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Songwriting a Short Song of Meaning with Adults with Severe Mental Illness: A Development of a Method

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Abstract

This paper describes a method of writing a short song of meaning with a group of adults with severe mental illness. To motivate patients to complete a song, the method explores combining improvisation and lyric writing with an element of meaningfulness within a single session. Adding improvisation is inspired by music-centered music therapy, where experiences of expression and connection take place in the music making. Resource-oriented music therapy influenced my providing choices for creative expression and recognizing different stages of song achievement. Literature shows reoccurring themes for music therapy, songwriting, and improvisation and drumming benefitting individuals with severe mental illness. These include expression, connection, and identity growth. Literature on the process of lyric writing and meaningfulness promotes the expression of emotions and the sharing of important experiences with others. Combining improvisation and lyric writing as expressive options with an element of meaningfulness may help maintain engagement for patients with severe mental illness long enough to complete a song. This method has implications for single-session mental health care servicing, as well as for music therapy interventions balancing verbal and non-verbal responses.

Songwriting a Short Song of Meaning with Adults with Severe Mental Illness:

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Introduction

This capstone paper addresses the topic of group songwriting with adults with severe mental illness (SMI). Inspiration to create a method began fall of 2019 when I worked as a songwriting workshop assistant in a Department of Mental Health (DPH) inpatient hospital setting that provided intermediate care. The workshop was for eight Saturday mornings and was my introduction to supporting patients with psychotic, bipolar and depressive disorders, often with symptoms of active psychosis. This was also my first time exploring a songwriting method, something I had long been interested in as a songwriter for 25 years.

This 3-hour weekly songwriting program had an average of eight patient attendees each week. It included three segments: opening drum circle, topic-based song listening and lyric discussion, and lyric writing. I noticed attendance peaked at about ten participants during song listening and lyric discussion before lunch and declined to five or less for the final hour of lyric writing. It was in this last segment that patients completed a song and were given the option to record their ideas. Brief discussions took place about the preferred tempo and mood to support the songwriters' lyrics. Otherwise, the music was spontaneously created and played by the workshop leader or me on an instrument of the songwriter's choice.

For the few patients who stay long enough to record, their final products became moments of pride when they were shared and reflected on at the site's monthly coffeehouse. Seeing the impact of acknowledging a completed song for these patients made me curious about how to help maintain engagement during songwriting for individuals with SMI. I was curious

about the following question: Would an invitation to create both the music and lyrics within a single session help patients stay long enough to finish their songs?

Severe Mental Illness

The prevalence of SMI surprised me when I began this capstone. Over 11 million adults in the United States were reported as having SMI in 2018 (SAMHSA, 2019; NAMI, Sep. 2019). Recent studies by McGrath et al. (2016) show that "approximately 1 in 13 people can expect to have at least 1 psychotic episode by the age 75 years" (p. 937). Psychosis can so alter an individual's thought patterns and view of the world that it impacts activities of daily living (Solli & Rolvsjord, 2015). When symptoms of psychosis are active, extreme emotional and social behaviors can disrupt the individual's identity and damage relationships, often irreparably (Grocke et al., 2014). Thus, the challenge of living with SMI and symptoms of psychosis can be ultimately life altering.

This method is important because it bolsters newer literature supporting the many benefits of using songwriting with individuals with SMI (Baker, Silverman, & MacDonald, 2016; Silverman, 2019). Baker (2015a) describes songwriting as addressing the cognitive challenges of SMI, including "poor concentration, short- or long-term memory, organizational skills, self-monitory, and problem-solving" (p. 18). Songwriting methods are also adaptable to various settings and patient needs (Baker, 2015a). Studies such as Grocke et al. (2014) also show individuals with SMI rate songwriting favorably. From my songwriting workshop experience, 18 out of 20 surveys completed by attendees said the program made them "feel better" (E. Mondon, personal communication, February 23, 2020).

This method is also important because it broadens the use of songwriting by exploring the addition of improvisation and meaningfulness. Improvisation is a compelling experience for

many patients with SMI because it offers a safe means of self-expression while being a part of a group (Chen, 2019). Chen (2019) describes music's influence as providing "awareness of one's body and present time, which is especially important for patients who are psychotic and who do not respond to external consensus reality" (p. 261). Allowing time in the songwriting process to focus on what is meaningful to patients helps support goals of wellness and recovery (Biringer, Davidson, Sundfor, Lier, & Borg, 2015). Recognizing meaningfulness in the intervention may also help a patient build confidence and stay invested in the process (Baker et al., 2016; Silverman, 2019).

The method was a single-session, group songwriting intervention with adult inpatients on a unit of the DPH hospital. Improvised music making began and ended each session. Lyrics were written in the middle of the session and were combined with the second improvisation, resulting in a short song or rap that was recorded. The session concluded with participants listening to the recording and answering two reflexive questions as a way to reflect on the process and their song and give feedback.

