues by the therapist to provide a musical frame, whilst lyrics were composed by the group with a focus on a psycho-educational issue. Songwriting tended to perform better across all these studies in comparison to control conditions of no music therapy, wait-list or recreational music although this difference was not always statistically significant. Findings that were statistically significant, suggest this approach to songwriting improved knowledge of illness management in acute inpatients (Silverman, 2016a), motivation and readiness to change in detoxification patients (Silverman, 2012) and enabled greater sharing of emotions and experiences within the group (Silverman, 2019b, 2019a). Flow has also been identified as a significant predictor of therapeutic outcome within these populations (Silverman et al., 2016). Due to the clinical contexts, these studies were limited to examination of a single session of

therapy, and thus do not provide a picture of how these outcomes may change after a series of sessions over time.

Only one study has examined effects over a series of group songwriting sessions in mental health (Grocke et al., 2014). Building on a pilot study (Grocke, Bloch, & Castle, 2009) this crossover trial, randomised 99 adults living in the community in Australia with severe mental illness to weekly group music therapy or standard care. The music therapy intervention was based on singing familiar songs and composing original songs over a 13-week period, which were then recorded in a professional studio. The study found statistically significant improvements in quality of life and spirituality after music therapy and the authors recommended further replication to build evidence for the efficacy of group songwriting in mental illness.

In recent years, music therapists have drawn attention to the importance of hearing the lived narratives of those receiving healthcare to better contextualise and improve the quality of research into severe mental illness, especially when working within a recovery paradigm (Ansdell & Meehan, 2010; Bibb & McFerran, 2018; Fairchild & Bibb, 2016; McCaffrey, 2018; Rolvsjord, 2016; Slade, 2009; Solli & Rolvsjord, 2015). Fairchild & Bibb (2016) also draw attention to the importance of representing contributions, strengths and resilience of clients alongside the challenges that they face. There is high value in hearing the subjective experiences of people with mental health problems as clinicians can learn to how best to work together with and support clients. It is also in keeping with a client-centred approach that is central to many models of music therapy practice. From a research perspective, such information allows contextualisation of quantitative results and offers an in-depth understanding of the participants' experiences.

Concurrently, many randomised controlled trials of complex interventions now include embedded qualitative studies as a means of understanding processes and outcomes from the perspective of participants (Moore et al., 2015). Within Grocke and colleagues' studies (Grocke et al., 2009, 2014), this took the form of focus groups. Participants within these studies suggested group songwriting was enjoyable and beneficial (in terms of achievement, self-esteem, confidence and motivation), provided joy and pleasure, working with others was beneficial, and enabled creativity (Grocke et al., 2009, 2014). They were also able to identify challenges from their participants' perspectives including difficult group dynamics, changes in group membership and managing anxiety around musical ability, performance and recording (Grocke et al., 2014).

There is a clear need to develop further treatment options for people with long-term depression and music therapy may offer a very different means of treatment and support. To address this need, we conducted a study to examine the feasibility of conducting a randomised controlled trial of music therapy, with a group songwriting focus for long-term depression. Given the importance and value of patient subjective experiences in understanding therapy processes and outcomes we included qualitative semi-structured interviews with participants after their group songwriting sessions had ended. Our aim was to gain an understanding of the music therapy songwriting process from participants' perspectives including helpful and unhelpful factors within these groups, changes over the course of therapy and participants' attributions for this change. This paper presents the findings of these qualitative interviews.

Method

Research Approach

This study employed an interpretative phenomenological analysis (IPA) approach to gain an in-depth understanding of the participants' experiences of the songwriting groups. IPA aims to examine each individual's experience of something rather than impose any pre-existing ideas or hypotheses (Smith, Flowers, & Larkin, 2009) and has frequently been used as a means of understanding participants' experiences of music therapy (Ansdell & Meehan, 2010; McCaffrey, 2018; Pothoulaki, 2012). IPA draws on key concepts from phenomenology, hermeneutics, symbolic interactionism and idiography. It allows a focus on the meaning that participants attribute to their experiences.

The first author of this paper (EW) is a registered music therapist and worked as a research assistant on the Synchrony trial. Her experience of working on the trial highlighted the many important aspects of the patients' experiences that would not be captured in the trial report, but which would be important for clinicians and service providers to hear. She conducted the waitlist group interviews. For pragmatic reasons, interviews were also conducted by a wider team of researchers from the Synchrony study; one who was a registered music therapist and post-doctoral researcher, and three with a background in psychology. This range of interviewers may be unusual, but the researchers had met with participants to consent and conduct trial assessments over the course of 12 months and therefore a trusting relationship had been established. A lived-experience researcher (SJ) attended some of these interviews and was involved in the analysis. The other authors include a research psychologist (LH) and an experienced music therapist and clinical trials fellow (CC).

