

**An Exploration of Second-Stage Recovery Through Song Collage:
An Interpretative Phenomenological Analysis**

By

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Abstract

Addiction continues to be a pervasive issue worldwide. Research indicates that music therapy is a promising treatment modality for individuals who struggle with addiction. However, most of the current music therapy and addiction research focuses on short-term interventions in early phases of recovery. Music therapy is uniquely suited to address the emotional, psychological, and spiritual needs that often emerge later in the recovery process. The purpose of this study is to achieve a clearer understanding of one individual's experience of the phenomena of creating a song collage, a specific music therapy intervention design, that was representative of his process of long-term recovery. This individual was interviewed about his retrospective experience of this process, which was then analyzed using Interpretive Phenomenological Analysis. The results revealed four main themes: Process, Role of the Music, A Musical Artifact, and Relationship. The results indicate that this intervention design facilitated a profundity and depth of experience that is not well represented in the literature and a sustained perceived benefit to the participant. It appears that song collage is well suited to address the needs of later recovery, has potential to address other phases as well. The results are discussed along with implications for music therapy practice and recommendations for future research.

Keywords: music therapy, songwriting, song collage, addiction, recovery.

An Exploration of Second-Stage Recovery Through Song Collage: An Interpretative Phenomenological Analysis

In modern society addiction is a persistent and pervasive issue. Individuals who grapple with substance use disorder are subject to an array of challenges in physical, psychological, social, spiritual, and occupational health domains, as well as basic life functioning. The World Health Organization (WHO) reported that an estimated 3 million deaths were attributed to the harmful use of alcohol alone in 2016, accounting for 5.3% of all deaths globally (2018, p. 63). Additionally, the WHO reported that alcohol has an effect on mortality at a greater rate than tuberculosis, HIV/AIDs, diabetes, hypertension, digestive diseases, road injuries, and violence (2018, p. 63). Further, the relationship between alcohol and nonfatal injuries, burdens of disease, and other impacts on life functioning is significant (WHO, 2018). The United Nations Office on Drugs and Crime (UNODC) reports that deaths and healthy years lost due to drug use continue to be on the rise (United Nations, 2021). The effects of addiction also ripple outward. According to the Bureau of Justice Statistics (2021,[BJS]), up to 62% of victims of violent crimes reported their offenders being under the influence of alcohol or drugs. Violent crimes often result in incarceration, which is a burden on society in the form of resources, taxes, and hidden costs to loved ones. These statistics are merely statistics, and do not attest to the unmeasurable effects laid upon quality of life for those in the ecological systems of the addicted.

The *2021 National Survey of Drug Use and Health* (NSDUH), reported that in the United States 46.3 million people over the age of 12, or 16.5 % of the total population, met the criteria for having a substance use disorder (SUD), as defined by the 5th edition of the *Diagnostic and Statistic Manual of Mental Disorders* (DSM-V), classified under the categories of alcohol use, illicit drug use, marijuana use, pain reliever use, methamphetamine use, cocaine use, stimulant

use, and heroin use disorders, with 16% of said people meeting the criteria in more than one category, and prevalence being higher with the presence of mental illness (SAMHSA, 2023a).

The 2021 NSDUH results also identified that 15.69% of individuals age 12 and over who met the criteria for a SUD needed treatment, and 1.1 % of this group did indeed receive treatment in locations such as self-help groups, outpatient rehabilitation, outpatient mental health, inpatient rehabilitation, private doctors, hospitals, and prisons or jails (SAMHSA 2023a). In 2020, the use of virtual health services rose significantly due to the COVID-19 pandemic, and 58.0% of individuals who received treatment also received virtual services (SAMHSA, 2021). Lastly, 21.0 million individuals perceived themselves to be fully recovered or engaged in active recovery (SAMHSA, 2021).

There are several options for both medical and psychological treatment, for varying degrees of severity of an individual's SUD. In 2020, The American Society for Addiction and Medicine (ASAM) published the *Opioid Addiction Treatment: A Guide for Patients, Families, and Friends*, which lays out generalized treatment settings that include: outpatient treatment, intensive outpatient, partial hospitalization, residential treatment, and inpatient hospital (ASAM, 2020, p. 4). In these settings, treatment may include the use of medications, detoxification, counseling, and recovery support networks (ASAM, 2020).

It is important to examine the relationship between the total number of admissions and readmissions, since relapse is an unfortunate part of the journey for many diagnosed with SUDs. In 2019, 1,864,367 total admissions to treatment were recorded within the Lower 48, Washington D.C, and Puerto Rico for individuals 12 and older (SAMHSA, 2021), with 16.9% of this number being their fifth or more admission to treatment. Though addiction is complex, this data points to a clear need for services to support individuals in maintaining sobriety post-

treatment. Successful treatment of SUD does not exist in a vacuum and may also need to address comorbid disorders, cultural, and psychosocial factors.

Music therapy, the clinical use of music to address individualized health-directed goals, has been offered as a complementary service in a reported 14.7% of treatment facilities out of 299 surveyed (Aletaris et al., 2017). For many, music plays an important lifelong role, providing an enticing and rewarding means of engagement. Music experiences have the potential to provoke inner resources, aiding patients in problem solving and cultivating insight (Murphy, 2013). A recent Cochrane review concluded that music therapy as an adjunct or complementary therapy:

can lead to moderate reductions in substance craving and can increase motivation for treatment/change for people with SUDs receiving treatment in detoxification and short-term rehabilitation settings, a greater reduction in craving is associated with MT lasting longer than a single session, and likely improves motivation for treatment/change more than standard care alone, and may improve motivation for treatment/change more than other active treatments (Ghetti et al., 2022, p. 3).

These conclusions are promising, as Cochrane reviews are considered to be the gold-standard in evidence-based research. However, there appears to be a dearth of published research regarding SUDS in post-active treatment. This paper will retrospectively explore the experience of one individual in long-term recovery, “Quinn,” who engaged in a virtual music therapy songwriting intervention, specifically song collage, over the course of four sessions.

Literature Review

Addiction, Treatment, and Recovery

The *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition* (DSM-V) classifies substance-related and addictive disorders in 10 distinct categories based on the type of substance used, along with subsets for severity and specifying features (American Psychiatric Association, 2013). Definitions also vary depending on the entity being consulted and it is not a goal of this paper to isolate the most current definition. Further, each individual case will vary and should be treated as such. ASAM (2019) offers a succinct definition of addiction as follows:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases (para. 1).

Treatment phases for SUDs may be defined and described in different ways depending on the source and/or organization being consulted. For the purpose of this study, the terms stage one and stage two, as articulated by Borling (2017) will be referenced. Borling (2017) defines stage one recovery as existing within the physical realm, during which detoxification and stabilization occurs and stage two as integration of "psychological, psychosocial, and spiritual levels of growth, insight, and recovery" (p. 59). Furthermore, with crisis being a hallmark of stage one recovery, the primary needs of clients in this stage are often centered around safety, security, and stabilization. During this stage clients may be experiencing denial, resistance, a newfound identity as an addict, and may be ineffectual to engage in productive self-reflection.

