Songwriting in Music Therapy: A Rapid Review

Gianna DeRusso
Honors Program, State University of New York at New Paltz
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Dr. Kathleen Murphy
Professor Kent Smith
Dr. Patricia Sullivan

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Abstract

Songwriting in music therapy is the process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the client. Over time, this method has developed to address new goals and new clinical populations. The purpose of this review is to update the comprehensive review of songwriting methods in music conducted by Baker et al. (2008). Articles reviewed met the following inclusion criteria: 1) published in a peer review journal between 2008 and 2020, and 2) examined the effect of a songwriting method used to with a clinical population using quantitative research methods. The results of this review identified a song writing method, 2 clinical populations, and goals that were not reported on in the 2008 Baker et al. study. This study supports the conclusion that songwriting has evolved over time and will continue to do so to support an array of goals and clinical populations.

Keywords: music therapy, songwriting, methods, goals, clinical populations
Songwriting in Music Therapy: A Rapid Review

Music therapy, as defined by the American Music Therapy Associations, is “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association (AMTA), n.d.). There are four main music therapy methods: receptive methods, recreative methods, improvisational methods, and composition/songwriting methods. Among all of these methods, songwriting has developed significantly over time. According to renowned music therapist Felicity Baker (Baker, 2015, p. 14), songwriting in music therapy is defined as “the process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the client.” In 2008, Felicity Baker and her colleagues published a research report focused on the clinical practice of songwriting, outlining the different songwriting methods and the goals and clinical populations that those methods were being used with. Baker and her colleagues showed how music therapists working with children, adolescents, and older adults in oncology/palliative care, neurorehabilitation, dementia psychiatry, or with developmental disability/ASD addressed goals of externalizing emotions, enhancing self-confidence, validating experiences, managing stress, and developing cognitive skills, to name a few, used songwriting methods to address these goals (F. Baker et al., 2008). Throughout its development, songwriting in music therapy has become so significant due to the ability it has to connect others over a common experience, therefore making the expression of difficult emotions possible. Additionally, there is the ability to involve both the caregivers and the client in the therapeutic experience, which can help with the overall relationship between the two. Additionally, there are many findings that show a positive change
in stress levels, motivation, and other cognitive aspects. Since Baker and her colleagues’ research report in 2008, there have been many developments in this area of music therapy practice. The purpose of this rapid review was to update the research report written by Baker and her colleagues in 2008 regarding songwriting in clinical music therapy practice, and to see what has changed over time in terms of methods, clinical populations, and research.

**Method**

A rapid review is a method of research that uses systematic review methods, however, is not as extensive and exhaustive as a full systematic review (Moher et al., 2009). In this review, data was extracted from six different sources. Databases used included CINAHL, PsychInfo, Medline, and Social Sciences Index. Music therapy journals used included *Approaches* and *Voices*. Search terms that were used included “music therapy and songwriting”, “music therapy and composition”, “music therapy and song”. After the removal of duplicates, searches were then screened by title, followed by abstract, and finally by full-text reading. The final list of studies used fulfilled the following inclusion criteria:

1. Published in an academic journal between the years of 2008 and 2020;
2. Not included in Baker et al’s 2008 research report;
3. Based solely on songwriting methods, and not a mixture of different music therapy methods;
4. Based on a clinical population;
5. A quantitative study;
6. Reported in English language
**Results**

Figure 1 shows an overview of the study selection process. A total of 865 articles were screened, of which 8 articles met all inclusion criteria. Table 1 shows each songwriting method used and the goals that were addressed using those specific methods. Of the 8 articles included, 4 were based on blues form songwriting while the other 4 consisted of identity focused, song parody, co-writing collaborative, and fill in the blank songwriting methods. Table 2 shows each songwriting method used and clinical population that the method was used with. Of the 8 articles included, 3 of the clinical populations involved in the songwriting experiences were adults in adult acute psychiatric patients, while the other 5 involved adults with spinal cord injury or
acquired brain injury, mothers of preterm babies in the NICU, service member and veterans with PTSD, and older adults with dementia.

