

Introduction

This paper discusses the experience of the authors in facilitating music therapy groups for adults with severe depression where songwriting was a deliberate focus of the work. These groups were part of the SYNCHRONY research project, for which the third author (CC) was also Lead Researcher. The SYNCHRONY study (Carr et al., 2017) was funded by the National Institute for Health Research, Research for Patient Benefit (NIHR RfPB) scheme to assess the feasibility of conducting a randomised controlled trial of group music therapy with a songwriting focus for patients with long-term depression (symptom duration of 1 year or longer) in the community. The study took place within a London NHS Trust. Papers regarding study design, outcomes (Carr et al., 2017; Carr et al., in press) and participants' experiences (Windle et al., 2020) are published elsewhere and the reader is referred to these for more information about the study.

For the authors, as music therapists, group songwriting was a new way of working in community mental health. The SYNCHRONY research context enabled us to reflect in detail on the development of a songwriting approach for long-term depression within a psychodynamic and recovery based model and on the actual experiences of running the groups themselves. We describe our experiences as therapists as well as our reflections on the group processes and the use of songwriting. We highlight the ways we tailored the approach for the unique context of each group, noting challenges and shared themes, and support these with clinical vignettes. In doing so, we hope to identify the potentials and challenges of this approach in a community mental health context.

Songs, songwriting and group Music Therapy for depression

Songs are an established part of the music therapist's toolkit (Baker and Wigram, 2005; Baker, 2015). Songs give clients an experience of safety, support, stimulation or sedation and can help people to reflect on their past, present or future and make contact with unconscious thought processes (Baker and Wigram, 2005, p.11). Within groups, songs can help to foster group cohesion, encourage social interaction and the development of the therapeutic relationship between the client(s) and the therapist (Baker and Wigram, 2005, p.11).

Songwriting as a therapeutic technique is widely used internationally in individual music therapy but less often in groups (Baker and Wigram, 2005, p.14; Baker, 2015). However, group approaches to therapeutic songwriting have been developed (e.g. Grocke, 2011; Silverman, 2012). Specifically, Grocke (2014) developed a group songwriting design in mental health which became the model for the SYNCHRONY study, with adaptations described below.

There is growing evidence for effectiveness of music therapy for depression (Aalbers et al., 2017), particularly individual therapy (Erkkilä et al., 2012). There remains a particular need to develop further ways of supporting those with longer-term experiences of this condition. While the SYNCHRONY model has not been implemented more widely to our knowledge, it has informed the design of a larger ongoing study into the effectiveness of group arts therapies for adults with mixed mental health needs (the ERA study - see Carr, 2018). It has also proved a useful addition to the authors' continuing practice in adult mental health.

Songwriting approaches in music therapy, groups and mental health

Music therapists in the UK and abroad have used variants of songwriting both in individual and in group settings. Most frequently songwriting is used with adolescents (Derrington 2005; Ledger, 2001), brain injury (Baker, 2005) and palliative care populations (Aasgaard, 2000).

There is limited literature available on songwriting used in mental health settings. Ficken (1976) discusses in his paper his early development of techniques for songwriting in therapy. Kooij (2009) looks in her study at recovery themes in songs written by adults with severe mental illness. Silverman (2012; Silverman et al., 2016, 2018) uses an educational music therapy approach in his group work, describing in his studies the songwriting process in inpatient settings, using a very structured approach with high therapist direction.

Within the UK, Short (2014) writes about a group model of songwriting using rap with young offenders. Content of sessions were varied, but in general consisted of a brief musical improvisation at the beginning, followed by collaborative songwriting.

Grocke and colleagues (2014) explored a songwriting approach for adults with mental health needs in a large randomised controlled trial, using a manualised music therapy intervention based on singing familiar songs and composing original songs over a 13-week period. Ninety-nine adults with severe mental illness were randomised to weekly group music therapy or standard care. The study found improvements in quality of life and spirituality. This study was used as the starting point to develop the SYNCHRONY study songwriting approach as it involved a similar client group, offered a model of a manualised approach, and had shown credible clinical benefits.