Participants

Participants were community mental health patients who had taken part in the Synchrony songwriting feasibility trial. The Synchrony trial offered three groups of patients

with long-term depression 42 sessions of group music therapy with a songwriting focus in 2017-2018. A full description of the feasibility trial is available in the published protocol (Carr, O'Kelly, Sandford, & Priebe, 2017). The study was based within an NHS Trust in an ethnically diverse area of East London. Patients were eligible to take part if they were over the age of 18 and had a confirmed diagnosis of depression which had lasted for 6 months or longer. Favourable ethical opinion was obtained from Wales Research Ethics Committee 2 (ref: 16/WA/0248). Full informed consent was sought from participants before taking part in the trial. This included the option to also consent to an individual qualitative interview at the end of therapy, upon which this current study was based. Those consenting to be interviewed, gave written informed consent to have their discussions audio-recorded, transcribed and excerpts of quotations from interviews to be published.

Thirty participants were randomised to a treatment (n=20) or wait-list (n=10) group. The treatment group were divided into two groups; to attend in the morning (n=10) or afternoon (n=10). Both groups met three times per week, for 90 minutes, for 14 weeks in a local community hall. The length of session allowed for 15 minutes for checking in at the start, and 15 minutes of reflection at the end, with a full hour for musical improvisation, songwriting, recording and discussion. The sessions were led by two qualified, registered music therapists with extensive experience of working in acute and community mental health care. The treatment was based around a manualised songwriting and improvisation intervention with the aim of creating a CD, or similar end product (to be decided by the participants) at the end of the treatment. At baseline, post-intervention, 3 months and 6 months later, a number of quantitative measures were taken, with the primary outcome being the Montgomery-Åsberg Depression Rating Scale (MADRS). Quantitative results of the trial will be published in a separate article.

The wait-list group received treatment as usual for the 14 weeks and completed the same measures during that time period. They were offered group music therapy for 14 weeks at the end of completion of the study measures.

Of the thirty trial participants, the following ten participants agreed to take part in interviews about their experiences of the trial. Participants were given pseudonyms that were selected by the authors and agreed within the research team.

<Insert Table A>

Procedure

The semi-structured topic guides were based on the client change interview (Elliott, Slatick, & Urman, 2001) which aims to understand ways in which participants have experienced therapy, changes over the course of their therapy and their perspectives on the reasons for change. The topic guide included general open questions about the participants' experiences of the music therapy groups. The interviewer then asked participants to think about things that had changed for them since they started the therapy and wrote these down, including changes that other people may have noticed in them and whether anything had changed for the worse. Participants were then asked to rate on a five-point Likert scale how expected the changes were (1=expected, 5=surprised), how likely the changes were if they had not attended the therapy (1=likely to have happened without therapy, 5=unlikely to have happened without therapy) and how important these changes were to them (1=not at all important, 5=extremely important). The discussion then explored what they thought had caused the changes. For this study, the quantitative change 'scores' were a tool to encourage discussion about their therapy experience and were analysed by using their qualitative meaning in relation to the interview discussion rather than quantitatively.

Data Analysis

The audio recordings of interviews were transcribed by an NHS approved agency. Two researchers (EW and LH) initially read and coded two of the same transcripts. They independently created exploratory comments and then developed emergent themes from these, focusing on information about the participants' experiences of songwriting. They came together to compare their comments and themes and developed summaries for those two participants. The remaining transcripts were split between researchers to code independently. Emergent themes were transferred on to individual pieces of paper and the researchers met to group these together and discuss the narrative. These were developed into narrative summaries for each individual participant (see Appendix). A third researcher with lived experience of mental illness (SJ) joined these meetings. She questioned assumptions, suggested different ways of interpreting the data and ensured analysis was grounded in the lived experiences of participants.

Categories were developed for each participant and then analysed across groups (morning, afternoon, waitlist) to look for similarities and differences. Wider reflection with a music therapist (CC) was used to develop a narrative for the process of the participants and their individual experiences. The authors took their ideas to a peer review meeting of research psychologists where they were discussed and developed into three superordinate themes.

Results

Three superordinate themes were identified and each contained a number of subordinate themes, summarised in Table B:

<Insert Table B>

To provide the group context for the participant experiences, a summary of each group's songwriting process is provided below:

- Group 1: The morning treatment group wrote a number of songs and recorded a CD where they played and sang. Some participants wrote lyrics outside of the session and brought them in; others were created through themes that arose during discussions. The therapists initially offered plenty of musical support but allowed the participants more space to work independently as the sessions progressed.
- Group 2: In the afternoon treatment group, one participant wrote lyrics in her own time and brought them to the session. This group were not comfortable with singing, so created backing tracks and spoke the lyrics over the top. They found it useful to use the loops from the recording software as a starting point and created a CD of these pieces.
- Group 3: The waitlist group used more improvised music than songwriting during their sessions. Some of these improvised pieces had a particular identity and the therapists cut clips from the recordings of the group to put on a CD. This group wrote some words and themes on a flipchart but these were not integrated into the music and did not become songs.

The group as a happy and safe place

This theme encompassed the importance of the group as somewhere happy and safe to go to three times per week. Most participants spoke of this intensity as a positive feature as it offered a sense of momentum, even if absent for one or two sessions. However, this was also a significant commitment and a number of people suggested that longer sessions (e.g. two hours) twice per week would be preferable.