Since the journey of recovery is often anything but a straightforward process, issues provoking the threat of relapse may re-emerge at any time (Murphy, 2013). Borling (2017) explains that the second stage needs “are more psychological in nature and more complex to identify” (p. 59). The therapeutic work in the second stage is akin to what other literature refers to as maintenance, late-stage recovery, or ongoing recovery (SAMHSA, 2005). In these synonymous stages, the focus deepens on maintenance of behavioral changes, avoiding relapse, addressing underlying causes of addiction, and repairing and maintaining relationships (SAMHSA, 2005). Addressing these second stage needs is critical for a client’s ability to continue sobriety and avoid relapse. Naturally, any individual continuing down a life path will encounter new challenges, sources of distress, and experience the wave of emotions that accompany such. An individual in recovery may be most vulnerable to relapse at these points of distress. There is a clear need for a so-called toolkit of resources for these individuals to turn to at difficult moments and as points of reflection.

The term *recovery* is a broadly used and largely encompassing term that is arguably central to the world of SUD treatment. SAMHSA (2023b) offers a working, albeit broad, definition as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (p.3). It is of utmost importance to honor an individual’s agency to adopt a personalized definition of recovery, pursue desired modalities of treatment (such as 12-step, psychotherapy, self-directed, or any combination thereof), and integrate cultural and/or spiritual values. The growing field of music therapy is one such resource with the capacity to support individualized recovery journeys.

Music Therapy

Bruscia, (2014), offers this definition of music therapy:

Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research (p. 36).

Music therapists are credentialed by the Certification Board for Music Therapists (CBMT) and practice under the ethical and professional codes defined by the American Music Therapy Association (AMTA). To become eligible to sit for the CBMT board exam, music therapists must complete a bachelor's level or higher program at an AMTA approved college or university and complete at least 1200 hours of clinical training (AMTA, 2023). Upon successful completion of the CBMT exam, music therapists are granted the Music Therapist-Board Certified (MT-BC) credential. Music therapists employ four main methods of music experiences: improvisatory, re-creative, compositional, and receptive (Bruscia, 2014), to address client treatment goals and objectives that may fall under the domains of physical, psychological, cognitive, social, spiritual, and cultural health. The clinical practice of music therapy is also generally informed by theoretical orientations such as psychodynamic, psychoanalytic, humanistic, cognitive-behavioral, and others (Bruscia, 2014). Music therapists provide treatment services in various settings including but not limited to: healthcare, mental health, education, rehabilitation, incarceration, community, and private practice (AMTA, 2023).

Identity, Music, and Addiction

There is much to consider in the relationship between music, addiction, and the brain. Music has a potential to facilitate a change in our brain, bring us into an altered state, and satisfy our neural reward networks similarly to drugs (Loewy & Spintge, 2017). Naturally, this is to be met with a high degree of care and consideration, as people suffering from and attempting to manage SUDs can be particularly vulnerable to the effects of music that may be associated with, accompany, and amplify past experiences of substance use (Loewy & Spintge, 2017). In this way, music is a potentially potent resource for treatment, but does not come without risk of contraindication, and appropriate assessment needs to be made to avoid causing harm.

The enjoyment of music is generally considered universal. To varying degrees, preferred music can be a conduit for identity exploration during adolescence and beyond (McFerran, 2010). This renders music as a promising tool for the exploration of therapeutic issues and affirmation of identity (McFerran, 2010). Music experiences also have the potential to provoke inner resources, aiding patients in problem solving, and cultivating insight (Murphy, 2013). For many, music plays an important lifelong role, providing an enticing and rewarding means of engagement. These qualities germinate a motivating factor inherent in music experiences that may not be present in traditional forms of therapy. For example, Ross et al. (2008) reported that music therapy has the capacity to address the issue of treatment engagement by demonstrating motivational improvements in patients. Due to the personal and comforting qualities in relationship to our favorite music, music therapy can also be a positive and normalizing experience for patients in environments that may inherently pose obstacles to successful treatment.

There are numerous methods reported in the clinical literature for music therapy in substance abuse treatment that are part of standard clinical practice. Murphy's (2017) systematic review included studies meeting criteria for this review, designed to investigate the effects of receptive, re-creative, and compositional methods within inpatient units. The criteria were as follows:

1) available in English, 2) all study participants were adults (18 and older) and were being treated for substance dependence on an inpatient unit, 3) a music therapy protocol implemented by a music therapist was being investigated, 4) the research method met criteria for a randomized control trial as defined by the Cochrane Collaborative, and 5) method of randomization was described (pp. 15-16).

The results of this review identified the most commonly researched music therapy interventions in these studies were: (a) lyric analysis, (b) music and imagery, and (c) songwriting, respectively.

Therapeutic Songwriting in Treatment of Addictions

Songwriting falls under the compositional method of music therapy as defined by Bruscia (2014). Borling (2012b) points out that songwriting "presents some unique dynamics in the context of recovery work" and can be "new, raw, and revealing of vulnerability necessary for the recovery process" (p. 22). Although songwriting can be used in any stage of treatment (Murphy, 2013), songwriting is important to second stage recovery because it provides a medium through which a narrative can be fleshed out. Songs can provide containers to honor and explore an individual's beliefs, experiences, and perspectives that shape their view of substance abuse and recovery. Though clients may consider music to be a significant part of their lives, they need no prior musical training to engage and find success in therapeutic songwriting.

Arriving at a definition of what a song is and defining the boundaries between songs and other musical forms can be difficult and highly dependent on the culture in which they originate (Baker, 2015). For the purposes of this paper, a *song* will be operationally defined as “a piece of music for voice or voices, whether accompanied or unaccompanied, or the act or art of singing” (Stainer & Barrett, 1875, as cited in Wigram & Baker, 2005, p. 13). It may be important to note that for purposes outside of this paper, a song may also be purely instrumental.

In music therapy practice, songwriting falls under the compositional method of music experience. Bruscia (2014) explains that in this method, the therapist and client work in conjunction to write songs and/or lyrics, instrumental pieces, and ultimately create musical products. Depending on the musical skills of the client and dynamics of the therapeutic relationship, the therapist will tailor the level of client participation and responsibility. Wigram and Baker (2005) describe the therapist role as such:

The therapeutic effect is brought about by the client’s creation, performance and/or recording of his or her own song. The therapist’s role within the music therapeutic relationship is to facilitate this process ensuring that the client creates a composition that can be felt as owned by the client and expressive of her personal needs, feelings and thoughts (p. 14).

They also describe the possibility for songs created in therapy to become “documents of their therapeutic journey” (Wigram & Baker, 2005, p. 14), and that the song becomes an artifact which can be revisited at any moment. Additionally, since songwriting can require a time commitment, this invites individuals to prolong and enhance engagement with the therapeutic material (Baker, 2015, p. 19).

Murphy (2013) lays out guidelines for songwriting methods that are commonly used and previously written about in substance abuse treatment. She notes that songwriting can be used to “address the psychosocial, emotional, spiritual, cognitive, and communication needs of clients” (p. 481) at all levels of treatment, as identified by Bruscia (2014). Reitman (2011) describes his design of a phased series of protocols linked to therapeutic issues in addiction that use lyric discussion and analysis in conjunction with songwriting methods in the second phase of sessions with addicted clients. He provides guidance for targeting therapeutic goals and objectives, song choices, and thematic material. The following subsections will discuss specific songwriting techniques and how they have been used in addictions treatment.