Designing the SYNCHRONY study and songwriting approach

The manual developed by Grocke et al. (2011) for their songwriting study was for a 13 week community mental health group and focused primarily upon the songwriting process, with an opening check-in, focused lyric writing, song-writing, and closing process. The SYNCHRONY design had a similar structure and duration (14 weeks) but involved three sessions a week (42 sessions) rather than one. This more intensive design aimed to minimise attrition associated with once-weekly groups and also drew on evidence for the benefits of more frequent sessions and of greater improvements in mental health associated with attending a larger number of sessions (Carr et al., 2017).

Grocke et al. (2011) had the explicit goal of recording the songs at the end of therapy, which happened in two designated sessions within a recording studio. We noted the challenges reported by Grocke et al. in managing the creation of an end product and the song recording itself, and the SYNCHRONY design instead gave flexibility to allow the group to decide what form (if any) an end product would take, and to re-visit this over the course of the therapy sessions. Groups could decide whether they wanted to create a CD, arrange a community performance, or use the final sessions to perform for themselves, or to a few selected others. All groups in the study chose to create a CD. To maintain a boundaried psychodynamic approach, songs were created, recorded, and edited entirely within group sessions and in the same space. The final three weeks were structured to allow groups to review the songs that they had made and to come to a final decision. CDs were produced by the therapists and given to group members at the end of therapy.

Group songwriting for depression

Two further adaptations were made to this manual at the design stage. The first was to include potential for group members to bring a pre-known song which held some significance or meaning to them in the early stages of the group. This allowed members to share something about themselves and their musical identity and offer a gentle introduction to songwriting.

The second adaptation was to include a time immediately after the group check-in for group improvisation. This provided the opportunity for members to quickly engage in active music making and to provide a nonverbal means of connecting with and reflecting on what had been brought to the session that day. For the therapists, this provided an opportunity to assess how people were within themselves and the general group dynamic for that session.

Group setting and structure

Three groups were included in the study and were facilitated by HCPC registered music therapists Cornelia Bent (CB), Donald Wetherick (DW) and Catherine Carr (CC). Treatment group 1 (TG1) and Treatment group 2 (TG2) were facilitated by a consistent therapist pair (CB and DW) in the same community centre. The Wait-List Group (WLG) took place in a different community centre location and was facilitated in rotation by all three therapists, with CB being present consistently three times per week, DW twice a week and CC once a week (this arrangement was a pragmatic necessity and not a clinical or research choice). TG1 took place in the mornings, TG2 in the afternoons, whereas WLG took place one year later, with all sessions facilitated in the mornings.

All groups included the same set-up of a range of instruments, including tuned and untuned percussion, keyboard, electric and acoustic guitars and bass guitar. For the recording of the tracks we used a laptop with GarageBand software, two amps, two microphones and an audio interface, in order to be able to control volume levels separately. Additionally, for research purposes all sessions were audio and video recorded. All participants gave written informed consent for this as part of enrolment into the study.

Data Sources and Methods

The research context enabled us to consult a range of data sources including qualitative interviews with the therapists, group process and attendance notes, video recordings of sessions and lyrics and songs recorded by the groups.

CB and DW were jointly interviewed by CC after each of the groups had finished. CB reviewed the transcript of these interviews using a thematic approach to identify themes around the songwriting process. CB took the lead in writing an initial draft which all three authors reviewed to ensure agreement on the content. In our discussions we selected instances which we felt were indicative of particular themes from the interviews. We then referred back to video recordings of these instances to help to describe the processes in detail for the clinical vignettes.

DW undertook a revision of the text following peer review and this was again agreed by all authors before publication.

Group process

Group participants, attendance and previous musical experience are outlined in Table 1. In TG1, the sharing of songs by group members included well-known songs and participants spontaneously singing along to them. Thereafter, the engagement in song creation as well as the wish for singing happened quite quickly and cohesively within the group context. However, in TG2 and WLG the songs that the participants shared were more complex and often instrumental only. Moreover, knowledge of specific songs was not shared between group members.

[Insert Caption and Table 1 about here]

Treatment Group 1

TG1 (morning) consisted of three regular participants (pseudonyms *Tony*, *Jojo* and *Sia*). At the beginning we had seven participants attending. However, due to changes in personal circumstances quite a few members left the group. *Fatima* was only able to attend four sessions in total and *Abdi* had to deal with homelessness during the duration of the study and was only able to attend sporadically.