The sense of enjoyment alongside support from the group and therapists enabled participants to begin to share and open up to others. Participants suggested that freedom,

choice and the opportunity to escape from reality – be it their symptoms or challenging aspects of their daily lives, were important factors in entering into the therapeutic process.

On a basic level, enjoyment meant that participants were motivated to continue attending:

It was a happy place. . . sometimes you go to meetings and groups, and the atmosphere is quite depressing, you, you go in depressed and you come out more depressed. That, that was a very happy little room, and some days I'd just go there and just play with the instruments, and they never said, oh don't touch that or don't touch that, they just let me do it on purpose, it was great (laughs) (Preetha – Group 1)

Preetha, Olu and John all described the therapists as encouraging in the songwriting process and in accessing and playing the instruments. This support continued outside of the session; the therapists phoned participants on the morning of the group to check in and see if they would be attending that day. Being held in mind was important for group members and also meant that they could use the session time more effectively:

Getting those phone calls on a regular basis was nice because it's, it was a bit like an hour and a half wasn't long enough so it's great to say yeah I'm going to be there I'll see you there in a bit and then you get there and you can just go straight in to making music (Olu – Group 1)

A sense of belonging and acceptance meant that the participants started to open up about their experiences in the sessions and to build connections with other group members. They gained awareness of themselves and discovered different perspectives on their illness or experiences. Lynne said that it was helpful to hear that she was not alone in her experiences of depression and that she was not “overreacting”. Some participants made friendships that

continued outside of the group, with members continuing to meet socially after the end of the study.

It was important that members had a choice about how they engaged in the sessions. For Lynne, the feeling of freedom allowed her to explore her sense of self:

And I felt like in the group I could just be me, or explore what being me is. So if I wanted, there was no one telling me, this is right, this is wrong, you've got to play this a certain way, or, you've got to play this instrument, it was all my choice. I could choose what I wanted to play, I could choose how I wanted to play, I could choose when I wanted to play, so I enjoyed that (Lynne – Group 3)

Participants described the group as an escape from the reality and challenges of everyday life. This could be their symptoms of depression, such as rumination and intrusive or paranoid thoughts, or difficult home environments or social situations:

But I enjoyed it, because it, for the time that I was there, it took my mind away from all the other stuff that was going on, the busy-ness of my mind (Joseph – Group 3)

Music stimulates new feelings, songwriting aids expression into words

Music (particularly improvisation) was a powerful means of getting in touch with different affective states and feelings, allowing participants to experience and express these in music. Songwriting helped to explore and shape these experiences into words and was a tool for self-reflection and sharing with others. Participants related this process to increased confidence and motivation particularly to continue music, creative or wider activities and a change in perspective on their life situations.

Participants described active music-making that put them in touch with feelings which had been absent for many years:

... I just didn't see music being part of my life again. And yeah, so I think it was just put on a back burner, and I thought happy times are gone now, so. But when I went to the music sessions there was music for sad days as well, and sad songs... if I felt sad and I wanted to sing a sad song or make a sad song, that they said it was, nothing wrong with it. And that's where it's changed me, that I can sing a song if I'm sad, and I don't have to be partying to just sing or play music. And that was a door that had closed decades ago, and they opened it for me, and I'm so grateful. (Preetha – Group 1)

This was a particularly important process for the wait-list participants, who did not compose songs in such a traditional sense but focused more on improvised music:

What I found in the music therapy for the first time I tapped into the emotional, recognising the emotional side of my existence. So, there were times there where I felt quite tearful when we were just playing the music (Joseph – Group 3)

Robbie had a different experience; he was hoping that the sessions would help him to access buried memories of childhood trauma, but was disappointed when this was not possible:

I've got some certain things in my head that I don't know, I can't verbalise and it's because I'm not sure about some of the stuff either so I thought maybe the music therapy might bring that out but it didn't (Robbie – Group 3)

John identified that the music making in his group gave a different experience to talking therapies. He attributed this to being part of a smaller, more intimate group, where members could share their experiences whilst working towards a common goal of creating a song:

Now this was a lot different from the group therapy that I had, I felt I was a bit closer to the people in the music therapy, I could trust them a bit more than what I could trust the other guys in the group therapy... But it felt, by being in the music group I felt I could let down, I could let down my guardrail... I've had group therapy and sometimes people don't want to say nothing, they just turn up and don't say nothing, which isn't right, you're there, we're trying to make music and we're also trying to sort out how difficult our lives have been, how we're trying to move on, we're making music trying to together as a group, make a song (John – Group 1)

Although all the groups shared some common elements, their songwriting experiences ended up being very different. Groups 1 and 2 started to write lyrics with the guidance of the therapists and form these into song structures. Sometimes the lyrics came from the check-in whilst some participants wrote lyrics at home to bring into the sessions. Lyric generation was a way of processing arising emotions as well as past experiences:

And so it just started me writing things, so things that had affected me when I was younger maybe coming to the surface and I could write about them and joke about them, and someone would sing them, because I wouldn't sing (Sally – Group 2)

The lyrics became a shared experience as other group members composed songs, contributed their own experiences and thought about the meaning of the words.