Table 1. Goals addressed during the use of certain songwriting methods

<table>
<thead>
<tr>
<th>Songwriting Method</th>
<th>Goals Addressed</th>
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<tbody>
<tr>
<td>Identity Focused</td>
<td>Enhance self-concept</td>
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<tr>
<td></td>
<td>Positive impact on emotional regulation</td>
</tr>
<tr>
<td></td>
<td>Determine effect and feasibility of songwriting</td>
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<tr>
<td>Song Parody</td>
<td>Impact on maternal bonding</td>
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<tr>
<td></td>
<td>Impact on mental wellbeing</td>
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<tr>
<td></td>
<td>Impact on anxiety levels</td>
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<td></td>
<td>Impact on depressive symptoms</td>
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<tr>
<td>Co-writing Collaborative</td>
<td>Impact on physical and mental health</td>
</tr>
<tr>
<td></td>
<td>outcomes</td>
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<tr>
<td></td>
<td>Examine feasibility and acceptability of songwriting</td>
</tr>
<tr>
<td>Fill in the Blank</td>
<td>Stimulate cognitive functions</td>
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<tr>
<td>Blues</td>
<td>Effect on motivation</td>
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<tr>
<td></td>
<td>Effect on readiness for treatment</td>
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<tr>
<td></td>
<td>Effect on quality of life</td>
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<td></td>
<td>Effect on depression</td>
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<td></td>
<td>Effect on treatment perception</td>
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<td></td>
<td>Effects on patients and their families</td>
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<td></td>
<td>Show correlation between flow and meaningfulness of songwriting</td>
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</tbody>
</table>

Table 2. Clinical populations and songwriting methods used

<table>
<thead>
<tr>
<th>Songwriting Method</th>
<th>Clinical Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity Focused</td>
<td>Adults with spinal cord injury or acquired brain injury</td>
</tr>
<tr>
<td>Song Parody</td>
<td>Mothers of preterm babies in the NICU</td>
</tr>
<tr>
<td>Co-writing Collaborative</td>
<td>Adult service members and veterans with PTSD</td>
</tr>
<tr>
<td>Fill in the Blank</td>
<td>Older adults with dementia</td>
</tr>
</tbody>
</table>
Blues
Inpatients on a detoxification unit
Inpatients on an adult acute psychiatric unit
Acute psychiatric patients and their families

Discussion

The purpose of this study was to update Baker et al. (2008) comprehensive review of songwriting in music therapy. Baker and her colleagues noted that songwriting is a widely adopted music therapy practice around the world. In terms of methods, there were many new findings. Predefined songwriting structures, specifically the 12-bar blues form, was especially relevant with children and adolescents (F. Baker et al., 2008, p. 33). In this research, the 12-bar blues form was used in clinical practice with inpatients on a detoxification unit, inpatients on an adult acute psychiatric unit, and acute psychiatric patients and their families. Each study showed a single session approach since the patients were released within very short periods of time, and the music therapist was only able to see them one time. As stated by Silverman (Silverman, 2012) the reason 12-bar blues is such a successful method is because it helps keep clients on task due to the fact that it is so short in length. Additionally, the fact that the form of the music is already set, it allows for more focus to be placed on the lyrics rather than the chords or instrumentation (Silverman, 2012). The method is both flexible and rigid, allowing for the music therapist to adjust as needed throughout the session while also being able to accomplish an entire song within only 1 session. These reasonings could be the cause of the popularity that this method has gained in the field among populations of all age groups as time has gone on. An interesting find in this area of research was that 2 of the 4 of these 12-bar blues form studies incorporated a psychoeducational aspect as well. In Silverman’s work, (2013, p.135) this addition to the sessions allowed for clients to not only increase the their knowledge of the
condition but can also in turn experience a secondary gain of positively impacting depression and quality of life. The psychoeducational aspect was only represented in 2 of the total 8 articles looked at for this study, however, the fact that it is being used more in songwriting techniques as time has gone on helps to prove that educating patients about their conditions while they also addressing other psychological and emotional goals can have an extremely positive impact.

In Baker’s research, there is evidence of neurorehabilitation clinicians using four or more sessions to accomplish goals, rather than a single session (Baker et al., 2008, p. 40). This study confirms that, and also shows that even more sessions can have a strong impact. Baker et al (2019) examined the efficacy of a 12-session program, meeting 2 times per week, 60 minutes per session, for 6 weeks. The method used in Baker et al.’s (2019) study was identity focused songwriting and was centered around the past self, the present self, and the future self. The results of this study showed a positive impact on emotional regulation, emotional readiness to process one’s story, and transformational identity reconstruction (Baker et al., 2019, p. 1049). These results suggest that more long-term sessions can have a strong impact and could be more beneficial than single sessions in meeting therapeutic goals.

The use of individual and group songwriting sessions has also evolved over time. Baker’s research suggests that individual therapy is most used in psychiatry, and not as common in aged care settings (Baker et al., 2008, p. 40). In this research, individual sessions were used only in the mother-baby dyad in the NICU population (Ettenberger et al., 2018). In terms of group songwriting sessions, Baker’s research suggests that this format is used most in aged care settings, developmental disability settings, and substance use disorder populations, and less common in oncology and palliative care (Baker et al., 2008, p. 40). In this research, the remaining seven studies used group sessions. The populations included clients with spinal cord
injury or acquired brain injury (Baker et al., 2019), veterans and service members with PTSD (Hirschberg et al., 2020), older adults with dementia (Hong et al., 2011), inpatients on a detoxification unit (Silverman, 2012), and inpatients on an acute psychiatric unit (Silverman, 2013) (Silverman, 2014) (Silverman et al., 2016). It is significant to point out that all of the psychiatric populations looked at in this review used group songwriting methods.