In the early sessions, each member was invited to share a significant song. The therapists introduced group members to the various instruments and ways of playing together through group improvisation. In week 2, the group rewrote the words of an Adele song ('Hello') that *Fatima* had chosen as the first song to share. The group brainstormed words that related to *Fatima's* difficult experience of 'not being heard by a loved one'. Lyrics were formed from a collection of words and participants sang the words to the original melody. As this song was familiar to all group members, they wanted to keep the musical structure and title of the song, but with the change of their own lyrics for the recording.

After this first positive experience and boost of confidence of creating a song, the group was keen to explore further elements of songwriting. For instance, *Jojo* had a musical background in singing and music theory. The challenge for him was to reconnect with his musical talent, but over time his confidence grew and this helped others to engage actively in the songwriting process. *Sia* on the other hand was keen to develop her interest in singing. *Tony* declared he had no previous experience or skill in music, but despite some anxiety he was strongly committed to 'having a go'. Together with *Sia*, he found confidence and joy in the process of music making and song creation, and later singing too.

Over the course of the group, six songs were composed and recorded.

Treatment Group 2

In TG2 (afternoon), we had a regular membership of three participants; *Ann*, *Sophia* and *Liam*. In the first few weeks, seven participants attended the group. However, *Pia* was only able to attend one session and *Jada* and *Sandra* left the group quite abruptly within a short period, after having attended quite a few sessions and become part of the group. This was challenging for both the group members

Group songwriting for depression

and us as therapists, as interpersonal dynamics and unmet expectations of the group were not able to be resolved. It was hard to rebuild the trust in forming group cohesion and proved difficult to engage in any further songwriting processes at this point. However, over time the group re-engaged in musical improvisations, lyric creation and songwriting.

For this group, improvisations worked as a better means of building group cohesion in the early sessions, and participants preferred music-making in sessions for self-expression rather than to work directly on songwriting. Words were very important to *Ann*, who wrote creatively between sessions, whereas for the others instrumental play felt more significant. Over time, others also began to contribute to the lyric creation.

Sophia talked about the value of this group as a support throughout distressing times. She was dealing with an asylum claim and experienced homelessness. Instruments such as the xylophone and metallophone enabled her to find self-expression through their unique sounds and she built up confidence in playing.

Liam was someone who was very quiet. He told the group that he mainly spent his days isolated in his flat and that his encounters with people were very limited. He talked about playing his guitar at home and spoke in detail about his guitar effects pedals. The therapists encouraged him to bring them to the sessions. There was an electric guitar available which he played. Only after six weeks did he manage to bring his pedals into the group setting, and his musical play and confidence in playing grew significantly. Being able to use his pedals and record his guitar play was appreciated by other group members and he found a musical role in the group this way.

Despite this group not initially wanting to engage in singing, the group members did sing in some sessions. However, participants were reluctant to have their singing voice on the final recording and asked the therapists to provide the sung parts. Therefore, two tracks featured singing (provided by xx and xx) and other tracks included spoken words by participants over instrumental music.

Wait-List Group

We started this group with eight participants. However, *Alexander* did not return for the second session or any consecutive sessions and *Ben* was not able to attend after six sessions, due to changes in personal circumstances. In this group, three therapists were involved in the delivery.

This group mainly engaged in instrumental play and were reluctant to sing. Whilst the group were happy to write up words, ideas and images on the flipchart paper as a point of group discussion, the group found it difficult to integrate words and music and to form song lyrics, despite the therapists making active suggestions to think about how song lyrics could be formed.

There was an even split of participants with and without a musical background. This brought significant challenges when it came to working on the songs. Non-musicians needed time to build up their confidence in using instruments, whereas the musicians in the group had to hold back at times in order

Group songwriting for depression

to give others space to explore. These dynamics were explored mainly in verbal reflections and discussions were initiated by therapists' observations and in later sessions by participants themselves.

Group members also had markedly different musical and cultural backgrounds. For instance, *Noah* played the acoustic guitar and sang very well, but his melodic and very different rhythmic play was strongly influenced by his North African background and he found it hard at the beginning to step out of this style of playing while the group similarly found it hard to step into this and connect with him musically. His play was often in a fixed pulse or motif within songs he knew well. There were frequent discussions about the differences between Western and Eastern music, and to begin it was very hard to bring these musical worlds together. However, over time the group was able to learn and follow rhythms and melodies using both musical influences, with participants becoming more aware and appreciative of the richness of the music and the group's musicianship.