Watching other individual members and talking about difficult scenarios and difficult situations, bursting into tears, crying, was difficult, but it wasn't painful, it was cathartic almost (Olu – Group 1)

Despite it being emotionally challenging, the song structure seemed to be able to contain these feelings in a way that felt safe and manageable for the whole group. Preetha

described how she had continued to use this tool as a valuable way of managing difficult feelings since the group ended:

And so I, I still hold that technique, and it might be rubbish to somebody else, but I just write it down and, and then when I've got a few moments I'd look at it. And when I've got a full paper then I try to dissect it to see if I can make something out of it. So that was a great tool they gave me, of writing down and trying to see what, what is it, out of it. And then [if] people upset me, I'd write, I'd write that down as well...
(Preetha – Group 1)

Participation in the groups gave some members a sense of achievement and satisfaction. This was particularly true for group 1 who felt proud of their CD and their musical contributions:

I actually sung. I actually sung some songs and duets, I done some duets and I was very happy with that (John – Group 1)

For Preetha, the CD became a means of sharing aspects of her experience with others close to her that had not been possible to discuss before:

...when I got the CD they'd say, then they'd ask me oh, are you going to expand on this, are you going to take it forward? ... so it brought the family together, as well, it's a focal point of talking, where before it was just like the things that have you taken your medication? Did you go to the doctor? (Preetha – Group 1)

Playing instruments was a new experience for some participants whilst for others, it was a means of reconnecting to pre-existing musicianship:

When I first started going and picked up some guitars and went on the keyboard, I was amazed really how quickly I got back in to playing. Having, like I said, having

not played for over five years, but I suppose they probably say it's like riding a bike. So, yes, I got back in to enjoying the playing of instruments again. (Jim – Group 3)

Sally had not been able to play her piano for many years because of her depression but found that the music therapy sessions had motivated her to get out her keyboard at home. Olu felt encouraged to explore a career in music more as a result of being part of the music therapy group. Out of the ten participants interviewed, eight described wanting to join more creative groups or re-engage with musical activities. Some described using music differently in their everyday lives, including listening to music differently and exploring a wider range of genres. For participants with long-term depression, this sense of renewed motivation was an important outcome.

Engaging in the music-making awakened an increased motivation for addressing other long-standing problematic aspects of their lives, including daily living activities such as cooking, exercise or sorting out finances:

So, I think long answer short is I probably would have been more active at some point, but the music therapy has spurred me to get involved in other things. Like I said, I've started swimming and I'm signed up to this art group, so I'm starting to participate more in society. (Joseph – Group 3)

Cathy described an increased acceptance of her disability as a result of attending three sessions. Preetha felt that she was able to be more aware of her environment and see the details in things. Olu said that he has started to define himself through his recovery rather than by his illness.

Notably, the subordinate theme of increased confidence was described as a direct effect of taking part in the music therapy group for many participants. Some felt that they had

been able to contribute more to other groups that they were involved in, or were more confident in expressing their opinion:

So little things have changed in that I like who I am but that confidence part of it was always a bit tricky for me and just obsessing about what other people might say or think or I might sound like an idiot, so I think that's definitely changed because I don't feel like that as much. I'm braver. (Lynne – Group 3)

Uncertainty, unmet needs and the ending were challenging

None of the participants had taken part in group songwriting before and only one had attended music therapy previously. All participants spoke of their uncertainty regarding what to expect. For many, unmet expectations were a source of disappointment, which were sometimes irreconcilable.

Cathy had high expectations of the group as she had found music to be beneficial to her mental health in the past:

Well I had high hopes for it because I find music generally quite calming... and I felt the sessions that I went to I didn't find them calming at all, I found them quite distressing. (Cathy – Group 2)

When she attended the group, having been absent for initial sessions due to illness, she found it difficult to make connections with other members, who knew each other from previous groups. She also felt unable to play the instruments due to a lack of experience. In her interview, she spoke about her overwhelming disappointment that this group was not going to be helpful for her. She attended three sessions before withdrawing from the group.

I feel robbed, I feel that I was robbed of an experience that I'd been looking forward to, that's the only way to put it, I don't know how to put it any other way. I feel like

they stole my opportunity to enjoy a new experience, something that I never tried before. (Cathy – Group 2)

The wait-list group spoke most about their expectations of the group, which may have had time to cultivate during their waiting period. Songwriting came as a surprise to wait-list participants, with some feeling they were not fully informed about this.