What I learned from using this songwriting method was more surprising than confirming. Engagement maintained or increased, with patients staying late to hear their songs played back. My preconceived notions about patients being more or less verbal were often incorrect, as two of the four final participants engaged more than expected. Patients also worked longer than expected on lyrics and supported each other's ideas in the group session (session three) without any negative interactions. Most confirming was the challenge of keeping lyric writing to 10 minutes and writing a melody for the lyrics over the second improvisation. These tasks were possible in all sessions, but created stress against completing a song within 45-minutes.

This paper provides a literature review that includes adults with SMI and music therapy, songwriting, improvisation and drumming, and meaningfulness. The method is described for three sessions during consecutive weeks in January 2020 and provides information on patients, tracking, and organization of outcomes. The results include observations and participant responses during improvisations, lyric writing segments, and feedback answers to reflexive questions. Three observations are discussed, highlighting the continuous engagement of participants, verbal versus non-verbal participation, and the completion of a song in each session.

Literature Review

The following literature review explores adults with SMI in music therapy, songwriting, group improvisation and drumming, and meaningfulness. The influence of this research on my method considerations is also offered.

Music Therapy

Research is widely available regarding music therapy and SMI, and presented here on symptoms of psychosis, quality of life, and positive response (Solli & Rolvsjord, 2015). Regarding symptoms of psychosis, Metzner et al. (2018) analyzed recordings of free improvisations with psychiatric inpatients to see how attunement timing might predict when symptoms have lessened. Findings from this psychodynamic approach showed changes in psychotic symptoms happen early on in music therapy. Metzner et al. (2018) hails music therapy as a "pioneer…among the arts therapies" regarding the lessening of psychotic symptoms, which allows focus and engagement in other areas of life (p. 361).

To study quality of life and group music therapy (GMT), Grocke et al. (2014) conducted a randomized, experimental mixed-methods study with adults with SMI. Interventions included singing familiar songs and songwriting. Influenced by grounded theory, qualitative analyses of

themes highlighted favorable responses to GMT and increased self-confidence for participants (Grocke et al., 2014). Music therapy provided positive experiences for those with SMI that, in turn, strengthened their sense of identity.

Positive patient perspectives regarding music therapy are also seen in the following two studies. Claiming an objectivist worldview, Silverman's (2019) four-group, cluster-randomized study compared educational music therapy for illness management and recovery (EMT-IMR) versus recreational music therapy (RMT). 91 short-stay psychiatric inpatients participated over 24 weeks. Music therapy interventions of songwriting and lyric analysis rated higher than a music-based recreational game (Silverman, 2019).

Music therapy was also favorably reviewed in Solli and Rolvsjord's (2015) phenomenological-based study. This recovery-based approach with inpatients with psychosis was influenced by community music therapy and resource-oriented music therapy. Nine inpatients were interviewed about interventions such as improvisation, singing and playing, and songwriting. Music therapy was rated as "engaging and enjoyable by all of the participants" (Solli & Rolvsjord, 2015, p. 83). This research shows music therapy benefits and is received positively by individuals with SMI, with songwriting as an often-used intervention.

Songwriting in Music Therapy

Music therapy literature is increasing regarding the benefits of songwriting for individuals with mental illness (Baker et al., 2016). Songwriting research evolved from case-based literature to qualitative and quantitative, mostly lyric-based studies after the year 2000 (Baker, 2015b). Often called "therapeutic songwriting" (as cited in Baker and Wigram, 2005), the process includes creating lyrics and music focused on the patient's goals with the support of a board-certified music therapist (Baker, 2015b). Songs can emerge with a wide range of topics,

including wellness, loss, and exploration, allowing flexibility for personal meaningfulness (Baker, 2015b). Overlapping themes of connection, expression, and identity are highlighted.

Songwriting with music therapy is particularly helpful for patients with symptoms of psychosis, where connection with reality is broken (Volpini, 2019). Volpini's (2019) case study review of a long-term, systematic songwriting intervention, CareMusLy (CML), engaged a group of seven patients with psychosis at a semi-residential center in Italy. Group improvised vocalizations were recorded and synthesized into a composition by a music therapist. The group met weekly for months reflecting on the music and writing lyrics. The composition acted "as a structural guide for words…a container for its stories," helping patients discover a new way to communicate individually and with others (Volpini, 2019, p. 114). CML's creative process also led to self-exploration. Patients reflected on new beginnings by relearning fundamental life concepts and discovering new goals (Volpini, 2019). Similar results in identity growth were found in the following study on individual songwriting.

Jackson's (2015) case-study vignettes depicted Positive Psychology Interventions (PPI) to address any unseen symptoms of chronic mental illness that still existed after some stability. Cynthia, a 45-year-old woman with schizophrenia, was processing trauma and grief initially through improvisation. When words spontaneously came to her about not being a victim of her illness, Jackson (2015) encouraged her to freely explore and express whatever thoughts and emotions came up. Songs began to emerge about hopes and "realistic self-identity" (Jackson, 2015, p. 94). Lyric writing enabled Cynthia to reframe herself as a more whole person, which helped her transition back to her community (Jackson, 2015). Expression and connection often overlap as notable songwriting experiences, as in the following research.