Despite not having written songs with words, the group decided on a final recorded product containing one curated instrumental composition built with loops and a selection of their improvisations.

Findings

On reviewing our experiences in running the groups, six themes related to this songwriting approach stood out: pre-composed songs as a more accessible way to talk about more difficult experiences; musical improvisation as enabling an environment for songwriting; the impact of difficulties in attendance on group cohesion and the songwriting process; building confidence through song development and recording; and considerations around the end process and creating the album. We will explore each of these themes with accompanying clinical vignettes.

Pre-composed songs shared within this group setting being a more accessible way to talk about more difficult experiences

We saw in all three groups that sharing pre-composed songs with other group members was a powerful way to process difficult feelings in a safe space. *Abdi* from TG1 found support from the group through sharing his chosen song, singing the song with the group and telling his story (Vignette 1).

Vignette 1 (TG1)

Abdi was struggling with homelessness for the duration of treatment and was often absent from the sessions due to housing appointments. In his second session, *Abdi* told the group about his current situation and after an improvisation he wanted to share the song 'I believe I can fly' by R. Kelly.¹ He found that listening to music and certain song lyrics helped him to get through the difficult times he was experiencing. The opening lyrics of the R. Kelly song were especially meaningful for him. He described them as 'powerful', and said he could relate to the first chorus lines 'I believe I can fly, I believe I can touch the sky'. He told the group that R. Kelly "sings it like he believes it" and *Abdi* hoped

¹ R. Kelly was found guilty of racketeering and sex trafficking offenses in 2021 and later sentenced to 30 years in prison. The work presented here took place in 2016-18 before accusations against the singer were widely known, and neither the therapists nor (to our knowledge) *Abdi* were aware of these crimes.

Group songwriting for depression

that if he believed it hard enough that then his situation would change for the better. The group sang the song together, and *Abdi* was grateful for being able to share the song and his story with the group.

Musical improvisation as enabling an environment for songwriting

In all three groups, elements of both songwriting and musical improvisation did take place. However, each group had different preferences as to which element they wanted to focus on more. Both treatment groups put their attention on songwriting, whereas the wait-list group preferred to use musical improvisation as self-expression and communication with others. In this group, the process of lyric creation and the thought of singing brought up a lot of anxiety, especially for non-musicians. Vignettes 2 (TG2) and 3 (WLG) highlight these differences between the groups.

Vignette 2 (TG2)

After five weeks, *Ann* and *Sophia* talked about the potential of moving house. They both expressed mixed feelings about 'leaving things behind' and the upcoming changes around 'moving (on)'. They shared different thoughts on this with one another and a collection of words was written onto flipchart paper. They wanted to put some music to the words, but preferred to use a Garageband loop to get the playing started.

Ann asked for an acoustic instrument loop to match the feelings linked to the words, and she chose an acoustic guitar loop. This formed the basis for a musical improvisation, with *Ann* playing the keyboard, *Sophia* playing the metal bars/xylophone, xx playing the the metallophone/electric guitar and xx playing the djembe drum. The improvisation evolved into a lively play and over time, the guitar loop moved more to the background. Afterwards, *Sophia* added some more words.

Ann and *Sophia* wanted to add a drum loop to the original guitar loop, so a track was chosen and another improvisation took place. Everyone chose different instruments and both *Ann* and *Sophia* were more experimental in their play. In reflections about the music, both stated that they were feeling better compared to when first talking about this topic. *Ann* added some more words and both *Ann* and *Sophia* started to shape the lyrics.

During a later session, *Ann* and *Sophia* finalised the lyrics and recorded a xylophone melody and the spoken words over the guitar and drum tracks. This formed the song titled 'Moving on' (Figure 1). The first verse is by *Ann*, the second by *Sophia*, and each participant read their own words.