The results suggest that songwriting is beneficial in both individual and group music therapy sessions. Further, significant results were found more frequently in group music therapy sessions as compared to individual music therapy sessions. It is also important to note that more often than not there are other people involved in songwriting sessions, including a teacher, other specialized therapist, and/or family or close friend. Again, this helps to confirm the benefits of group work in sessions, whether it be the inclusion of other members of that client group or other members of the client’s life.

Lyric creation is such a significant part of the songwriting process, and therefore, plays a large role in understand the evolution of the method over time. In Baker’s work, she found that oncology/palliative care, neurorehabilitation, psychiatric groups were more likely to have responsibility for lyrics (Baker et al., 2008, p. 40). However, in aged care, ASD, and developmental disabilities groups, the therapist played a more important role in the lyric creation (Baker et al., 2008, p. 40). In this study, this practice within songwriting methods was also seen in neurorehabilitation (Baker et al., 2019), mother with preterm babies in the NICU (Ettenberger et al., 2018), war veterans and service members with PTSD (Hirschberg et al., 2020), older adults with dementia (Hong et al., 2011) and on an acute psychiatric unit (Silverman et al., 2016). It seems that it is more likely than not that the clients have responsibility for the lyrics rather than the therapist. This could suggest that the process itself of creating the lyrics is
beneficial to the goals that the clients are addressing in these sessions. It could be that giving more responsibility to the client further engages cognitive skills, as well as allows the client to more authentically connect with the song they are creating. This may not necessarily be as feasible for certain populations, such as patients on a detoxification unit seen in this review, however, where it can be used, it seems that there are significant benefits.

A method that was not spoken on in Baker et al’s work was identity-focused songwriting. This method was only used with one population in this review, that being the spinal cord injury and acquired brain injury population (Baker et al., 2019). This method took from Fitts and Warren’s six subdomains of self-concept, helping clients to focus on past self, present self, and future self (Baker et al., 2019, p. 1048). This is extremely beneficial for clients in neurorehabilitation, because a sense of self can be tainted in a traumatic life-altering event. Instead of defining oneself by an injury or current state, this method can be helpful for these clients to recognize the change that has occurred in their lives, accept that it is their current states, and then look towards a new goal and create the change they want to see moving forward.

In terms of frequency of methods, the most common method used was fill in the blank (Baker et al., 2008, pp. 40-41). This differs in the included articles of this review, since only one of the eight studies included this songwriting method. The most commonly used method found in this review was 12-bar blues form. The reason for this seemed to be the fact that it keeps clients focused on solely the lyric writing rather than any of the other aspects such as chord progressions. It also allowed for a sense of accomplishment in a short amount of time. This is valuable information, because music therapy is more likely be intertwined in different clinical population’s treatment plans. The fact that this method can be successfully completed in
one session and has such impactful results shows its credibility and will therefore be more widely accepted by people outside of the music therapy community.