Silverman's (2019) qualitative study, mentioned previously, compared EMT-IMR versus RMT interventions with psychiatric inpatients. Significant differences were seen in the "sharing of emotions and experiences" subscale. Educational songwriting and lyric analysis participants gave higher ratings for this measurement than the RMT group (Silverman, 2019, p. 41). The author conjectured that participants were willing to share stories of emotional significance due to the elements of creativity and connection through therapeutic discussion (Silverman, 2019). A continued thread appears in this songwriting literature, showing expression helps connection, which in turn, influences growth as an individual.

Improvisation and Drumming

Literature focused on creating music in the context of songwriting is minimal, although available outcomes show it as a valued part of the intervention (Baker, 2015b). Baker's grounded theory study collected and analyzed in-depth interviews with 45 music therapists from 11 countries regarding music's role in songwriting. Therapists were well experienced and broad in clinical specialties, including SMI (Baker, 2015b). Music was seen as significant because it influences mood and self-expression, amplifies the personal meaning of lyrics, and supports a variety of clinical goals, such as non-verbal engagement (Baker, 2015b). These themes are also seen in the remaining literature regarding improvisation and drumming.

Music therapy improvisation and drumming are two popular group-based interventions for supporting individuals with mental illness and were both frequently utilized at my internship site (Silverman, 2019, p. 42). Well researched since the 1960s, improvisation focuses on creative spontaneity and remaining in the present moment (Chen, 2019). Numerous models exist and are used in a variety of clinical settings with all ages (Bruscia, 1987). Literature on group drumming with patients with mental illness is newer and increasing (Perkins, Ascenso, Atkins,

Fancourt, & Williamon, 2016; Fancourt et al., 2016). Reviews of studies are provided for both topics separately, and offer themes of connection, change, self-expression, freedom, non-verbal communication, symptom impact, and single-session method.

In literature reviewed previously, connection is often discussed in terms of others and the music. Volpini (2019) also includes connection with the individual's voice, the musical creation, and the creative process. The CML songwriting method, mentioned previously, engaged patients with psychosis with an undirected vocal improvisation. Volpini (2019) described the group process as "waiting for the production of vocalizations, so that the music can sing in everyone's head and their voices can meet and connect" (p. 111). CML allowed ample time and included any random sound or word offering, so participants felt free to contribute in their own way and timing. When listening back to the therapist's "musical condensation" of the recorded notes, patients reported feeling as a unique part of a creative collaboration (Volpini, 2019, p. 111). It is notable that this was the only study that involved verbal engagement, though themes are similar to the following studies using non-verbal means of expression.

Chen (2019) brought together three music therapists working in adult psychiatric care to understand their perspectives on a single-session model of group improvisational music therapy. Individual phenomenological interviews were conducted prior to and after group improvisation. Themes of connection, freedom, and change emerged (Chen, 2019). Improvisation was a means of communicating with others at one's own pace without words and was grounding to the present. Chen noted that the concept of structure found in music elements such as rhythm, chord progressions, and harmony, for example, created a necessary sense of safety for participants. Improvisation became "a space for people with different agendas to meet, confront each other, and find common ground" (Chen, 2019, p. 161). Results showed it was possible for patients to

become inspired for change in a single session format, as compared to the following two studies that focused on weekly drumming (Chen, 2019).

In Perkin's et al. (2016) phenomenological research on music and well-being, drumming was seen as a creative path to recovery, with non-verbal communication a helpful feature. Individual and small-group interviews were conducted with 39 mental health patients and servicers after participating in a series of workshops. Participants shared feeling valued by the group and comfortable enough to "come in and out of the drumming at their own pace without experiencing feelings of 'failure'" (Perkins et al., 2016, p. 10). Drumming was seen as a space for self-expression through rhythm, connection with the group and the music, and freedom in learning an instrument that did not require prior musical skills (Perkins et al., 2016). These same themes arose in the following study that highlights drumming's influence on symptoms.

Fancourt et al. (2016) conducted a qualitative study on the impact of drumming on depression, anxiety, and socialization, as well as anti-inflammatory responses. A comparison was made between the responses of group drumming participants and a control group of non-music-based activity participants (Fancourt et al., 2016). Data retrieved through the Hospital Anxiety and Depression Scale (HADS) and additional well-being and stress scales showed benefits for mood, decreased depression, and socialization skills (Fancourt et al., 2016). Saliva sample testing also showed increases in anti-inflammatory response. Similar to the above studies, Fancourt et al. (2016) saw drumming as popular with patients because of the sense of containment and belonging found in the drum circle and supportive rhythm, as well as the freedom to play regardless of previous ability. This research on drumming and improvisation provides a supportive argument for using non-verbal means of expression in order to help individuals with SMI make connections and recovery a sense of self-worth.

Meaningfulness

The topic of meaningfulness was frequently seen in the above research, inspiring its own literature review. Baker et al. (2016) describe a positive correlation between experiencing meaning in one's life and better health. More specifically, Baker et al. (2016) reported that individuals with SMI claim a lower sense of meaningfulness compared to others. Research is provided for meaningfulness and mental illness and songwriting.