[Insert Caption and Figure 1 about here]

Magee (2014: p.97) discusses the use of the loop feature in music software with clients who are emotionally disorganised or fragmented, where it can act as an ostinato (as in acoustic music making). Here it provided a stable background that may have helped *Ann* and *Sophia* explore their feelings around 'moving'. Using a loop freed the therapists to engage in other ways, but sometimes also led to lengthy improvisations with no clear way of stopping the loop. As the song took greater form and was

Group songwriting for depression

shared with wider group members, this 'musical scaffold' was taken back, embellished and owned by the group members through their live improvisation and eventual recording of spoken words.

Vignette 3 (WLG)

After eight weeks, both musicians and non-musicians felt more comfortable negotiating the space and finding ways of playing together. One of the non-musicians, *Nizam*, started to feel more confident in using the instruments and in that session, he played the djembe drum for the first time for the full duration of an improvisation, providing the main rhythm for the group. Others joined in and a more experimental piece took place, with participants feeling more comfortable with changing instruments, listening and responding to others and the therapists taking a less active role in the play.

The next improvisation was very dynamic with strong group cohesion. The improvisation started with *George* playing the djembe drum experimentally using sticks on the side of the drum and *Chris* joining in later on the electric guitar, also using a stick. Other members mainly played rhythmic instruments, and the play evolved into a dynamic and experimental improvisation, which was in contrast to the less dynamic and sometimes stuck features of previous ones. *George* had to leave early that day, but in order not to interrupt the musical flow, he sang "I have to go" to the group, with some others responding via singing and with spoken words, such as "Good-Bye", "See you on Monday". The improvisation continued after *George* left and *Chris* moved on to playing the bass using a stick, filling in the sounds for *George's* absence. After this improvisation, *Oliver* reflected that it reminded him of the beginning of the song 'Space Oddity' by David Bowie.

In the next session, participants commented on the positive and different energy of the music that day and that they especially enjoyed when *Chris* and *George* played their instruments in an unusual way. Furthermore, the singing at the end of the session invited discussions around using the voice. Singing proved difficult to engage in for this group and this was the only instance when singing was used spontaneously by more than one participant. In reflections, participants found it difficult to describe what made it possible in this session. *George* suggested that his singing was motivated by the fact that he didn't want to interrupt the group process and singing his goodbye felt a more appropriate way to stay with the flow of the music. Despite the enjoyment expressed by group members, there was not another occasion where they wanted or felt able to revisit it.

The impact of difficulties in attendance on group cohesion and songwriting process

All three groups commented during sessions on the intensity of attending three times a week. Whereas some participants found it helpful in regards to group process and weekly structure, some participants were not able to attend each session. We give examples of the different challenges faced by participants.

Individual challenges

Group songwriting for depression

Abdi from TG1 and *Sophia* from TG2 had to deal with homelessness throughout a few weeks of sessions. *Abdi* was only able to attend a few sessions throughout the duration of the study, but valued the time spent in the groups and support he received from the other group members. *Sophia* endured a long period of homelessness, issues arising from the precariousness of this situation and immigration issues and had to miss some sessions in order to attend appointments. *Jojo* from TG1 experienced a long period of being too unwell to attend the group, and *Oliver* from WLG used to work night-shifts and therefore, he found it very difficult to attend morning sessions three times a week.

Impact on group cohesion

Non-attendance of these group members impacted on the other group members, especially regarding the songwriting and recording process of the songs. However, all of them kept an open dialogue with the therapists and group members and found support and understanding throughout these difficult times. They were encouraged to attend and engage in the best way possible and the flexibility and support with this was appreciated by *Abdi*, *Sophia*, *Jojo* and *Oliver*.

Impact on song writing process

In general, when some participants were unable to attend over longer periods the groups felt uncertain how to use their respective musical and lyric ideas during their absence. On a few occasions, group members would start with a new song and wait for the other participants to return in order to work on the song further. Other times, participants felt more comfortable using the musical and lyric ideas, recording them and re-recording song parts when participants returned. On further occasions, the returning participants gave permission to keep the recordings as they were and they were happy with their contribution without having their own voice or playing on the final recording. At other times, participants were vocal about not using their contributions in future group songwriting. We as therapists supported these decisions by giving participants choices of how to move the songs forward, listening to their ideas and by supporting the returning members to be able to voice their opinions.

Building confidence through song development and recording

Vignette 4 illustrates how two group members from TG1 found a way to build their confidence via singing and song creation together.