In terms of goals, Baker and her colleagues’ (Baker et al., 2008, pp. 115-117) found that the most frequently endorsed goals when songwriting method is used included experiencing mastery, develop self-confidence, enhance self-esteem, choice and decision making, developing a sense of self, externalizing thoughts, fantasies, and emotions, telling clients’ stories, and gaining insight or clarifying thoughts and feelings. The least relevant goals included developing awareness of musical or cultural identity, enhancing spirituality, and relationship closure (Baker et al., 2008, p. 117). In this review’s research, the goals addressed included self-concept, emotional regulation, mental wellbeing, impact of anxiety levels, impact on depression symptoms, cognitive function improvement, impact on bonds, and perception of treatment. It seems that over time, the goals addressed in songwriting methods have become more specific. For instance, in Baker et al’s 2008 review, one of the most prevalent goals was externalizing thoughts, fantasies, and emotions. In this review, this goal is taken to the next level, helping clients to learn the skills to cope and manage those emotions once they are externalized (Baker et al., 2019). Other new goals addressed in this study that were not prevalent or mentioned in Baker et al’s work include impact on anxiety levels, impact on depressive symptoms, stimulation of cognitive function, and effect on motivation. More specific mental health factors are being addressed in songwriting methods and suggests that songwriting is effective. Another goal not mentioned in Baker et al’s review is readiness for treatment. It is important to realize the impact that a positive outlook on treatment can have on the success of that treatment. The incorporation of these goals with different populations that require treatment show that writing songs can be a different yet effective way of preparing someone for those treatments and ultimately helping
them have a more positive outcome. Additionally, some of the goals that were presented in the studies looked at for this review included finding correlations or measuring the feasibility and/or acceptability. These goals suggest that there is more research being done to prove the benefits of this method, further solidifying that this method is both effective and well received by the clients participating in it. With the clinical population of aged care with dementia in Baker’s research (Baker et al., 2008, p. 115), choice and decision making were the most prevalent goal addressed, however, in this review, cognitive functions being addressed were expanded upon to include memory, orientation, language function, attention, calculation, comprehension, and judgement (Hong et al., 2011). It is important to note that dementia is known to be incurable, however, this study suggested that more research could be done to see if there is a possibility to restore these cognitive functions (Hong et al., 2011, pp. 226-227). The specificity of these goals suggests that there is promise in that area. Baker et al. (2008) noted that the goal of songwriting in inpatient psychiatric settings was to provide a means for participants to tell their stories and gain insight or clarity of their thoughts and feelings (p. 117), while in this review songwriting was used in inpatient settings to address the goals of effect on quality of life, effect on depression, effect on treatment perception, effect on patients and their families, and correlation between flow and meaningfulness. As stated earlier, the evolution to more specific goals suggests the effectiveness and positive experience of this method within this client group. Though relationship closure was not mentioned in the articles included in this review, there was an emphasis on the goal of bonding with mothers and their premature babies in the NICU (Ettenberger et al., 2018). This new goal supports the idea that there are beneficial aspects of including family and friends in sessions in order to accomplish goals of an individual client. Baker et al. (2008) notes that “Historical changes in music therapy over time may suggest that there is a stronger importance
on cognitive, physical, psychoemotional, and psychoemotional aspects” (p. 117). In this research review, it is evident that the goals being addressed do in fact show a shift to these goals, further solidifying this statement made many years ago.

Studies reviewed by Baker et al (2008) reported on the use of songwriting in oncology and palliative care, neurorehabilitation, dementia and aged care, psychiatry, individuals diagnosed with developmental disabilities, and individuals diagnosed with Autism spectrum disorder (pp. 110-117). Of the studies reviewed, songwriting was used the least frequently within the dementia and aged care group (Baker et al., 2008, p. 112). Studies included in this review reported on songwriting with mothers of preterm babies in the NICU (Ettenberger et al., 2018) and service members and veterans with PTSD (Hirschberg et al., 2020). Additionally, the use of other specialists as well as family and friends are also very common in the songwriting sessions. For instance, out of the articles studied for this review there were teachers, psychologists, or family members in some form within certain songwriting sessions. This information suggests that the benefits of songwriting are evident and are being used across even more clinical groups to show positive results.

Limitations

A limitation of this study was that only quantitative research was looked at. It would be valuable to complete a synthesis of research findings from both qualitative and quantitative research studies as well as case reports. Additionally, only studies published in English were included. It would be valuable to work with an international team of music therapists so that all research studies and case reports can be synthesized and recommendations for clinical practice can be made in light of cultural considerations.
Recommendations

A recommendation for further research would be to carry out a more formal systematic review for songwriting. Along with that, research should be conducted to explore the frequency of songwriting experiences. Many of these studies looked at single sessions due to time constraints, so it would be valuable to see how more sessions over time would impact the clients participating. Additionally, it would be interesting to see more work with songwriting with younger clinical populations, such children diagnosed with ASD as mentioned in Baker et al’s review. With that, the sample sizes of these studies are small, and some of the results were not significant. The results would be more impactful and would provide better data if there were more participants to collect from. Also, future research should look into the measurement tools used to determine clinical outcomes of songwriting with diverse clinical populations. The types of measurement tools for songwriting have not been reported on, so it would be valuable to see what these scales would entail and how they would influence the results of the research being conducted. Moreover, the majority of studies included in this review reported on the efficacy of group songwriting using a blues format. Future research should examine the effect of songwriting in individual sessions, using a variety of songwriting formats. Finally, it would be advantageous to look at the different ways that younger and older music therapists choose to conduct songwriting methods within their practice and notice if there is correlation with goals and methods they choose to use with certain clinical populations.

Conclusion

This rapid review builds upon the comprehensive review of songwriting methods completed by Baker et al. (2008). Many of the songwriting methods Baker et al (2008) identified
were further researched by the authors of the studies included in this review. In addition, the use of identity-focused songwriting can be added to the list of song writing formats used by music therapists. The use of songwriting to address goals related to emotional health, and cognitive ability that were not reported in the Baker et al study can be found in Table 1. Taken together, Baker et al.’s review and this study continue to demonstrate how clinical songwriting as a music therapy method continues to evolve in order to meet the needs of diverse clients.
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