In Biringer et al. (2016), adults with mental illness recruited at a Community Health Care Centre in Norway were asked open-ended questions about what actions they take to maintain health in every day life. This hermeneutic-phenomenological study included an in-depth look at patient history and perspective on personal recovery (Biringer et al., 2016). Activities such as music, exercise, work, and nature walks helped participants "feel good and relieve symptoms and problems" (Biringer et al., 2016, p. 25). Analysis of interview recordings and transcripts correlated to past findings that show engagement in what was deemed as "meaningful activities" can help influence recovery (Biringer et al., 2016). More specifically about music, literature on meaningfulness in songwriting has recently increased, as represented in the next two studies.

Baker et al. (2016) tested a tool created for measuring meaningfulness in the context of songwriting. The Meaningfulness of Songwriting Scales (MSS) was given to both psychiatric and detoxification unit patients after a single session. Influenced by self-determination theory, the MSS survey items used 11 domain areas of meaning, such as "identity, social skills and community participation" (Baker et al., 2016, p. 56). The tool showed strong validity and reliability, and the domain areas were seen as potentially useful for discussing personal meaningfulness with mental health patients. A notable takeaway is that lyric and music creation

were seen as both a meaningful process and product of identity and potential growth for patients (Baker et al., 2016).

Silverman, Baker, and MacDonald (2016) also studied meaningfulness in songwriting in comparison to the concept of flow, to determine if and how either might impact patient health. Single-session songwriting was offered to adult psychiatric and detoxification unit patients. The use of a well-structured 12-bar-blues songwriting intervention included question prompts of why recovery was important and what inspired patients to change (Silverman et al., 2016). Although results did not show meaningfulness as a strong predictor of willingness to change compared to flow, the prompt question allowed for an experience of personal meaningfulness for each participant (Silverman et al., 2016). Based on this meaningfulness literature review, providing opportunity to find meaning may be a motivator for individuals with SMI in the context of a songwriting method.

Method Considerations

The literature helped clarify my interest in trying a single-session songwriting method that included improvisation. Research combining songwriting and improvisation was rare. However, Volpini's (2019) CML vocal improvisation process was successful in compelling patients with active psychosis to participate with whatever verbal ideas they could bring. This study encouraged me to invite patients to improvise with rhythm instruments, which many were already accustomed to playing, as a part of the songwriting process. Songwriting and improvisation research also frequently overlapped in supporting connection, expression, and identity and change for individuals with SMI (Chen, 2019; Jackson, 2015; Perkins et al., 2016; Silverman, 2019; Volpini, 2019). These reoccurring themes gave me confidence that patients would enjoy and likely benefit from either lyric writing or improvising, if not both.

The literature on meaningfulness influenced my use of a question prompt for lyric writing that asked "What is important to you today?" The question was framed to hopefully motivate participant engagement as a topic of both individual and group interest (Baker et al., 2016; Silverman, 2019; Silverman et al., 2016). Learning about meaningfulness also compelled me to record and allow time for reflection on the song and process to honor participant effort at various stages of completion: lyric writing, recording, listening back, and reflecting (Baker et al., 2016; Silverman, 2019; Silverman et al., 2016). This might help maintain participant interest, build confidence and pride, and possibly grow connection with others and the song when sharing it.

Methods

Based on the literature and my experience as a songwriting workshop assistant and intern, I chose to explore a songwriting method that included a short song of meaning and improvisation. This single-session method needed to fit the site's music therapy schedule of 45-minutes, once per week per unit. It was implemented three Wednesday mornings in a row in January 2020. In this section, I describe the influence of theory on my method along with capstone participants, setting and objects used, the single-session method, and the capstone process and procedures.

Theory Influence

Including music making as a part of the patient's creative experience reflects the training I received at my site, which draws on music-centered music therapy. Aigen (2005) states, "music-centered approaches emphasize the inherent clinical value of musical experiences" (p. 55). In this way, goals important to individuals with SMI, such as expression, connection, and communication, are achieved in the music experience itself. "The clinical and the musical are not separable" (Aigen, 2005, p. 56). Resource-oriented music therapy is also a theoretical

influence, where "achieving mastery, self-esteem, and self-efficacy" takes place in the music and through empowerment (Baker, 2015a, p. 270). This theory inspired my giving participants both lyric and music creative choices, reserving time to listen and reflect on the recording, and offering final lyric sheets as a takeaway object to honor their effort (Baker, 2015a).

Patients and Gathering

The method was offered to adult inpatients receiving intermediate care on a DPH hospital unit overseen by medical and Department of Mental Health (DMH) staff. As a music therapy intern, I was a part of the rehabilitation staff that provided mostly on-unit group programming. Of this roughly 20-patient unit, about 75% were male and 25% were female. Diagnoses included schizophrenia, schizoaffective disorder, and bipolar and other mood disorders, often showing subtle or active symptoms of psychosis or thought disorders.