Vignette 4 (TG1)

In the last few weeks, TG1 was mainly reduced to two group members. Changes in personal circumstances prevented others from attending during this period. *Sia* and *Tony* had attended most sessions by this point and gained more confidence in lyric writing, singing and use of instruments. During the last month of the group, both shared more openly about their life stories and some of their words were written onto flipchart paper. The song 'Don't forget those childhood days' started with lyric shaping based on *Sia's* experiences. *Tony* added to the words before we moved on to improvising to the lyrics in order to find a melody and instruments to support the track. *Tony* took an active role

Group songwriting for depression

in introducing a melody line and made suggestions on how to divide up the verses in order to sing it as a duet with *Sia*. Initially, xx supported the singing on the guitar and xx provided the rhythm on the djembe drum and both of us used our voices to help to shape the melody. Following this, everyone chose instruments and these were recorded on GarageBand and formed the rhythmic and melodic base for the song.

In the next session, the song was picked up again and the microphone was set up to record *Sia's* and *Tony's* voices. Before the recording process, xx set up GarageBand to record vocal tracks and metronome for tempo and xx rehearsed the melody with *Sia* and *Tony*, with xx joining in later on the piano to support the singing. Both *Sia* and *Tony* used their singing voices confidently and were able to record both solo and joint versions of the song during that session.

Considerations around the end process and creating the album

During the last two weeks of working with each of the groups careful thinking about the end product took place. We encouraged participants to listen back to the tracks and think about which ones they wanted to include on the end product and to think about track names. Discussing the order of the tracks was also significant in this process as well as agreeing how and where songs could be shared. Based on these discussions, the therapists created a consent form for group members to sign and an agreement was made for the songs not being publicly available on social media. The CDs were given to the participants in the penultimate session, including lyric booklets. This gave a chance for the group to share their responses to the CD and to review the music and process in the final session.

Reflections on the songwriting process

Felicity Baker (2015) talks about songwriting allowing creation, reflection, selection and modification of ideas in a much more structured way than in the unfolding of an improvisation. Our concern here is rather to reflect on how the use of the SYNCHRONY songwriting approach affected the group therapy process, understood as involving both improvised and more structured music making. We share our reflections below.

Reflections on song creation

We found that care was needed in regards to introducing songwriting. As therapists we wanted to encourage an ethos of 'no right or wrong' with regard to people's contributions and ideas and therefore supported the group to decide what felt 'right' at each stage.

Whilst we had anticipated groups might be ready to engage in songwriting early on in the process, only TG1 was starting to engage in songwriting in week 2. Only by week 6 were TG2 and WGL beginning to consider the possibility of creating a song themselves. The therapists did not force or pressure

Group songwriting for depression

participants to create songs, but rather reminded them that this was an option and a possibility. This suggests that song sharing, improvisation and talking in the group were necessary for participants to be able to feel confident and safe enough with each other to begin more focused songwriting work.

Interestingly, members of TG1 sang known songs together early in the process, whilst TG2 and WLG did not. Group singing quickly creates group cohesion and bonding (Kreutz, 2014) and early cohesion is linked to better treatment outcomes (Orfanos and Priebe, 2017; Tschuck and Dies, 1994). Singing might be an important facilitator for songwriting and further shared vocal activities might have helped to build vocal confidence.

Reflections on key decisions when working on the final product

Recording and producing songs required us to consider our level of involvement as therapists. We decided not to engage in editing recorded tracks outside of the session for two reasons. The first was practical due to time constraints; the second was motivated by principles of group autonomy and responsibility. We believed members needed a clear sense that the songs were their creations, and our role in this outside of the group should therefore be minimal.

The question of whether to sing on the group's recorded tracks was one where we were more flexible. With TG1 we offered some vocal activities in an earlier session which the group accepted. We had sung with them in both the first two songs ('Hello' and 'Doorbell'), but after this we felt the group members could be encouraged to sing without us, which they did. We did not sing again on their songs.

In TG2 the group were reluctant to engage in singing, and instead group members read words over music on several songs. However, for one song 'Stronger now', Ann asked DW to sing the lyrics in punk style. DW agreed, and while this meant the song was not wholly produced by the group itself, it enabled an aspect of the group's creativity (voicing anger/aggression) to be represented. The therapist's role can be seen as supportive while still under the direction and invitation of the group. This could (in psychodynamic terms) be seen as a projection of difficult (angry) feelings into one of the therapists, but it was possible to address this verbally in the group and for the group to recognise this anger.