And it was only about halfway through that I realised that song writing was going to be part of it, and that made me feel a bit anxious, because that reminded me of the, almost being back at school and having a project and having a, something to work towards, which wasn't what I thought music therapy was all about. (Joseph – Group 3)

The songwriting approach had not been held in mind during this waiting period, leading to a mismatch of expectations and reality as well as anxiety about having to create something. This potentially contributed to the challenges faced by this group when it came to writing a song. The songs on their CD were recordings of improvisations rather than structured, traditional 'songs' and this was disappointing for Lynne. She suggested that more structure and direction could have helped with the songwriting process for them:

And I think if it was... structured a bit better like, today shall we look at the words and shall we try to put, rather than, shall we look at the words?... Because I really would have liked to have had a song at the end. (Lynne – Group 3)

Another factor in the songwriting process was that some people were experienced musicians whereas others had never played instruments before. Most interviewees in the wait-list group spoke about this split in experience. For the non-musicians there was a sense of worthlessness and hopelessness because they were not able to contribute to the music:

I didn't know how to use the instruments and later, because there was other people that could play guitar and knew a little bit, I kind of felt a bit worthless in the sense that, what am I actually adding to this? I'm not adding anything at all, you know, tambourine beat or, so therefore I wasn't part of the song writing process at all.
(Andrew – Group 3)

The experienced musicians in that group also found the split frustrating:

... I struggled a little bit because some people there wasn't musicians and I get really, because I'm a bit of a perfectionist as well so I get really pissed off actually when people are not, they're out of time or they're, they don't know quite what they are doing so that if you want to think about if I get, that just got me heated up if you like.
(Robbie – Group 3)

Robbie was also deeply disappointed by the final CD that his group produced, saying that he could not listen to it and threw it away.

The intensive provision of the sessions, and the refuge that they provided from everyday life meant that the end of the group was difficult and participants described a sense of real loss. In her interview, Sally was feeling like her mental health had deteriorated since the end of the group:

So, sorry, so yeah, it kept me, I needed something like that, and it was really helpful. So when it come to an end it was like, oh my God, what am I going to do now? What am I going to do with my time? (Sally – Group 2)

Jim was missing the connection with others and would have liked to continue with a similar group:

Yes, as I say, I know things can't go on forever, but I am missing the group, I am missing the people that were in my group. Although we've, a few of us, have exchanged contact details and have been in touch with each other. But, we haven't, we can't have what we had in the music group, that's gone as such. But yes, I know that things, most things can't go on forever. (Jim – Group 3)

On the other hand, Andrew felt a sense of relief when the group had ended:

For me it was a case of I don't have to worry about getting up, because it was always on my mind. But, when things come to an end it's always a bit sad, it's always a bit sad. (Andrew – Group 3)

Discussion

This study consisted of semi-structured interviews with participants of the Synchrony songwriting feasibility trial. The phenomenological analysis identified three superordinate themes suggesting the importance of group safety and cohesion (the group as a happy and safe place), music as a different means of processing feelings and experiences (music stimulates feeling and songwriting aids expression into words) and the importance of initial expectations, group composition and setup (uncertainty, unmet needs and the ending were challenging).

Participants described the group as a place where they felt comfortable to express themselves, with songwriting as a vehicle to do this and connect with others. The therapeutic environment was supportive and allowed the process of each group to unfold organically (Baker, 2013a). It should be noted that the intensity of the treatment in this trial (three times per week) was unusual. Gold, Solli, Krüger, & Lie (2009) found that the number of music therapy sessions is linked to increased benefits although it is unclear to what extent frequency

and overall duration contribute to this. It was not known in the Synchrony trial whether this frequency of sessions would be acceptable to clients. For a subset of interviewees, the intensity was manageable and often helpful, such as allowing participants to still feel involved even when they had periods of absence from the group.

Conversely, the intensity over such a short time-frame may have heightened the feelings of loss at the ending of the group. Whilst therapists signposted participants to wider community groups, the ending of the group left some people with “nothing to look forward to” (Sally), after a period of high levels of engagement with a service. It could be argued that the intensity of this treatment required more support for the ending than a usual weekly therapy group. Grocke, Bloch, & Castle (2009) suggested an extension to their intervention, for example establishing a community choir or songwriting group where the participants could continue to meet after the study had ended. Such projects could be formed and led by the group themselves, with the aim of this becoming self-sustaining. This would be in line with a recovery-focused approach (Bibb & McFerran, 2018; Hense et al., 2014; McCaffrey et al., 2018) and we would recommend this being incorporated into future projects of this nature.

Group cohesion, a known predictor of later clinical outcomes (Orfanos & Priebe, 2017; Tschuschke & Dies, 1994), provided experiences of safety, enjoyment, freedom and escape. Music appeared particularly important in building this group cohesion. Participants spoke of a different quality of trust, sharing and development of interpersonal connections, attributing this to music-making together. Songwriting and singing have been found to encourage group bonding (Baker, 2013b; Cross & Morley, 2009; Keeler et al., 2015; Kreutz, 2014) and many participants found they connected with each other through about others’ experiences in the lyric writing. This support is an important outcome as people with long-term depression are often socially isolated (Hölzel, Härter, Reese, & Kriston, 2011;

Koekkoek et al., 2008). Heynen, Roest, Willemars, & van Hooren (2017) similarly found a significant association between early development of a strong therapeutic alliance in arts therapies and a decrease in depression and anxiety.