The three sessions were attended by six patients, ages 22-70, five males and one female. Patients presented with mostly flat or depressed affect and showed symptoms of psychosis or internal stimuli, or thought disorder. Verbal engagement was minimal for most patients unless prompted. Initial energy levels varied from low to perseverative to somewhat frenetic. All participants could self-ambulate and had privileges to freely attend music therapy without monitoring. All but one patient was a regular attendee to music therapy.

Repeat invitations to music therapy were necessary, in the unit hallway and in the doorways to their rooms. Patients in bed who appeared to be sleeping were sometimes responsive if given time, encouragement, and more than one invitation to attend the songwriting session. Checking in with DMH staff about patients that might be temporarily off the unit was helpful, as they could encourage patients to attend even if they were late.

Setting and Objects

The method took place in the lounge at the end of the unit hallway just off the dining area. Couches lined three walls and a television was on the fourth wall. To set up the room I brought a chair in from the dining area and placed its back along the wall of the television. This helped me face all three couches where participants might sit and kept the door in view and unblocked for patient safety and respect. I brought in a cart of drum and percussion instruments and laid a variety out on two coffee tables in the middle of the room. Two djembes were placed on the floor, one beside each coffee table. I chose a small frame drum and set it on my chair.

Between my chair and the cart I propped a giant (2'6" x 2') Post-It pad of sticky-back, plain white paper; a large black marker; and my water bottle. I laid out a small notebook for easy viewing on the floor that had my method written in brief steps, the prompt question, and reflexive questions. I tried to confirm connection between the iPad and speaker for recording before patients arrived and stationed these on the top shelf of the cart.

Method Steps

As the method was 45 minutes in length, I watched the time closely for the first improvisation and lyric writing segments, to ensure recording and reflection time at the end. The method began by greeting patients as they entered the room, inviting them to explore the instruments. Minimal verbal engagement happened before the beginning of the first improvisation, which was initiated by a patient and lasted 8-10 minutes.

A brief check-in was provided as an opportunity for verbal responses. I gave an introduction statement about trying to write a short song together in one session and showed participants the giant pad of paper. Per my site supervisor's instructions, I verbally asked each

patient for permission to record the song for reflective feedback at the end of the session, noting the recording would remain on-site. If recording the song was not agreed to unanimously, I would instead encourage the group to play and sing the song live again at the end.

My targeted format for the short song was to create a Part A and a Part B with 2-4 lines each. Lyric writing began by providing a question prompt: "What is important to you today?" As participants shared answers, words and phrases of their choice were written on the giant paper as potential lyric lines. When four lines were agreed on, participants then determined their order, which became Part A. An extended question prompt was used to initiate Part B, as needed: "What steps could help you honor what is important?" Ideas and lyrics evolved in the same manner to become Part B. After the order of lines were confirmed by participants, a volunteer was requested to read the final lyrics out loud while I re-wrote them on a clean sheet of paper. The re-written lyrics were read again out loud, with the idea of noticing rhythms in the phrasing. The lyric writing segment length was intended as 8-10 minutes.

The second improvisation began by my asking if participants had ideas for volume, tempo, or beats. Patients could respond verbally or by starting a rhythm that I supported and contained for the group. When a rhythm pattern was established, an invitation was given for anyone to speak, sing, or rap the lyrics as other group members played. If not patient-initiated, I offered to create a melody for the lyrics over the rhythm. I sang one to two lines at a time, repeating Parts A and B at length for the group to catch on. As the group became familiar with the song, I encouraged them to fill in lyric blanks at the end of sentences to help them engage with the words they wrote.

During the closing segment, we listened to the recording of the new song and took time for verbal reflections and feedback. Two brief reflexive questions were asked: "How was this

songwriting experience for you?" and "What was the challenge level like?" Participant responses and my impressions and reflections on the use of this single-session song-writing method were noted in my notebook. Each songwriter was thanked for their participation and asked if they wanted a copy of the final lyrics, which were hand written then or delivered to their room later that day.

A few adjustments were made for sessions two and three. I was more conscious about maintaining a view of the door for any new patients. I made my introduction shorter to get to the first improvisation sooner. I made sure to ask a volunteer to read the lyrics out loud before the second improvisation so that I could listen for rhythm ideas for the melody and acknowledge this stage of the lyric process. In session three, I ended up using a tablet instead of an iPad because it was easier to access.

Tracking and Organizing Outcomes

Information was collected during the sessions through writing lyric ideas on the giant pad of paper and recording de-identified group songs as permitted by the group, supervisor, and internship site. I collected information after sessions by taking notes in three ways. At the end of each session, I jotted down participant answers to reflexive questions and any significant quotes. Within the hour after each session finished, I wrote free form at my desk for about 30 minutes before transitioning to my next group. This writing began the compilation of memorable observations of participants, including musically, verbally, intra-relationally, lyrically, positive and negative feedback, and any emotions or bodily responses I experienced. On the weekends following each method, I wrote chronologically and in more detail about the process. The final songs and some of the songwriting process were recorded on a unit iPad or

tablet. I reviewed these repeatedly to revisit what took place and added some notes to my chronological writings.