Song Transformation

Song transformation, also known as song parody, gives participants the opportunity to rewrite song lyrics to more accurately reflect their experience of addiction and recovery (Gardstrom et al., 2013). In this method, the client may change single words, phrases, or complete lyrics of an existing song (Bruscia, 2014), while maintaining original structures of accompaniment. This term may also serve as an umbrella term over other methods that are concerned with altering lyrics in part or whole, while maintaining original musical form. Reitman (2011) describes the use of a procedure of re-writing the lyrics to “Wish You Were Here” to work through issues of denial and entitlement (Reitman, 2011). Gardstrom et al. (2013) and Gardstrom and Willenbrink-Conte (2021) also describe the use of this method in addiction treatment with women to help them develop their skills of communication and self-expression. In one case, group members each contributed a rewrite of a verse to a rap song. Gardstrom et al. (2013) state that this intervention “is one way to ease into the process of creation, which takes considerable courage for women in treatment” (p. 100).

Fill-in-the-Blank

Fill-in-the-blank is often used in addiction settings. Participants are either given lyric sheets with blanks to fill in individually or may collaborate as a group. This method is often used when individuals need a more structured approach to songwriting, for psychoeducational purposes, or time constraints prevent longer-form interventions (Murphy, 2013). In some cases, the music therapist will facilitate the use of a blues format and leave blanks or phrases for participants to complete (Reitman, 2011). Jones (2005) reported the use of this method for a single session group in which participants were first primed with a lyric discussion before being provided lyric sheets to “Yesterday” by the Beatles and filled in personalized lyrics based on a conversation about the past, present, and hope for the future (p. 101). Reitman (2011) details the use of fill-in-the-blank within the structure of “Master Blaster (Jammin’)” by Stevie Wonder for clients to articulate plans and resources for staying sober.

Jingle Parody

This method is used to explore and challenge the influence of media and advertising of addictive substances, such as alcohol and nicotine, on the experience of clients in recovery. While a protocol is not clearly defined and is scantily discussed in the literature, this method draws on the techniques discussed above to rewrite lyrics and has been written about by Treder-Wolff (1990) and Gallagher and Steele (2002). Gallagher and Steele (2002) described songwriting as a favored experience by dually diagnosed clients who are on probation. In their sessions, they utilized commercial jingles among other sources to facilitate participant stories of mental health and recovery to develop their self-expression of emotions, foster group cohesion, and more (Gallagher and Steele, 2002, p. 119).

Original Songwriting

Facilitation of original songwriting can take many forms and may be conducted in a group setting, individual setting, or individual writing within a group setting. This style of songwriting is generally less structured than others. There are a number of factors such as session duration, frequency, scope, client orientation, therapeutic goals and objectives, and the therapeutic relationship, that may influence and dictate the dynamics of client-therapist collaboration towards an original song. Baker (2015) notes that original songwriting can be used to facilitate identity exploration and can engender increased authenticity, ownership, participation (p. 127), and a deeper engagement in the therapeutic process (p. 150). Some factors to consider are topic, musical style and form, and whether the song is to be performed by the client, therapist, group, or any combination thereof. Treder-Wolff (1990), Ficken (2010), Heiderscheit (2009) and Murphy (1983), and have all written about original songwriting and laid out protocols.

12-Bar Blues

12-bar blues is also frequently used in addiction settings. This structure provides a familiar and simple template for songwriting, with numerous examples in popular music to draw from. The level of structure can be tailored based on client needs. Reitman (2011) describes this approach as beneficial for group cohesion, team building, problem solving, healthy risk-taking, and exchanging productive feedback. In his protocol, Reitman (2011) primes the songwriting process by using a lyric discussion and questions for personal reflection. He introduces the format and conducts a warm-up by placing clients in a supportive and accompaniment role while collaborating on lyric development. He then breaks up the group into smaller groups with the task of writing an original 12-bar blues song based on the discussion questions. The session culminates in each subgroup performing their song for the entire group. In other examples,

Reitman (2011) describes the use of phrase completion within a blues structure, where the first segment of each phrase is provided as a prompt and the client is asked to finish the phrase with content regarding their experience. Silverman (2012, 2019, 2020, 2021) uses this songwriting method in his research related to songwriting with individuals who are in detoxification units, replicating a 12-bar blues protocol on a detoxification unit in a large group format that uses specific themes such as shame and guilt, stigma, and craving and withdrawal. Silverman (2019) details a cognitive behavioral therapy-based blues songwriting protocol in which the group first generated a lyric bank based on a discussion around maladaptive behaviors that generate shame. The group then created a lyric bank for a second verse focusing on reasons to be proud, thereby challenging feelings of shame, and “framing shame as a cognitive distortion” (Silverman, 2019, p. 1349).

Rap Creation

Rapping can be loosely defined as the use of rhythmic speech in conjunction with rhyming and singing over either precomposed or original beats (Rap, 2023). Elligan (2012) describe it as encouraging individuals to “find his/her own voice and to articulate issues that are important in order to flourish and promote self-awareness,” (p. 27) Rapping is deeply rooted in Hip-Hop culture, and “developed out of the African American oral tradition” (Baker, Dingle, & Gleadhill, 2012, p. 326). Baker (2015) notes that rap creation can facilitate “expression of issues relevant to marginalized youth” (p. 127). This is significant as a cultural resource. Due to its popularity, this may be a popular and accessible method in addictions treatment, however caution is needed due to frequent associations with substances and substance-related behaviors in the music. An example of this is provided by Reitman (2011), who explains that clients can be provided with a precomposed chorus to use as a starting point to compose original verses that

explore issues around confronting addictive behaviors. Baker, Dingle, and Gleadhill (2012) provide another example of the use of rap creation within a group setting to explore anxiety, depression, and anger in conjunction with the larger-context cognitive-behavioral approach of the facility.

Song Collage

Song collage, the focus of this study, is a lyric-focused songwriting method that involves the selection of lyrical phrases from pre-existing songs, which are then compiled and organized to create a finished product (Baker, 2015). Clients may browse collections of songs provided by the therapist or bring their own and focus on meaningful segments and phrases that are relevant to therapeutic issues. The finished product can be a standalone set of lyrics often in narrative format or may be set to musical accompaniment.

Tamplin (2006) was one of the first music therapists to document song collage in the literature. She developed a 4-step protocol for facilitating song collage: “(1) collation of musical fragments, (2) grouping of collated lyrics into thematic ideas, (3) reworking of lyrics, adjusting to fit rhyming/rhythmic patterns, possible addition of original ideas, and (4) musical creation” (p. 180). Tamplin’s (2006) development of this technique emerged from extensive clinical work with clients with neurologic injuries, but points out that this intervention is highly transferrable to clinical work with other populations, including addictions.

Other studies in the literature discuss promising uses of song collage outside of addictions treatment. Mantie-Kozlowski et al. (2021) discuss the use of a modified song collage intervention over 13 sessions with a patient with aphasia, who found the experience to be meaningful. Clark et al. (2021) report their use of song collage with dyads of people with dementia and their caregivers. In this study, interpretive phenomenological analysis revealed five

recurrent themes regarding therapeutic songwriting: (1) positive shared experience, (2) stimulated interests and skills of participants, (3) provided opportunities for reflection and connection, (4) prompted interaction and collaboration: (5) the facilitated process supported engagement, highlighting abilities and challenging doubts (Clark et al., 20221, abstract, para. 3).

It is possible to make adaptations and merge other artistic forms as well, such as Murphy's (2013) description of using song collage in a 90-day addictions treatment program for women in which the clients created face masks from a collage of art materials to complement the song collage. This protocol also involves clients entering a non-ordinary state of consciousness during an imagery-based experience that involves internal visualization of the addicted self, current self, and future self (Murphy, 2013). Murphy (2013) points out that this intervention would not be indicated for clients in stage one recovery, due to the necessity for active self-reflection, nor for clients experiencing issues orienting to reality. Currently, this is the only writing in the literature citing the use of song collage in addictions treatment, and this protocol was used as part of the current study.