In both groups producing the CD can be seen as a parallel process to the group process itself: it did not replace or fully represent the dynamic of the group process, but could exist alongside a therapeutic process and capture elements of it.

Group songwriting for depression

It is important to highlight that for both groups the song-creation process often involved assembling and reusing short recorded sections (using Garageband) rather than recording a complete performance. Group members usually only sang a complete song through after it had first been created on Garageband. Some solo songs, however, were recorded in one go.

Reflections on engaging and supporting clients

Regardless of the approach involved, therapeutic groups require therapists to actively support clients to engage with the therapy. One therapist (DW) recalls a patient's comment (not a group participant): "This work [in mental health] is all about engagement". The low attendance for both treatment groups was a concern, and we thought how able we had been to engage participants in the process, given the reality of low motivation, exhaustion, and low self-esteem for people with long-term depression. We provided a variety of different interventions to accommodate these experiences, e.g. acknowledging low levels of energy in the groups, using improvisation as a means of finding different energy levels, accepting people where they were at and encouraging them gently to find ways to engage in the sessions. This support transcended the traditional 'beginning and end' boundaries of sessions themselves and required us to work proactively in supporting participants with issues outside of the group in order to help them to attend.

Furthermore, we acknowledged the importance of telephone calls to participants both prior to the sessions and when participants did not attend. The contact outside of the group was perceived as helpful by the participants and was commented on positively in all three groups. We also recognised that real life issues such as homelessness, bereavement and benefit/work assessments took priority over engagement in the group for several group members (at least 4), consistent with Maslow's 'hierarchy of needs' (1943). CB recalled moments outside of the group when *Sophia* needed support with her immigration status. We divided the tasks, with DW setting down the equipment, phoning participants who did not attend and writing up the group while CB supported *Sophia* with online research of services available to her and assisting with telephone calls. As one Lead Therapist commented: "You have to be very well in order to manage being ill". The actions described here, while significant to all three groups in the study, were not specific to the songwriting approach used, but rather are typical of group work with severely depressed adults in a community mental health setting.

Conclusion

Using songwriting in group therapy settings poses a number of challenges in comparison to a free improvisation approach. However, both CB and DW have since found songwriting useful in other groups and individual work, incorporating these elements into their practice (Figure 2). Listening to participants' chosen songs in early group sessions offers many further possibilities for engagement. Lyrics, or even simply titles are an immediate communication that can be explored or acknowledged, which may be woven into a group narrative. Cultural background and identity can be revealed and

Group songwriting for depression

shared through the music. Chosen songs can be sung together to quickly build a sense of togetherness and cohesion, and can become the starting point for new compositions, as models of musical style or a vehicle for singing new words ('contrafactus').

Likewise, improvisation can play different roles in a songwriting group: it can help the group to form through playing together; it can generate musical ideas that lead to, or accompany, song/lyric creation; and it can embellish a wholly or partly finished song, as the song becomes part of the group's shared musical repertoire.

Recording and listening back can take time, and appeared to work best once group cohesion and safety were established. 'Takes' can easily be deleted, giving the group power to make decisions about recording, saving, deleting etc. and can help reassure them. The 'end product' should not be confused with the end of the group but may helpfully be conceptualised as an important part and means of reflecting upon the ending process.

Despite the many challenges faced by participants, group songwriting appeared to enable each group and its members to give voice to their challenges, experiences and hopes for recovery. The songs and CDs were valued by group members as a means of communicating and reflecting upon their past, present and future possibilities. Group songwriting may therefore be of particular value in time-limited work in community mental health settings.

[Insert Caption and Figure 2 about here]

References

Aalbers S, Fusar-Poli L, Freeman RE, et al. (2017) Music therapy for depression. *Cochrane Database of Systematic Reviews*, CD004517. doi: 10.1002/14651858.CD004517.pub3.

Aasgaard, T (2000) 'A suspiciously cheerful lady': A study of a song's life in the paediatric oncology ward, and beyond. *British Journal of Music Therapy* 14(2): 70-81.

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

Baker FA (2015) *Therapeutic Songwriting: Developments in theory, methods and practice*. Basingstoke: Palgrave Macmillan.