Participants described how music elicited emotions and experiences that had not been felt with such intensity for many years. It has been suggested that music therapy can help patients with depression by offering something meaningful and pleasurable (Grocke et al., 2014; Maratos et al., 2011). Rumination is believed to be instrumental in maintaining a depressed mood (Nolen-Hoeksema, 1991) and the songwriting group provided refuge from these persistent thoughts for the Synchrony participants. Many participants described the fun and enjoyment they experienced in the sessions. For group 1, there was a sense of achievement and ownership in the creation of their CD, as well as in discovering new skills through playing instruments and singing.

Songwriting was described as a means of making sense of feelings and experiences through joint group discussion and creativity. By beginning to put these sensations and memories into words, participants began to develop shared concepts of the issues they were facing and a shared vocabulary to describe these, thus developing a tool for both managing internal states and communicating these externally (Feldman Barrett, 2017). Moreover, songwriting became a tool for some participants, who began to spontaneously sing or write lyrics as a means of reflecting upon and coping with difficult situations. Whilst alexithymia was not measured directly in this study, other music therapy studies of depression suggest that this does improve over the course of music therapy (Erkkila et al., 2011).

Ansdell, (2014) suggests that music therapy can (re-)connect people to their musical identities and wider community, a theme which was commonly mentioned in interviews. Many participants in the current study described increased levels of motivation since taking

part in the study and almost every interviewee said that they felt compelled to join a creative community group. Members described socialising with each other after sessions, some of which continued months after the end of the therapy groups. One participant was able to share her CD with her family, supporting the idea that ‘songs composed by clients have a life beyond the session in which they were created’ (Baker, 2013a) and underscoring the importance of the song as an object that can be shared with others for this client group (Aasgaard & Blichfeldt Ærø, 2015; Baker et al., 2009; McCaffrey & Edwards, 2016).

In the current study, especially in Group 3, there was a significant impact of the participants’ previous musical skills. There is limited research relating to musical experience when participating in music therapy. In a recent study about songwriting with carers, the participants’ perceived lack of musical skill was a barrier to the songwriting process as they felt like they would not be able to offer anything (Baker & Yates, 2018), something which was also felt by less experienced participants in the waitlist group. This is also mirrored in findings from Grocke and colleagues’ focus groups (2014). On the other hand, Sloboda wrote about the challenges for skilled musicians, of putting aside musical skills in music therapy to produce something “messy, dischordant or uncontrolled” (2002, p134). Through collaborating with members on the goals and nature of music therapy, adolescents in Hense’s study (2014) formed themselves into groups based upon musical ability. To date, little is known about the implications of combining people with different levels of skill in music therapy groups, and our findings suggest that this could be an important area for future investigation.

Strengths and Limitations

This study provides a snapshot of the lived experiences of participants with long-term depression including helpful and hindering factors and mechanisms for change in three music therapy songwriting groups in a community mental health setting.

The researchers' backgrounds and experiences must always be taken into account for qualitative analysis, especially when using an IPA approach. The first and last authors of this article are music therapists and therefore may have a bias towards seeing the positive aspects of the interview data. Interviews were conducted by a range of researchers, some of whom, were not involved in the later analysis. This may have affected the nature and depth of discussion and limited the degree to which new ideas could be developed and explored whilst interviews were ongoing. The first author was the interviewer for the participants in the waitlist group, but not for the treatment groups, which could lead to a difference in interpretations. To balance this, a research psychologist and a lived experience researcher were involved in all stages of the analysis of transcripts. In line with a recovery-oriented and collaborative practice, many qualitative researchers collaborate with participants regarding choice of pseudonym and we recognise that there were missed opportunities to better represent and involve participants directly in the conduct of this study (Fairchild & Bibb, 2016).

The sample size is unusually large for an IPA study, representing one third of all Synchrony study participants (N=30). This has limited the extent to which each individual's narrative can be heard (Appendix A). However, including all interviews enabled a representation of each group's process. The numbers of people from each group were unevenly distributed, i.e. there was more data from the waitlist group. There were two participants from the afternoon group, and one of them only attended three sessions. Therefore the afternoon group's process was unlikely to have been fully captured in this analysis.

The people who agreed to be interviewed for this study were all of a similar age, with all but one participant having engaged regularly for the group duration. This is reflective of the age ranges in the Synchrony study but there were also some younger participants who did not accept an invitation to be interviewed and also withdrew from the study. The study may therefore have missed very different experiences within the groups, particularly for those who ceased attending early on in the groups.

Clinical implications

The findings support previous studies and literature about the aspects of groups that might be helpful or unhelpful. Patient expectations and the therapeutic alliance are two known predictors of outcome across all psychotherapies (Wampold & Imel, 2015). Group cohesion appears central to building group safety and thus sufficient time should be given to enabling the group to establish its boundaries and identity. Participants in this study highlighted the importance of management of expectations and preparation prior to the beginning and ending of groups to counter the high self-criticism, low self-esteem and multiple losses associated with their depression. Readiness for songwriting might be assessed through individual meetings prior to the group start. Future studies should examine how best to inform patients about the nature and content of such groups.