Research on Songwriting in Addictions

Although the research in music therapy and addictions is growing, studies specifically targeting songwriting and addictions are scarce. In a systematic review, Murphy (2017) noted that songwriting is promisingly the third most investigated music therapy method for addictions, following lyric analysis and music and imagery methods, and reported mixed results for the impact of songwriting interventions on categories of motivation, depression, and treatment perception. Currently, the only published peer reviewed articles regarding songwriting and addictions treatment are from Silverman (2011, 2012, 2019, 2020, 2021, 2022) and Bourdaghs and Silverman (2023). All of these studies are variations of randomized control trials. Due to the

short-term nature of detoxification treatment, all studies were conducted over a single session. All studies used a nearly identical and replicated design involving 12-bar blues method with variations on therapeutic themes. This represents a very narrow window of treatment possibilities amidst the broad nature of addictions treatment. Bourdaghs and Silverman (2023) recently published a qualitative study to better understand the perceptions of connectedness among participants during songwriting interventions. Still, this study only addresses a single session in a detoxification setting. It appears that the still vulnerable population of individuals in second-stage recovery is not represented in the literature. While some of the songwriting interventions did produce statistically significant results, Murphy (2017) recommends future research be conducted in both inpatient and outpatient settings, with a larger expanse of music therapy methods, longer intervention durations, and both group and individual settings. The recent Cochrane review from Ghetti et al. (2022) echoes Murphy's (2017) recommendation for longer intervention durations.

In a field that hopes to empower clients as experts in their own lives and foster and strengthen their relationships with internal resources, little has been done in the way of exploring their perspective. Qualitative research seeks to maintain and more clearly capture the essence of this type of work in a way that quantitative methods cannot. Quantitative research, while useful, caters to the scientific community that seeks approval through rigid sets of data and statistics, and the rich stories of recovery journeys cannot be enveloped in such. This falls short of capturing the essence of the human condition and the nuanced aspects of the therapeutic process.

Purpose of Study

The purpose of the current study is to supplement the clinical literature through providing an interpretative phenomenological analysis of one individual in long term recovery's experience of creating a song collage over the course of four virtual sessions. The goal is to develop a greater understanding of the subjective experience and meaning made by the participant. The following questions were addressed: (1) what were the salient pieces of Quinn's songwriting experience, (2) what meaning, if any, was made about Quinn's relationship with recovery, (3) what role(s) and influence did the music hold?

Method

Epoché

In this section, I will discuss my own experiences around this topic so as to uncover any potential biases and influence my own stance may have on this research. I have been listening to and playing music for over 30 years. Throughout this time, I have witnessed the impact and influence of favorite songs on myself, others, and the ways in which individuals connect with others and themselves. I approached this project with awareness of the potency that songs can hold in shaping, articulating, and transforming identity.

Addiction itself is an issue for which I have deep compassion. Over the years I have observed, intervened in, and experienced the pain of loss that the complications of addiction can generate, in multiple spheres of my own life. I have also observed loved ones courageously face themselves, find help, and remove themselves from harmful environments to facilitate their own recovery. I have been close enough to these experiences to learn from them, develop a deep sense of respect for those who have transcended this struggle, and develop a deep well of

compassion for those who are still struggling. For these reasons, it is not possible to fully detach from my own emotional investment in this work.

In the spring of 2021, I was provided the opportunity to facilitate the creation of a song collage over four virtual sessions, towards the fulfillment of my clinical fieldwork hours. I worked with Quinn in the role of student music therapist under the clinical supervision of a board-certified music therapist. As an active participant in Quinn's experience, a dual relationship emerged as student/therapist-in-training and researcher. There is a distinct possibility that my presence and the established relationship may have influenced the outcome of the interview.

I would be remiss to overlook that as an active participant, I too experienced phenomena in tandem with Quinn. As a witness to his process and product, with a role to maintain as student therapist, and as an agent in a relational sphere, I am biased as a researcher. Further, to attempt to interpret and ascribe meaning to someone else's highly personal experience strikes me as somehow antithetical to my personal philosophy and theoretical orientations in music therapy, which draws heavily on psychodynamic and humanistic theories. It is with this in mind that I proceeded in analysis to allow Quinn's experience to speak for itself, to the best of my ability.

Participant and Recruitment

This study is focused on the experience of a sole participant, "Quinn," a male-identifying 55-year-old who had been in recovery from substance use for 37 years. Quinn partook in a voluntary community virtual music therapy recovery support group focusing on the use of song collage. A pseudonym has been assigned to protect the identity of the participant.

The group was offered to the public, free of charge, via a partnership between the affiliated university and the local town Office for Community Wellness. Group participants were

enlisted through an online sign-up form distributed by the Office for Community Wellness and the university. The intention of hosting this group was twofold. First, in the development of its clinical training program, the university offered community-centered music therapy services facilitated by students under clinical supervision, at no cost to the public. Second, during the COVID-19 pandemic, the increase in social isolation raised concern for the stress imposed on individuals at-risk for substance use issues, whereas access to conventional support systems may have been compromised or diminished altogether.

Procedure

The sessions were conducted virtually using Zoom software, once a week, for one hour, over four weeks. Session protocol for song collage was implemented as described by Murphy (2013), with adaptations to accommodate the virtual atmosphere, time constraints, student-participant pairing, and each participant's creative process. The overall intervention steps were as follows:

1. *Opening (sessions 1-3)*: A brief check-in was conducted by clinical supervisor, who then facilitated a structured imagery experience, inviting participants to examine their past addicted self, present self in sobriety, and future self in recovery. At the close of the imagery experience, a brief discussion ensued.
2. *Song Selection (sessions 1-3)*: Supervisor facilitated the use of break-out rooms, which are separate and private virtual meeting rooms, in which each participant and one student met. Participant and students were frontloaded with instructions to guide the process. The supervisor was able to check-in with each room intermittently to provide guidance, if needed. I met with Quinn in a private break-out room. Participants were invited to browse songs provided by students and

supervisor or bring in their own selections and highlight lyrics that stood out to them and/or reflected their past, present, or future experience of self.

3. *Putting it all together (sessions 1-3)*: Participants were invited to take “significant lyrics from each song and integrate them into a new composition” (Murphy, 2013, p. 484), and to select musical themes, phrases, and melodic, harmonic, and rhythmic content for accompaniment in a pre-recorded or live context. Supervisor and students facilitated guided discussions throughout to assist participants in “integrating what they discovered about themselves and their recovery” (Murphy, 2013, p. 485).
4. *Mask making (personal time)*: Participants were invited to create a mask, using any desired art materials, matching each of their self-representations. Due to time constraints, this step was carried out by participants in their personal time outside of the sessions.
5. *Performance (session 4)*: In the final session, participants joined together to share their creations. Supervisor and students facilitated a closing discussion for participants to share insights gained, and their overall experience of creating a song collage in this medium.

It is worth noting that Quinn came to the sessions prepared with a list of songs that were of strong personal significance and an elevated level of dedication to the process. Between sessions, I used Logic Pro music software to prepare a recorded accompaniment, with Quinn’s feedback, that combined elements of several songs used in sessions. During the final session, Quinn performed his composition as spoken word over this accompaniment, and presented the mask he created in his personal time.