Carr C, O'Kelly J, Sandford S, Priebe S (2017) Feasibility and acceptability of group music therapy vs wait-list control for treatment of patients with long-term depression (the SYNCHRONY trial): study protocol for a randomised controlled trial. *Trials* 18.149. Available online at: <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-1893-8>.

Group songwriting for depression

Carr C (2018) Effectiveness of group arts therapy for mixed diagnosis community mental health patients. (ISRCTN registry entry ISRCTN88805048). Available online at: <https://www.isrctn.com/ISRCTN88805048>.

Carr C, Millard E, Dilgul M, Bent C, Wetherick D, French J, Priebe S (in press) Group music therapy with songwriting for adult patients with long-term depression (SYNCHRONY study): A feasibility and acceptability study of the intervention and parallel randomised controlled trial design with wait-list control and nested process evaluation. *Pilot and Feasibility Studies*.

Derrington P (2005) Teenagers and songwriting: Supporting students in a mainstream secondary school. In: Baker F and Wigram T (eds) *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students*. London: Jessica Kingsley Publishers, pp.68-81.

Erkkilä J, Ala-Ruona E, Punkanen M, et al. (2012) Creativity in improvisational psychodynamic music therapy. In: Hargreaves D, Miell D and MacDonald R (eds) *Musical imaginations: multidisciplinary perspectives on creativity, performance and perception*. Oxford: Oxford University Press, pp.414-428.

Ficken T (1976) The use of songwriting in a psychiatric setting. *Journal of Music Therapy* 13(4): 163–172.

Grocke D, Bloch S, Castle D, et al. (2011) *“Songs for life”: A Group Songwriting Project for People with Mental Illness*. Melbourne: University of Melbourne.

Grocke D, Bloch S, Castle D. et al. (2014) Group music therapy for severe mental illness: A randomized embedded-experimental mixed methods study. *Acta Psychiatrica Scandinavica* 130(2): 144–153.

Kooij CV (2009) Recovery themes in songs written by adults living with serious mental illnesses. *Canadian Journal of Music Therapy* 15(1): 37-58.

Kreutz G (2014) Singing and social bonding – introduction. *Music Medicine* 6: 51-60.

Ledger A (2001) Song parody for adolescents with cancer. *The Australian Journal of Music Therapy* 12: 21-28.

Magee WL (2014) Indications and contraindications for using music technology with clinical populations: When to use and when *not* to use. In: Magee WL (ed) *Music Technology in Therapeutic and Health Settings*. London: Jessica Kingsley Publishers.

Maslow AH (1943) A theory of human motivation. *Psychological Review* 50(4): 370 - 396.

Orfanos S and Priebe S (2017) Group therapies for schizophrenia: Initial group climate predicts changes in negative symptoms. *Psychosis* 9(3): 225-234. doi:10.1080/17522439.2017.1311360.

Short H (2014) “No Maths, No Physics (So I Spray My Bars with Lyrics)”: Rap/music therapy with young men at a young offender institution. *British Journal of Music Therapy* 28 (1): 25-35.

Silverman MJ (2012) Effects of group songwriting on motivation and readiness for treatment on patients in detoxification: A randomized wait-list effectiveness study. *Journal of Music Therapy* 49(4): 414–429.

Group songwriting for depression

Silverman, MJ, Baker FA, and MacDonald RAR (2016) Flow and meaningfulness as predictors of therapeutic outcome within songwriting interventions. *Psychology of Music* 44(6): 1331-1345.

Silverman, MJ (2018) Music therapy for coping self-efficacy in an acute mental health setting: A randomized pilot study. *Community Mental Health Journal* 55(4): 615-623. doi: 10.1007/s10597-018-0319-8

Tschuschke V and Dies RR (1994) Intensive analysis of therapeutic factors and outcome in long-term inpatient groups. *International Journal of Group Psychotherapy* 44(2): 185-208.
<https://doi.org/10.1080/00207284.1994.11490742>

Windle E, Hickling L, Jayacodi S, & Carr C (2020). The experiences of patients in the synchrony group music therapy trial for long-term depression. *The Arts in Psychotherapy*, 67, Article 101580.
<https://doi.org/10.1016/j.aip.2019.101580>