To organize the information, participant ideas and lyrics were transferred in two ways. The first was as final lyrics into Microsoft Word for analysis as completed songs. These were also given to each songwriter in person at a later date with a quick word of encouragement. De-identified participant ideas and lyrics were written on the giant pieces of paper and attached to my office wall at home for continuous review. I added the answers to the reflexive questions on the sides of each session's lyrics, showing the songwriter's responses in close proximity to their words. I also wrote notable quotes from participants on their lyric sheets. Below each giant sheet, I hung the final printed version of each song, showing the progression of words from brainstorming to final handwritten to final computer-printed lyrics.

Results

This single-session method involved writing a short song with patients who experienced SMI, and included improvised music making, lyric writing, and a question prompt to support meaningfulness. The hope was that these intervention elements would maintain the engagement of participants long enough to complete and reflect back on a recorded song. Six patients total attended three sessions. Four patients stayed to complete a song, and two were repeat participants. While the first two sessions ended up as individual songwriting, the third session was a group songwriting experience with the three participants. Pseudonyms are used for all participants.

Session Analyses

The start of session one was stressful. I arrived late because I could not initially find the iPad. Also, after two rounds of unit invitations, no patients came. After the room was set up, I

locked the door and went to triple-check with patients. Patient Joel was sitting in the hallway and agreed to join me. By the time we started, we had 30 minutes left. Patient Alan joined for the last 5 minutes. Low group attendance meant that sessions one and two became individual patient sessions, which was initially disappointing. However, this songwriting method showed itself to be flexible and received positive feedback regardless of the number of participants.

After encouragement, Joel initiated the first improvisation by tapping his thumbs lightly on either side of his djembe. He stared around the room and did not make eye contact. As I supported his rhythm on my drum, his beat became steady and stronger, and he engaged in call and response vocalizations a few times. Joel's confidence seemed to increase with his awareness of the music and my presence. After playing for 6 minutes, his gaze again drifted, and I sensed he was losing interest. I helped the music close using verbal cues to help regain his eye contact. Joel answered in check-in that he was doing OK and agreed to try writing a short song.

Joel's response to the lyric prompt showed a marked change in engagement and tone. He was quick to share that he wanted to leave the hospital as soon as possible. He became directive, offering short phrases about this goal and how he could move towards it. I had to move the giant pad of paper around to try to find a comfortable way to hold and write on it, which felt awkward. Joel gained a more animated affect as he shared opinions and made choices about two lines for Part A. He read the lyrics out loud in a clear voice so I could rewrite a clean copy and quickly agreed to a recording. I felt pressed for time and a little slow as I fought to prop up the paper pad on the chair and start the recording. Because session time was limited and Joel seemed focused, I did not ask for music descriptors but invited him to begin playing a rhythm.

Joel initiated the second improvisation with a steady beat. Because he was looking at the lyrics, I asked if he would try singing them, realizing afterward that this might be intimidating.

He did not hesitate and began rapping the lyrics while I supported the beat. He played with the lyric rhythm until settling on an idea for Part A. His voice grew stronger, and he kept his eyes focused on the words. When I asked about Part B, he rapped a new line about preparing to leave. He repeated his 4-line rap as if it were a mantra he was teaching himself to remember. We found a natural ending together. Lyric writing and improvising lasted for 12 minutes.

At that point, I noticed patient Alan had entered and was sitting to my hard right. I had been so engrossed that I had not seen him. I apologized, at which Alan laughed and grinned. Joel briefly shared the songwriting process and agreed to play his recording with Alan present. I could not get the Bluetooth speaker to connect, so we listened through the iPad. Though this resulted in a low volume, it did not seem to disappoint Joel. Both patients said yes to playing the song again live, with Alan joining on a metal drum. Joel then asked if I had recorded the song again, saying we sounded good. I was sad to say no and considered running overtime to record more. However, it felt best to maintain the schedule and discuss feedback in the last 5 minutes.

Joel described the process as creative and helpful for expression. He enjoyed the challenge of combining the words with the rhythm. He chose to wait while I wrote a copy of his lyrics out for him. His spirit appeared lifted, his affect brighter, and he made continual eye contact as he left the session. Joel showed a growing sense of connection during the brief songwriting process to others and to his resulting short rap song. Although not involved in the songwriting, Alan shared surprise that a song could be written this easily. He attended session two the next week.

Gathering patients for session two was again a three-time effort before anyone arrived. As I was setting out the last few instruments, Alan, from session one, entered the room, chose a djembe, and began playing. I quickly grabbed my drum to support his inspiration for the first

improvisation. He maintained a downward stare while playing consistently. Although he was not talkative, he answered a few vocal call and response prompts during the improvisation.