During clinical supervision and debriefing, discussions emerged, leading this author to consider Quinn as a subject for this study, as this scenario has not been explored in the music therapy literature. Quinn presented a unique perspective of the recovery process. If recovery were to be observed on a continuum, the existing literature is representative of only a small slice at the beginning. However, Quinn's experience of being 37 years into this process represents a perspective rich with wisdom, insight, and experience, which are cornerstones of the process. Thus, Quinn's experience would fall far to the opposite end of said continuum.

At the conclusion of the group sessions, Quinn was emailed an invitation to participate in this study through a follow-up interview. As per the exemption received from the Human Research Ethics Board pertaining to Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46), verbal consent to participate in this study was obtained immediately prior to the interview (see Appendix A).

Design

This study is situated in the interpretivist model of qualitative research, specifically interpretative phenomenological analysis (IPA). To effectively encapsulate and distill the salient qualities of Quinn's experience, this design was the most adequate approach. Qualitative research serves a different purpose than quantitative/objectivist research. Interpretivism, a term sometimes used synonymously with qualitative, is concerned with interpreting rather than measuring, refutes the idea of absolute truths, and is carried out through the analysis of subjective data (Wheeler & Bruscia, 2016). Hiller (2016) posits that humans construct their conception of reality based on depicting and integrating their experiences in the world, and that "knowledge constructions are understandings from inside the meanings of participants" (p. 101). Further, Hiller (2016) explains that knowledge is collaborative, and is "produced through the

interactions of the researcher and study participant.” According to Wheeler and Bruscia (2016), phenomenology focuses on “how a person thinks, feels, and derives meaning from a *lived* phenomenon, that is, something that a person has actually experienced. Phenomenology seeks to capture the essence of this phenomenon in a systematic way and expand our understanding using specific and extensive descriptions (Jackson, 2016) that are particular to this case According to Pietkiewicz and Smith (2014), focus is placed on the detail rather than the universal, which works in contrast to notions of generalizations based on populations. Given the pre-existing relationship of the participant and researcher, this methodology became the apparent choice in order to integrate, rather than dismiss, the ways in which these dynamics influence the outcome. After all, relationship dynamics are a foundational component of music therapy and music itself is a relational field. In this study, the phenomenon being explored is Quinn’s subjective experience of creating a song collage.

Data Collection

Data for this study was collected through a semi-structured, non-time-limited interview process facilitated virtually over Zoom in a single session. The decision to collect data in this manner was informed by the necessity of collecting data after the phenomenon was experienced by Quinn, since the decision to conduct this research was made after the music therapy experience took place. This process was further informed by Keith (2016), in which the researcher utilizes *experiential engagement* to engage with the data and the researcher takes responsibility in setting up scenarios in which data can be collected on the topic of focus. The interview questions were designed to be open-ended. Though several pre-composed questions were on hand for guidance, the interview process itself was reflexive and sequenced to facilitate greater access to, and understanding of, Quinn’s experience (Keith, 2016). In one-on-one

interviews the dynamics of the relationship will affect the outcome differently than in a group setting (Keith, 2016).

The audio recording of the interview was taken through a USB microphone and stored in a password protected folder on my personal laptop, which was also password protected. During the interview the participant's name and other identifying features were excluded. Video was not recorded as it is not relevant to this study. The audio data was then transcribed verbatim without including any identifying information to protect the confidentiality of the participant and stored in a password protected folder. The original audio file was kept until the completion of data analysis.

Analysis of Data

In IPA there is not a single discrete and sequential set of steps for analyzing data, but rather a set of “flexible guidelines” (Pietkiewicz & Smith, 2014). It is generally recommended that researchers spend time fully immersing themselves in the data and allow impressions to percolate, facilitated by journaling or other creative endeavors (Pietkiewicz & Smith, 2014). With intention to remain as close to Quinn's own words as possible, I used my judgment to reflexively create a coherent process of coding the transcription. This resulted in a several-step procedure that is as follows:

1. To immerse myself in the data, I first revisited the interview's audio recording to capture the essence of the conversation.
2. I then read the transcript in its entirety to glean a broad understanding of the nature of how Quinn articulated his experience.
3. I read the transcript in its entirety a second time. This time I utilized In Vivo coding, a process in which the exact language of the participant remains intact. Through this

process, I highlighted direct quotes, words, and phrases that encapsulate Quinn's statements.

4. I read the transcript one final time, this time writing down exploratory notes and analyzing the highlighted material for recurrent themes and relevance to the research question and music therapy literature.
5. Through a process of re-examining, I organized and distilled this material into thematic categories that correspond with direct quotes.

Results

Data analysis revealed four categories with eleven sub themes that reflect Quinn's stated experience of creating a song collage. These themes address the questions defined in the literature review: (1) what were the salient pieces of Quinn's songwriting experience, (2) what meaning, if any, was made about Quinn's relationship with recovery, (3) what role(s) and influence did the music hold? Each subtheme expands upon the four discrete themes pertaining to Quinn's experience of this phenomena (see Table 1). While each theme is labeled discretely, certain aspects of the phenomena are recurrent across themes. This is addressed by discerning the *quality* of a particular aspect of experience, for example, affirmation is experienced from at least two different angles and will be discussed below.

Table 1*Results of Data Coding*

Themes	Subthemes
Process: Experiential emergences in the creation of a song collage	<ol style="list-style-type: none"> 1. Anticipation and intrigue 2. Creative challenge 3. Agency 4. Reframing
Role of the Music: The impact of music on Quinn's experience, past and present	<ol style="list-style-type: none"> 1. Music as a coping resource 2. Songs as mirrors of experience
A Musical Artifact: The influence and usefulness of a musical product	<ol style="list-style-type: none"> 1. Sustained affirmation 2. A living resource
Relationship: Dynamics shaping participant's experience	<ol style="list-style-type: none"> 1. Experiencing discomfort 2. Working together

Theme 1: Process

A number of elements of Quinn's experience were able to be enveloped within the category of therapeutic process. This addresses the feelings, cognitive processes, reactions, and insights that emerged and unfolded during the interactive process of creating the song collage.

Anticipation and Intrigue

Quinn describes experiencing a curious sense of optimism and intrigue in his preparation for this creative endeavor. He explained what he experienced as he was approached and prepared for the sessions:

First of all, I found the idea and the concept very interesting and something that I felt would be really beneficial to me because of the role music has played in my life and in my journey. So, it felt like this could be a really interesting and fun fit for me.

Without supposing exactly what knowledge of the matter he held beforehand, we can ascertain that he was optimistic toward the possibility of this experience being of personal value. Based on his statements, it is known that he had a relationship with music prior to engaging in the sessions and that this would bear influence on his optimism.

Quinn shared that these sessions coincided around “an anniversary time, so I was already in a reflective place,” and this synchronicity was at least a partial factor in priming him for the experience. Quinn also mentioned the “previous connection” that he and I held through working together in other educational capacities. This will be elaborated on in the discussion of working together, though it may have also influenced his approach to this experience.

Creative Challenge

With respect to the guidelines given for creating the song collage around participant’s past addicted self, present self in sobriety, and future self in recovery, Quinn acknowledged that this was a challenge by stating of his 37 years in recovery, “that’s quite a time span to cover in just one song collage,” and “there are so many songs.” Upon confronting this practical challenge, Quinn was presented with a question of what time periods he would like to cover and ultimately, in his words, “what kind of song collage do you really want?” Other aspects of this statement will be explored under the subtheme of agency.