Some surprising findings include the split between musicians and non-musicians in the waitlist group. It could be necessary to consider patients' musical backgrounds and experiences when forming songwriting groups, although this was not an issue for group 1 despite having a range of levels of experience.

Participants from all groups felt that more structure in the sessions would have been useful at times and may have made the songwriting more easily accessible, particularly within the wait-list group.

Conclusions

These ten participant narratives from three groups suggest that group songwriting in music therapy offered for high-attending participants, safety, enjoyment and a new means of creating with others. Despite ongoing challenges from symptoms and social situations, musical improvisation appeared to elicit different and intensified affective states, which could then be reflected upon and – for two groups – shared through the writing of songs. The findings offer a new perspective on the role of groups, music, songwriting and creative therapeutic processes in addressing the many challenges of long-term depression.

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Appendix – Summary of Individual Experiences

Group 1 – Morning

Olu

Olu attend many of the sessions with a period of absence in the middle, due to feeling low. He described a real sense of enjoyment and fun in the group, which gave him more confidence to pursue his musical interests and join other creative groups outside of the sessions. The routine of attending the group was motivational for him. Olu was able to try new instruments and found that the positive approach of the therapists was encouraging. For him, the music therapy group was a place to access a range of inner feelings through songwriting, as well as experience a variety of emotions, and connect with other people through sharing experiences. Olu felt proud of what he achieved in the group and wished that the sessions were longer as the time went quickly.

John

John had excellent attendance of the group and found it difficult that other group members did not attend consistently or at all. He felt very anxious about being alone with the therapists and wondered if that was a test. He also worried about being recorded in the sessions. John was experiencing low self-esteem at the start of the group and hoped that this would change. He described the therapy overall as a positive experience where he had the opportunity to reflect on his past experiences and open up about his emotions. He found it easy to connect with people in the group through playing the instruments, talking and whilst writing and recording the songs. The group offered mutual support and he was able to reflect

on himself in relation to others. For him, the therapists created a safe place and were encouraging which led him to develop increased confidence on the instruments, despite having no previous experience. He did suggest that the group could have been more organised. Since the group John had bought a flute to play at home and considered joining other creative community groups. He also gave a talk at an event about his experiences in front of a large group which felt like a huge achievement.

Preetha

Preetha joined the group after a few weeks due to the illness of a family member. She described the group as a happy place where there was energy and connection between people. Preetha found that the group helped her to access feelings which she was previously unaware of and, through songwriting, process these. There was space in the group to feel happiness and sadness and sometimes this was painful. It was important to her that she felt respected by the therapists. She was able to use lyric-writing as a tool in her everyday life for processing emotions as well as reducing symptoms such as hearing voices. Preetha described a sense of achievement and ownership in the creation of a CD, which she went on to share with her family. She attributed increased motivation and engagement in everyday activities, such as exercise and cooking, to her experiences in the group. She also experienced increased confidence in expressing her opinion with friends and family. She said that she would have preferred longer sessions and a bigger group and she found the ending challenging as it left a void in her week.

Group 2 – Afternoon

Cathy

Cathy attended three music therapy sessions before withdrawing from the group. She had high expectations of how the group could help her, such as calming her anxieties, and was disappointed when these were not met. Cathy made some initial social connections in the group but these fell through which led to her feeling isolated and judged. She felt that the therapists did not take control of the situation in the group and this led to her feeling rejected and hurt. Despite this, Cathy described some positive changes such as feeling less angry and coming to terms with being in a wheelchair, which she attributed to the sessions she attended. In the interview she expressed how she was trying to think about things from the other group members' points of view but overall she felt let down by the group.

Sally

Sally found the group was a place where she could escape from more negative emotions that she was experiencing at home. She very much enjoyed being in the group and described how her negative feelings evaporated whilst she played the music. She discovered a way of expressing her feelings through songwriting and described this as a tool for processing her experiences. She enjoyed the group and found it motivational as it offered routine and a social environment. In the group she felt that there was freedom to make choices which increased her confidence. She also expressed a sense of belonging and acceptance whilst attending the group. Sally found the ending of the group challenging and the positive changes that she experienced during the group were not maintained. She felt that there was a void where she had previously had the group to attend and described feeling emotional and tearful since the group had finished.

Group 3 – Waitlist

Jim

Jim was motivated to attend the music therapy group as he had previous musical experience of playing the guitar. He was hoping that music therapy would help him to reengage with his musicianship outside of the sessions but found he has not been able to play at home due to other life events. He expressed some trepidation about songwriting as he had found this difficult when attempted in the past with friends. He was disappointed that his group were the only ones who didn't write a song. He also expressed uncertainty about the therapy side of the group, feeling that the music was not therapy and he was expecting there to be more 'therapy'. Jim noticed that people in the group who did not have musical experience found it difficult to engage and this concerned him. He suggested that there could have been training to encourage those who were not confident in playing harmony instruments. Despite this, Jim felt that there was a sense of cohesion in the group and people got on well. He made social connections with other members, including going for coffees outside of the session time. The ending of the group was challenging for Jim and he dreaded it from the start. He described a real sense of loss and sadness that he no longer had the group to attend.