Patient Jacob, a rare attendee to my music therapy group, entered after a few minutes. His expression was excited and he moved a bit frantically. He showed determination to play, pulling the instrument table towards him. He chose a mallet and hand drum and began to play hard in his own timing. I played a bit louder and used my voice to draw his awareness to the group rhythm, hoping to make eye contact. Jacob gradually aligned his drumming with our beat and looked in my direction. To close the improvisation, I offered verbal cues and raised a hand to signal both patients, who seemed entranced in the rhythm. I felt a bit selfish for ending the music for the method but was encouraged by both patients' willingness to try songwriting.

Jacob answered the lyric prompt first, but it was difficult to understand him. After asking him to repeat himself, I gleaned that he was sharing about his career interests. He agreed to my writing his idea on the paper. Alan then shared for a few minutes about his mental health being a priority and what daily activities were helpful to him. He also talked about going back to school, while Jacob appeared to be listening. This session I tried writing patient ideas on the giant paper by laying it across my lap while I sat. I found this relaxed me. When the page was full, I stuck it to the side of the instrument cart, which was stable and easy to view. It fit perfectly.

Halfway through the session, patient Melissa joined the group but was called out to a meeting after about 5 minutes. Immediately after she left, Jacob stood up and walked out. With two patients leaving almost simultaneously, I felt sidetracked. I found myself thinking that Jacob might have stayed longer if I had engaged him more. I also realized the interruption of patients coming and going could break connection and perhaps disengage interest. However, Alan was still present.

For the remainder of the session, I facilitated individual songwriting with Alan. His gaze was fixed downward initially, and he paused at length in between sharing ideas. I found myself wanting to speak when he was quiet, but tried to resist, realizing that he was thinking. After two lines of a Part A were written on the paper, he leaned forward and began staring at the paper. After another pause, he suddenly offered two more lines for a Part B. These were about smiling and having style and had a catchy rhythm he said he liked. He read his lines back for me as I rewrote a clean copy. With his quick approval to record, Alan initiated the second improvisation with a steady rhythm. I supported him while he sang his own melody, adding two more lines to Part A. He repeated the song, both by leading and filling in new words as I sang and left lyric blanks. After listening to the recording, he smiled widely and complemented his song.

Alan willingly stayed 5 minutes late to answer the reflexive questions and requested a copy of the lyrics. He said he liked the experience, which he considered medium level in difficulty, and enjoyed the challenge of creating something spontaneous. Although I felt as though I missed an opportunity with Jacob, he waved and said goodbye to me from down the hall as I was leaving the unit. He smiled at me when I thanked him for playing and sharing his ideas.

I was thrilled to have three patients for group songwriting in session three. I visited the unit earlier that week and 2 hours prior to the session in hopes of gathering more participants. Patients Michael and George entered and chose instruments. After Michael said he didn't know how to play, he began tapping randomly, initiating the first improvisation. George joined him with a strong but different beat of his own. I joined them on my drum and tried to solidify a group rhythm. Michael had a shy affect with a slight smile. He struggled to speak English and did not engage vocally when I included him in call and response singing. His gaze was fixed downward as he drummed lightly around the edges of his djembe, sometimes out of time.

George played a consistent, simple pattern while looking beyond his drum, sometimes towards me but without making eye contact. At about 7 minutes, Joel (from session one) entered and joined on the second djembe. He lightly tapped along in time while his gaze drifted around the room. The group played together consistently for about 5 minutes. When I brought the music to a close, Michael continued playing on his own for a few seconds and then looked up and smiled.

When the lyric prompt was given, all three patients quickly shared ideas. After Joel spoke about freedom, Michael asked me to repeat the question. I assumed he would be the least verbal of the group because he struggled to speak English. However, he answered the question immediately, sharing about being an example for others. It took a few minutes for him to find the right words and for me to verify his meaning. The group listened patiently while we communicated about one lyric line. George then shared he was focused on recovery and daily activities that helped him. Four lines were written for Part A.

Twice one participant asked to change a lyric, which I bounced back to the group for their response. They were flexible with each other and yet still held their own opinions. It seemed as though we were moving towards music quickly, so I got their approval to record. Michael then asked to fix a line that was missing a word. Joel offered a suggestion that made Michael happy. George then complemented the lyrics that were coming into shape, adding a final line about becoming who he wants to be. Part B was completed with two lines. Lyric writing took about 20 minutes.

George initiated the second improvisation by playing a consistent pattern of three beats in a row, over which the group easily joined in. When I gave an open invitation to sing or rap the lyrics, Joel requested I do it. I sang the first four lines and asked if the group liked the melody. Joel nodded and began singing with me. After repeating the whole song, Both Joel and Michael

filled in the last words of each line as I left them blank while George held a steady rhythm. Each member of the group offered ideas, worked together to make changes, and helped each other communicate. They also showed preferences and strengths, whether through singing or playing. I felt as though my initial idea to explore group songwriting through both lyric and music creative engagement had transpired and I was excited.

I attempted to playback the recording but found I could not access it. My excitement turned to embarrassment. I asked if the group was willing to stay late to re-record the song, to which all agreed. After listening to the recording, participants willingly responded to the reflexive questions. While some clients felt it was easier than prior sessions, others thought that condensing ideas was the hardest part. The challenge of condensing was perceived as fun. All three patients requested copies of the lyrics, which I delivered later that day. Although the session had run 10 minutes overtime, it was not until I thanked them that they got up to leave.