Quinn also spoke to the active process of creation in which, despite his chosen timeframe, he encountered a cognitive challenge of organizational hurdles. In his words:

There were definitely songs that rose to the top when I looked at things from specific periods of the journey. So, there was an organizational process that I had to go through internally as far as, what were these monumental turning point moments and what were the songs of those eras? And then once I identified those songs from those eras, there was

some overlap because some of those songs appeared early but were touchstones that I would find myself playing at moments of challenge later on, so there was like this thread and consistency around songs.

He spoke of a practical layer of weaving together what songs belonged in what order, but also a more creative layer of “weaving together key words of songs as more of a nuance, a creative challenge.” Beyond weaving the lyrical narrative, he also encountered a challenge to distill and crystallize the lyrics in a way that effectively and potently spoke to the truth of his experience. As he spoke of encountering this final creative challenge, he appeared to also speak of re-experiencing his recovery story. He described that “there was a whittling down of final edits because I think I did three versions. I think as it deepened, it expanded.” This concept will be further developed in the subtheme of reframing.

Finally, in bringing the synchronous time of his anniversary full circle, Quinn spoke of a point of arrival when he articulated “it was wonderful to land in that celebratory place, which is where I sit.” The act of completing this creative and therapeutic challenge generated a sense of reward and accomplishment and allowed him to relish his reflective celebration.

Agency

As discussed above, Quinn was presented with a choice about which periods of his recovery to include. Quinn chose to construct a narrative that found an integrated balance of central themes of hope and darkness. In his own words, he shared:

That was another aspect of the project, was the choice of what kind of song collage do you really want? If I wanted to focus on just the dark years, I had plenty of options, but I didn't want to focus on that. I really wanted to focus on, yes, this is how dark it was, but here's the hope of the journey.

It appears that the structure of song collage was such that it offered Quinn a sense of creative liberty, through which he was able to focus on the empowerment in his story.

Reframing

Several times throughout the interview, Quinn noted that he experienced a shift, using synonymous terms such as “vantage point,” “lens,” and “view.” Perhaps this statement exemplifies it: “It allowed me to look at my own journey in recovery through the vantage point of resilience and celebration. Those two things were really powerful.” Quinn spoke about the experience of revisiting the past through dissecting and re-experiencing the songs that were so potent in his experience. He pointed to being situated in the role of observer by saying, “there was a distance in that view of being to identify the isolation and darkness of what I felt. Deeply embedded in Quinn’s song collage is his early experience of being transgender and the emergence of the person he knew himself to be, though he felt misunderstood because language for his experience did not exist at that time in the world. He remarked on this by saying:

I’ve had a lot of experience of introspection and reflection and a lot of years to do the deeper dives in those periods, so looking at them from this vantage point, as far as another layer or level of my transition, so it was multifaceted.

This pivotal experience will also be addressed in the subtheme of songs as mirrors of experience. Quinn also referenced metaphors used in recovery such as “looking through the glass door” and “look back, but not fall back.” It stands to reason that the process of externalizing these memories and feelings in the form of a lyrical collage became a tool by which Quinn was able to observe, without being an active participant, past narratives that no longer serve him, foster “empathy for myself at that age,” and revisit moments when he was unable to do so. This speaks to his comment on how the song collage “deepened and expanded” through the process of

weaving and distillation. The crystallization of his experience into musical form seemed to parallel with moving into a greater holistic conception of his journey.

Theme 2: Role of the Music

Music appears to have played a multifaceted and significant role in Quinn's experience both leading up to the creation of his song collage and beyond. As stated above, Quinn reflected on more than one occasion about "the role music has played in my life" and "was significant in my resilience." In this section I will describe the ways that music was available as a resource for coping and provided a mirror of his experience in which he could reflect.

Music as a Coping Resource

Quinn spoke of when he encountered "Closet Chronicles" and realized that "the pronouns and everything in that song were accurate," suggesting that the song spoke to his own experience and saw himself in the lyrics. He later shared that "when I found it, I played the hell out of that song and how I felt certainly was not optimistic at that point in my life." This indicates the formation of an attachment to the song, as it took on the role of a safe object, an outlet of expression, and a vital resource at a difficult time. He further elaborated, "I'm more emotional talking about it now, but I didn't have the ability to see myself beyond 18 years of age," and "I was doing what I could to hang on at that point." This is suggestive that "Closet Chronicles" held the role of a lifeline in this period. Quinn also made reference to other similar uses of music when he stated, "some of those songs appeared early, but would find myself playing at moments of challenge later on." It sounds as though Quinn was unknowingly turning to these songs as coping resources.

Songs as Mirrors of Experience

As I further examined Quinn's relationship with "Closet Chronicles," more layers became apparent. His relationship with the lyrics seemed to develop as he recognized elements of himself within, as if the lyrics were a mirror of his experience. He shared from a contextual perspective that "I very much was living with a trans experience before there was language for a trans experience, and part of me was not even really connected to that" speaking of the social climate of the early 1980's. Clearly, he found in this song a significant and symbolic means of articulating and amplifying what he was going through during a time when such resources were limited or nonexistent. Through this he was able to "identify the isolation and darkness of what I felt," and "connect with that part of me that's an empath who was very distressed about the world, but also that folks didn't really understand who I was." Quinn spoke to the validation and the challenge to his conception of his own experience that this song provided when he stated:

Sometimes I think oh, you've gotten so far past that point, maybe it's an exaggeration or hyperbole, maybe it's the storyteller in you. But when I heard and worked with that song, it was like no, that was really real.

To summarize this, his relationship with "Closet Chronicles" in his younger years facilitated access to parts of himself that were repressed or dormant, provided a musical environment to channel his distress, and find words to validate his experience. This may be also articulated in the language of aiding in the process of understanding and integrating a developing identity. At the time of creating the song collage, it provided a conduit to connect with his past self, facilitated confirmation of the reality of his prior experience, and validation of his journey in recovery. In recognition of this process Quinn later referenced the music we listen to as a potential

“barometer of our own condition,” and posed the reflective question: “how is the music you’re listening to mirroring where you’re really at?”

Quinn mentioned the ability of songs to demarcate significant life moments when he spoke of his organizational process of determining “what were those monumental, turning point moments,” and “what were the songs of these eras?” Similarly, as generations have their own soundtracks, Quinn accessed his own personal soundtrack of anthems and songs of experience and articulated the power they hold as connective threads of his journey.

Theme 3: A Musical Artifact

This section discusses the ways in which the song collage as a fixed, tangible musical product influenced Quinn’s experience. He experienced a sense of affirmation both during the active creation process and the revisit. The interview revealed that this artifact is something that Quinn held onto and intends to make continued use of.

Sustained Affirmation

An unexpected after effect of Quinn’s experience emerged early in the interview and was recurrent throughout. He stated:

I recall very strongly how affirming the process was in the sense of my own resilience which really was a surprise, an added bonus ... there was something about going back and in a way, documenting, in a really affirming way, just how those different songs we drew upon were really influential and supportive at that time and have remained so.