Andrew

Andrew found it difficult to wake up in the morning and attend the group but usually went to at least one session each week that the group was running. He found that he still felt involved in the group even when he did not attend due to the intense provision of the sessions. Andrew was hoping that the group would increase his interest in music again as he used to love music and attended many gigs. Andrew had no previous experience of playing instruments and found that this was a barrier to his engagement. He would have liked the

therapists to offer more tuition about how to play the instruments; he also made suggestions for uplifting 'ice-breaker' activities such as drumming, rather than a check-in which solidified his negative mood. Andrew felt that writing a song was an impossible task but still found the group enjoyable. He spoke about making new social connections with other group members and going for coffee with them outside of the group. Since attending the group he had thought about learning a new instrument or language, but was still feeling too low to do this. He had experienced increased motivation with sorting out his financial difficulties.

Robbie

Robbie was having some issues with noisy neighbours during the group which affected his mental health in a negative way. He attended the group as an escape from his flat, but felt that the group did not help him at all and he did not enjoy his experience of the therapy. Robbie had previous experience as a musician and was critical about the group and the playing of the other group members. During the group he found he experienced physical feelings of anger and frustration and sometimes had to leave the room. Robbie had hoped that the group would help him to remember things about his history but this did not help, which disappointed him. He could not identify any positive changes that had occurred since he started the group. Robbie was surprised that there was talking in the group as well as playing and describes how he felt that other members of the group were on the same wavelength as him during conversations about their views of the world. He described this connection as 'nice'. Overall he found the group a negative experience which exacerbated his mental health problems.

Joseph

Joseph said that he had no expectations upon starting the music therapy group but was unaware that the aim of the group was songwriting. Joseph felt that the group was a safe

space which offered an opportunity to access inner feelings. He noticed that the improvisations were dynamic and different from week to week and he enjoyed playing the instruments. Joseph felt that he was not able to take part as much as the musicians in the group as he could only play the percussion, leading to feelings of being useless and hopeless. The idea of songwriting was anxiety-provoking for him and he was reminded of the pressure of being at school. Joseph used the group as respite from his ruminations but found that these returned at the end of a session. He sometimes felt the need to hold back from sharing his thoughts with the group as he was worried about bringing others down. He would have liked the groups to be longer as sometimes setting up and arranging technology ate into the session time. He found that the group motivated him to become more active in his everyday life, and wanted to find further creative groups to take part in.

Lynne

Lynne described feeling unsure about what the group would involve or how it would help her but found it was an enjoyable experience, which offered opportunities to try new things and meet other people. She felt that there was freedom to play and this was supported by the therapists. This led to a change in the way that she listened to music at home; listening to more genres and focusing on different aspects of songs. She felt disappointed that their group did not write a song, and said that the songwriting aim was not always clear and ‘fizzled out’ over the duration of the group. In the music, Lynne found that she could express a range of emotions despite not having any musical experience. This gave her a chance to explore her sense of self and identity which she felt had recently been lost. She felt calmer whilst playing music and described her problems feeling more manageable. Lynne found that sharing her experiences with the group offered perspective and reassurance, although hearing others’ stories was sometimes difficult. Lynne experienced increased confidence as a result of attending the group and was able to speak out more in other aspects of her life, saying that

friends and family had also noticed this change. She wondered if others may find three times per week a challenge, or may need longer sessions, but said that this frequency and length of session was fine for her.

Table A: Demographics and group allocations of interviewees

Pseudonym	Group	Age	Gender	Proportion of sessions attended (max=42)	Previous experience as a musician
Olu	1	40-49	M	60-65%	Y
John	1	50-59	M	>90%	N
Preetha	1	50-59	F	50-55%	N
Cathy	2	50-59	F	<10%	N
Sally	2	50-59	F	70-75%	Y
Jim	3	50-59	M	>90%	Y
Andrew	3	50-59	M	60-65%	N
Robbie	3	50-59	M	55-60%	Y
Joseph	3	50-59	M	75-80%	N
Lynne	3	50-59	F	75-80%	N

Table B: Superordinate and subordinate themes from the IPA

Superordinate themes	Subordinate themes
The group as a happy and safe place	The intensity was positive
	Sessions were enjoyable
	The therapists were supportive
	It was possible to share with others
	Participants had freedom and choice
	An escape from reality
Music stimulates new feelings and songwriting aids expression into words	Using music to access inner feelings
	Processing emotions through lyrics
	Sharing experiences through songwriting
	Experiencing increased motivation and change of mindset
	Feeling more confident
	Songwriting gave a sense of achievement
Uncertainty, unmet needs and the ending were challenging	Songwriting came as a surprise
	Unmet expectations led to disappointment
	There was a split between musicians and non-musicians
	The end of the group was very challenging