Summary

All three sessions included patients creating and reflecting on a short song. At least two improvisations took place in each session, almost all of which were patient-initiated. In all sessions, participant attention appeared to increase towards the second improvisation, possibly with anticipation of joining the lyrics to music. Engagement maintained during the second improvisation even as the song evolved and was repeated. The third session was the only group songwriting experience, with all participants contributing creatively and collaboratively on lyric writing and music. Each participant requested a copy of their lyrics, provided feedback on the method, and stayed until I concluded the session, with two sessions running overtime.

Discussion

The purpose of this paper was to explore a single-session method of group songwriting with adults with SMI that offered improvisation and a question prompt for meaningfulness. The hope was that adding these elements would maintain the interest of patients long enough to complete and reflect on a short song. Improvised music making was offered before and after lyric writing, with the second improvisation being a patient-initiated rhythm for the new lyrics.

Three observations are described from this method exploration. First is that engagement maintained or increased during the session for the four patients who completed a song. Second, a patient's desire to participate verbally could not be pre-judged. A third observation was that completing a short song with creative elements of music and lyrics is possible within a single session. This method appears helpful for individuals with SMI by offering experiences of expression, connection, and identity recognition, three overarching themes from the literature.

Engagement maintained or increased during the course of this method for the patients who completed a song, with patients staying late twice to hear their song and provide feedback. The inclusion of rhythm improvisations on either side of lyric writing provided a repeated means of supportive non-verbal expression helpful to individuals with active symptoms of psychosis or internal stimuli (Chen, 2019; Metzner et al., 2018; Perkins et al., 2016; Solli & Rolvsjord, 2015). Drumming and rhythm, and music in general, can help ground patients in the present, connect them with themselves and others, and provide a sense of individuality and belonging simultaneously (Baker, 2015b; Chen, 2019; Perkins et al., 2016).

The lyric writing process and the question prompt may have also aided engagement (Silverman, 2019). Expressing emotions and similar experiences through lyrics can motivate individuals with SMI towards recovery (Silverman, 2019; Baker et al., 2016). In the third

session, participants saw their own ideas of what was important merge with others', communicating and connecting on a more universal level (Silverman et al., 2016; Silverman, 2019). Connection and self-confidence may have been further influenced by my acknowledging the product and process accomplishments in stages: writing patient ideas on large paper, reading lyrics out loud, listening to the recording, and providing a final copy of the lyrics (Baker, 2015b; Silverman, 2019).

A second observation was that regardless of silence or appearances of disengagement, patients were more verbally active if I waited longer for their answers. As an example, patient Alan was often silent, slumped over, and staring at the floor when he was not speaking. However, he raised his head, made eye contact, and showed interest when ideas came to him. I was able to better support his and others' verbal abilities when I recognized they were dealing with internal distraction and became more patient (Biringer, 2016; Volpini, 2019).

A third observation is that completing a short song with both music and lyric creativity is possible within a single session (Chen, 2019). Using simple and minimal instructions can help to address time constraints of a single session (Chen, 2019; Silverman, 2019). My short song format included a Part A and B, to invite songwriters to dig a little deeper in Part B and to have two musical ideas to play between. Music creation can promote inspiration and stimulate lyric ideas and mood (Baker, 2015b). More than achieving a song format, it was important to be flexible and acknowledge the patients' needs and offerings within the session, whether symptom-related or enjoyment-based (Baker 2015b; Jackson, 2015).

Challenges

Three challenges created stress either before or during the method. First was the lack of attendees that impacted start time and the group method intent. Trying the method on a unit with

greater patient dependability may have helped, if that had been an option. Second, keeping lyric writing to 10 minutes was not possible and 15 minutes was barely realistic. Organizing words and phrases quickly in a way that appealed to the songwriters and included everyone was hard to do. It was important the patients did not feel stressed, even if I felt stressed. The third challenge was creating a melody for the lyrics over the second rhythm improvisation. In the first two sessions, the individual songwriters were willing to rap or sing a melody of their own. In the group session, however, a patient requested I make up the melody after no one volunteered. As I sang, I felt I was superimposing my style on their lyrics and wished I had incorporated their music preferences into my melody.

Limitations

Due to the fact that I was only able to experience group songwriting during session three, I am unsure if this method is as useful with groups as it is with individuals. More specifically, I am curious if the broadness and personal nature of the lyric topic might be hard to synthesize in an equitable manner in a single session with more than three participants.

Conclusion

This method exploration showed engagement maintained or increased during the session for all participants who completed a song. Observations also included greater awareness of verbal ability in patients with SMI and the actual completion of a short song with two creative elements for three different sessions. Combining improvisation and lyric writing as expressive options with an element of meaningfulness in songwriting may help maintain engagement for patients with SMI long enough to complete a song. This method has implications for single-session mental health care servicing, as well as for music therapy interventions balancing verbal and non-verbal responses.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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