This sense of affirmation twofold in that it was a prominent feature of the process of creating the song collage as well as re-experiencing the finished product. Quinn shared that he revisited his song collage in preparing for the interview and stated, “when I first looked at the lyrics again, it’s still very accurate” and “how much that song collage still applies to where I’m at right now and

the steps that I've taken to live truthfully in my own truth with that." Acknowledging the year and a half time lapse between creating his song collage and the interview, he said, "it's interesting, a year and a half later, in my own deepening process and life journey, that it's still pretty spot on still" and was "clearly impactful." He also spoke of the richness of content in his song collage and the continued alignment with his core commitments to himself: "by focusing on and celebrating the journey, there's enough in there to remind me of what the choices were and what the commitment is."

A Living Resource

Quinn shared that he had experienced intense challenges during the period between song collage creation and the interview. In speaking of his revisit, he again referenced the culture of recovery, the cumulative sense of affirmation, and a sense of empowerment when he said:

I think that those are also really important reminders for people. We talk about it a lot when people are in recovery and sober history, and you really can face anything if you remember what you've done in the past ... one of the key things is "what have you used in the past at times like this," and help people try to remember what they already have within them.

Viewing this as a memento that is symbolic of his journey and core beliefs, Quinn clearly viewed his creation as a resource that stands the test of time and that is still just as relevant and useful as it was in the beginning. To see his creation from this distance revealed secondary benefits that couldn't have been guaranteed at the outset. Quinn also stated: "I'm going to print that out and put that in my journal so that when I need a reminder, I will have it here," and that "it's much easier to be true to yourself despite the challenge and certainly what the long-term gain is going to be."

Theme 4: Relationship

This section will explore the ways in which working in a relational capacity impacted Quinn's experience. Salient features of this theme were the experience of discomfort and vulnerability, and the ways that the interactional dynamics took place inside of a therapeutically contained space.

Experiencing Discomfort

Quinn shared that there were moments when he experienced feelings of discomfort and perhaps hesitancy when collaborating on the song collage. This surfaced at least in part because of the prior engagements we shared in educational capacities, where it became apparent that there was resonance between us. Quinn explained it by saying: "because of our previous connection there was comfortability and trust, but there was an added vulnerability because we did have a connection," thereby magnifying the highly personal processing involved.

Specific moments centered around music creation, which I took responsibility for putting together, based on our collaborative conversations. Quinn shared his experience of this moment by stating:

The person in me that has more challenge with not wanting to hurt people's feelings, I appreciated the work you were starting to put into it but I was like, oh no, I don't want him charging down this path and then be like this isn't what I need.

The push-and-pull quality of discomfort Quinn described was generated by ease of sharing based on resonance, trust, and connection. There were risks involved in revealing his story: being seen, feeling exposed, knowing that we may encounter each other in communal spaces again, and the regard for my own feelings. The following section will discuss Quinn's articulation of how this experience was navigated.

Working Together

Quinn, as stated under the subtheme of creative challenge, was presented with a question for himself. He acknowledged to me himself that this project wasn't about me, the author, but rather about "what are you going to get out of this?" It was with this question that he made the choice to transcend this discomfort, stating, "if you're going to get the most out of it, you've got to put the most into it."

Quinn spoke of feelings of safety and confronting discomfort by saying: "that had its moments of shift, but the container felt safe ... it didn't prohibit me." He further elaborated that this afforded the opportunity for open dialogue around his creative vision and needs from the musical accompaniment. This was reflected in his statement:

I remember the moments of challenge and how we navigated that ... to be able to say "that's great but it's not really lining up, here's what I'm hearing," and to be able to give that to you, I think that was really helpful.

Touching on the affordances that the song collage model offered to his creative process, Quinn noted that having a personalized menu of song selections to draw from "helped me better communicate what I was hearing and feeling in the process." His outlook was also reflected in stating:

I think we were able to very successfully navigate that by focusing on some identified songs that had the vibe to help with the transition, as opposed to you trying to interpret and create music for something that was of a personal emotional experience.

It was here that Quinn appeared to anticipate the potential dis-integration that could occur if I, the individual in the role of therapist, were to create original music to accompany.

Discussion

This study has highlighted and categorized the salient features of an individual's experience of creating a song collage. The thematic essence of Quinn's experience appears to speak directly to several dimensions of the needs of individuals in second stage recovery as identified by Borling (2017). The following section will expand on the therapeutic implications and integrate the findings with the literature in music therapy.

In this scenario, the chosen research method was effective in capturing not only the essence of Quinn's experience, but to track the course of the therapeutic process as well. In anticipation of any known event, it is in human nature to develop expectations and imagine what is forthcoming. Revealing Quinn's disposition at the onset of creating a song collage helped to illuminate the high level of awareness (Bruscia, 2014) that he brought into these sessions. The elements of intrigue and anticipation inherent in his experience denoted his readiness to engage in a self-reflective process. The synchronicity of Quinn's anniversary also manifested as a priming agent which coupled with the motivating quality inherent in music to perhaps compound his initial sense of intrigue and anticipation. Since Quinn arrived already primed for the experience, a therapeutic setting that was conducive to facilitating productive channeling of therapeutic flow was necessitated. It appears that the format of song collage met this need through offering an open and resourceful template for Quinn to flesh out the narrative of his past, present, and future experiences.

Reitman (2012) noted that individuals are more apt to learn in experiential environments as opposed to merely engaging in dialogue and noted that the creative process is inherently motivating. Quinn's experience of creative challenge was facilitated partly through encountering emergent prompts in the form of questions, organizational hurdles, and the tasks to weave

together and crystallize his narrative. These prompts guided his process toward landing at a point of arrival where he experienced affirmation and celebration. Baker (2015) speaking of the permanence of creating a song, as it “may assist a songwriter to experience a sense of accomplishment” (p. 23). Reitman (2012) also explains that although music therapy interventions are “delimiting in some ways,” (p. 10) such as structure, time, and logistics, “they create infinite possibilities in other ways” (p. 10). This idea is well-captured in the question that emerged for Quinn: what kind of song collage do you really want? Reitman (2012) also draws a parallel between this process and the experience of maintaining recovery, which is wrought with creative problem-solving in an individual’s attempt to stay true to their course.

Germane to modern practices of therapy is the nurturance of a client’s personal agency. Reitman (2012) also speaks to the importance of working with clients in a manner that preserves their autonomy and dignity by allowing them to “take control of the direction of a particular discussion, issue, nonverbal expression” (p. 9). Quinn’s experience of agency was experienced in determining how exactly he wanted to shape his narrative through balancing acknowledgement of his darkness and highlighting hope, within the framework of the song collage protocol developed by Murphy (2013).

Notably, Baker et al. (2018) conducted a study using songwriting on the topic of subdomains of self- concept with individuals in treatment for neurologic injuries that explored allowed patients to “reconceptualize what is valuable to them, to recognize and utilize their inner resources, to confirm their values, and to identify coping strategies that will support them as they contemplate a future with permanent disability” (p. 10). Although this study did not utilize song collage specifically, the parallels with the current study are apparent and acutely encapsulate several aspects of Quinn’s experience.

Therapeutic settings offer supportive contexts for clients to explore their inner and relational experiences. One technique for such is reframing emotions and experiences in a healthy way, that is, offering alternative perspectives that may provide a more holistic understanding of emotional and relational interplay. As a brief mention, Reitman (2012) touches on the identification of progress in therapy. While Reitman's (2012) writing focuses on direct relationships with substance use, Quinn's experience of song collage creation offered a new vantage point from which he was an observer of the distances and trials he traversed in his journey, a means of bearing witness to his own progress and resilience. This echoes what Baker (2015) wrote: "the songwriter can step outside himself and examine himself, his context, and his life journey from a new angle" (p. 21).

We can see that Quinn's experience, particularly under the subtheme of songs as mirrors of experience, moved deeply into the realm of psychotherapy. His exploration of internal experiences that emerged while revisiting personally significant music during the creation of a song collage included identity integration, accessing repressed parts of self, navigating the struggle of his transgender experience, challenging doubts about one's reality, finding validation, and finding language for his experience in song lyrics. The existing addictions and songwriting research is simply not representative of these topics, and it appears that the current study has offered supplement in this area. Borling (2017) astutely noted that: "it is essential that the understanding of sobriety include a much broader and inclusive view of the recovery process," (p. 59) and that "deep healing has the potential to sustain sobriety." Borling (2012a) further specifies that an essential part of second stage recovery lies in addressing fear, anxiety, guilt, shame, sadness, and so forth. These processes of emotional exploration may provide linkages to early experiences, providing insight into the cause of addictive patterns. Murphy (2013) also

explains that “participation in music therapy may bring to light inner resources of which clients may not have been previously aware or able to tap into” (p. 450). Speaking to the potential for songwriting to explore such issues, Baker (2015) states that it “creates opportunities to explore alternate paths of recovery ... and for these to be represented in song lyrics” (p. 19). Punkanen (2010) acknowledges that clients in addiction are often carrying undigested traumatic experiences, which often emerge in the therapy process. They also state that in these cases, “the aim of therapy should be an integration of dissociated and fragmented parts of experiences (Punkanen, 2010, p. 126).

Quinn experienced some of his most personally meaningful songs through use as a coping resource and formed an attachment to these songs, some of which served as a lifeline during his darker days. Much of the literature centers around the valid concept that songs can hold the potential of being high risk as triggers for relapse. The concept that music can be used in a resourceful and constructive manner is much less discussed. Abdollahnejad (2010) however notes that “music can be used in frightening and unpleasant situations” (p. 73). Perhaps Quinn’s relationship to these songs as safe objects is a less common phenomenon in populations experiencing addiction. Nonetheless, exploration of this area may be of benefit.

Baker (2015) seemed to anticipate what Quinn would experience in his song collage as a sustained resource that stands the test of time when she stated: “They can function as a coping tool when the songwriter is exposed to situations where his coping resources are challenged” (p. 23). Quinn also experienced the unexpected and secondary benefit of latent affirmation upon revisiting his creation, evident in the fact that the artifact still accurately represented his experience a year and a half after the sessions.

Quinn experienced simultaneous feelings of discomfort, trust, safety, and connection in the song collage sessions. Through the relational field, he practiced communicating needs and desires around his creative vision. Comparing and contrasting the salient elements of Quinn's experience and how it is represented in the literature has revealed a number of gaps. The sections below will provide suggestions for how these gaps can be addressed in future research.

Limitations of Study

This study was limited by its small sample size of one participant. A larger sample size would allow data from multiple participant experiences to be cross analyzed, thereby revealing commonalities and differences in experiences. Additionally, a larger sample size with a diversity of participant backgrounds, cultures, and socioeconomic statuses would enrich the data and increase the sturdiness of results. The author and researcher also held the role of student clinician in the song collage intervention. Independent interviewers may bring about different aspects of participant experiences. Integration of different methodological designs such as content analysis of song collage lyrics in conjunction with IPA may also be beneficial in enriching the data.

Implications for Clinical Practice

In this study, the participant's experience of creating song collage appeared to be rich and insightful. The intervention itself offers a high degree of flexibility and potential for adaptability. Song collage may be useful not just for individuals who struggle to articulate and express their emotional experience (Tamplin, 2016), but rather simply as a more accessible approach when the task of creating an original set of lyrics is not indicated. In the case of Quinn, the accompaniment took the form of a musical collage composed of elements of songs that the lyrics were drawn from. The musical accompaniment can be modified to accommodate the needs and preferences of the client.

An important feature of this intervention is the choice of thematic material, or topic, to address. Though this study reflected the method identified by Murphy (2013), there are a multitude of possibilities of topics that can be utilized to address client needs. Song collage may also be suitable to accompany other interventions in cases of longer-term treatment. For example, the creation of a legacy playlist, or any playlist, may be an excellent springboard for the extraction of lyrical material to address a new therapeutic goal or address the same goal from an alternate angle.

In the current study, the participant was open to chopping-up, re-working, and compiling lyrics from multiple sources to create a new product. This may not always be the case, as certain individuals may have more rigid attachments to favorite songs and may desire to leave them intact. This may be worked around by utilizing song selections provided by the therapist.

Recommendations for Future Research

In general, the literature on songwriting and addiction would benefit from more studies that cover a diversity of songwriting methods and research designs with multi-session treatment windows. Since second or late-stage recovery is scantily represented, studies that apply to this population are necessitated, specifically studies that utilize a depth-oriented approach. It appears that song collage is an adaptable creative intervention that may be accessible to a broader range of populations than is represented in the literature. Research that represents other approaches, such as trauma-informed approaches and other populations will enhance the understanding of the adaptability and scope of the intervention. Future research on the use of song collage in second or late-stage recovery would benefit from a larger sample size that is able to capture a wider range of participant backgrounds and experiences, as well as the addition of children, adolescents, and older adults. Since Quinn's experience falls to the farther end of the recovery

timeline, focus on individuals who are newer to the second stage of recovery and perhaps more prone to relapse will be useful. A richer data pool will enhance the efficacy of these interventions in clinical practice.

Conclusion

This study set out to acquire a clearer understanding of how one individual experienced the phenomenon of creating a song collage. Results under four main themes: Process, Role of the Music, A Musical Artifact, and Relationship, indicate that song collage provides a promising medium for offering support and opportunity for rich, reflective experiences for those in second stage recovery. More research is needed for the literature concerning songwriting and addictions to be considered substantial. In the meantime, there is crossover in work with other populations, which the important work with the population represented by this study can draw on.

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Appendix A: Study Exemption from the Human Research Ethics Board



Human Research Ethics Board
 Sponsored Programs & Research Compliance
 1 Hawk Drive, New Paltz, NY 12561
 Faculty Office Building, Office N2

STUDY EXEMPTION

October 11, 2022

Brandon Isles
 5182314676
 islesb1@newpaltz.edu

Dear Brandon Isles:

On 10/11/2022, the Human Research Ethics Board (HREB) approved the following submission:

Type of Review:	Initial Study
Title of Study:	Exploring recovery through song collage: A phenomenological inquiry
Investigator:	Brandon Isles
IRB ID:	STUDY00003739
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • CITI Certificate, Category: Other; • NP Template Survey Interview Research Exemption 10-11-22 BI.pdf, Category: IRB Protocol; • Verbal Consent.pdf, Category: Other;
Exemption	104 (d)(2)

The Human Research Ethics Board (HREB) has considered the submission for the project referenced above and determined it to be Exempt under one of the categories specifically waived under Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46).

IRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used, if applicable. If modifications are needed, those changes may not be initiated until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.
2. Ensuring that the HREB is notified via PACS IRB module of:
 - All Reportable Information in accordance with the "Reportable New Information" Smart Form.
 - Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form in PACS.
3. Ensuring that the protocol is followed as approved by the HREB unless minor changes that do not impact the exempt determination are made.
4. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.
5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.
6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu
HREB Coordinator: hrebcoordinator@newpaltz.edu